

## PRIMARY CARE 24 (MERSEYSIDE) BOARD MEETING (OPEN)

**DATE:** 26 September 2019

**TIME:** 10.00am

**VENUE:** The Boyd Room (Large Conference Room)

**DISTRIBUTION:** All Board members & attendees

**BOARD MEMBERS:** STEVE HAWKINS (Chairman), PAULA GREY, DR MARY RYAN, JAY CARR, KATHRYN FOREMAN, PAUL CUMMINS, HELEDD COOPER, PAUL KAVANAGH-FIELDS, DR. SANDRA OELBAUM

**IN ATTENDANCE:** SUSAN WESTBURY; MARGARET SWINSON, COMPANY SECRETARY, TRACEY HARRINGTON, DEPUTY COMPANY SECRETARY

### AGENDA

			Pages
1.	Chairman's Welcome, apologies for absence and opening comments		Verbal
2.	New declarations of interest		
3.	Patient Story:		Verbal
4.	Minutes of the meeting held on 25 July 2019		1 – 5
5.	Matters arising, action list progress and Corporate Risk Register		6
6.	<b>Chairman and Non-Executives' Report</b>		
6.1	Chairman's Report	SH	Verbal
7.	<b>Chief Executive</b>		
7.1	Chief Executive's Report	MR	7 – 8
7.2	Brexit implications and risks for PC24	JC	9 – 10
8.	<b>Performance</b>		
8.1	IPR	Execs	11 – 29
8.2	Extended Access Patient Records	JC	Verbal
8.3	PC24 Annual Accounts 18/19	HC	30 – 52
9.	<b>Strategy</b>		
9.1	Corporate Social Responsibility	MS	Presentation
9.2	IT upgrade	JC	53 – 55
10.	<b>Governance</b>		
	Policies for approval		56 – 57
10.1	<ul style="list-style-type: none"> <li>Travel</li> <li>Safeguarding Adults update</li> <li>Clinical Supervision of nurses update</li> </ul>	MS	58 – 69 70 – 116 117 – 145

## **11. Committee Reports**

11.1	Quality & Workforce 18 September 2019	PG	146 – 157
11.2	Finance & Performance 18 September 2019	PC	158 – 159
11.3	Audit Committee 6 September 2019	KF	160

## **12. Any other business**

### **Confidential Items**

Members of the Board are invited to move to confidential items of business.

### **Date and Time of Next Meeting**

Date: **28 November 2019**  
Time: **10am**  
Venue: **Primary Care 24 Board Room**

<b>Board Meeting:</b>	Open Session		
<b>Venue:</b>	Boyd Room, PC24		
<b>Date:</b>	25 <sup>th</sup> July 2019		
<b>Time:</b>	10.00am		
<b>Attendees:</b>	<b>Apologies:</b>	<b>Date of Next Meeting:</b>	
<b>Executives (EDs)</b> Dr Mary Ryan (MR) – <i>Chief Executive</i> Jay Carr (JC) – <i>Director of Service Delivery</i> Sandra Oelbaum (SO) – <i>Medical Director</i> Heledd Cooper (HC) – <i>Director of Finance</i> Paul Kavanagh-Fields (PKF) – <i>Director of Nursing</i>  <b>Non-Executive Directors (NEDs)</b> Steve Hawkins (SH) – <i>Chairman</i> Paula Grey (PG) Kathryn Foreman (KF) Paul Cummins (PC)  <b>In attendance:</b> Margaret Swinson (MS) – <i>Company Secretary</i> Tracey Harrington (TH) – <i>Deputy Company Secretary</i> Carol Rogers (CR) – <i>Associate Director of Nursing</i>		26 <sup>th</sup> September 2019	

Item		Action
1.	<b>Welcome, apologies for absence and opening comments</b>  SH opened the meeting, thanking everybody for attending and welcoming TH to her first Board meeting. There were no apologies.	
2.	<b>New declarations of interest</b>  PKF informed the Board he had been appointed Governing Body Nurse for Salford CCG which was a self-directed NED role which he officially took up on 1 <sup>st</sup> July 2019.	
3.	<b>Patient Story</b>  CR presented an anonymised Patient Story entitled “Learning from Excellence – Change is not an option”. This case resulted in a multi-agency review between Mersey Care NHS, Careline and PC24. There had been good practice and high levels of reflection by PC24 staff. Significant learning had been identified for all organisations. She went on to specify the learning which was being implemented through an extensive action plan.  PKF commended the work and leadership that CR and the team had given in this case which had been evident to the external organisations involved.  KF noted, for the record that in the case of tragic events PC24 punched above its weight. The Board were grateful for the tenacity shown.	

	CR was invited to stay for the duration of the Open Board Meeting.	
4.	<p><b>Minutes of the meeting held on 30 May 2019</b></p> <p>The minutes were agreed as an accurate record with the following amendments:</p> <ol style="list-style-type: none"> <li>1. The comment indicating voting board member was now redundant and should be removed.</li> <li>2. Item 3 – should state PKF not PC.</li> </ol>	
5.	<p><b>Matters arising and Action Log progress</b></p> <p>Action 1. Board 'How we do things': Updated pending work on new staff engagement plan. Action closed.</p> <p>Action 2. New appointees: List of new appointees circulated. Action closed.</p> <p>Action 3. Board Terms of Reference: Updated and on the agenda.</p>	
6.	<p><b>Chairman and Non-Executives' Report</b></p> <p><b>6.1 Chairman's Report</b></p> <p>The Chairman reported on his meetings and news over the previous two months and those of the NEDs.</p> <ul style="list-style-type: none"> <li>• Staff awards: This had been a good night with Roger Phillips presenting the Awards. He thanked all who had been involved for their preparation and dealing with issues on the night.</li> <li>• Lunch with Beatrice Fraenkel.</li> <li>• Social Economy Panel: This gave opportunity to glean interesting ideas from others and to discuss inclusive growth and how benefit is shared across the City Region</li> <li>• Royal Liverpool Hospital: Steve Warburton (CEO Aintree Hospitals) had been appointed CEO of the joint entity and Sue Musson the new Chair</li> <li>• Integrated Care Partnership Meeting: KF had attended this meeting on behalf of SH and MR. The objective was the development of a successor to 'Healthy Liverpool'. PC24's attendance had been welcomed. A further meeting would take place in September at which the available resources from participant organisations would be assessed. The Board was informed that Primary Care Networks were not directly represented, though they would be part of the delivery process.</li> <li>• A Chief Executives and Chairs meeting was being planned and MR was working to ensure PC24 was on the invitation list.</li> </ul> <p>SH also reported the remuneration committee met to finalise some issues outstanding from the previous meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Noted the Chairman's report.</li> </ul>	
7.	<p><b>Chief Executive's Report</b></p> <p><b>7.1 Chief Executives Report</b></p> <p>MR had presented a written report. In addition she noted:</p> <ul style="list-style-type: none"> <li>• PC24, Mersey Care and the Children's Board were awaiting a response to their offer with regard to developing an Urgent Treatment centre offer.</li> <li>• St Helen's Out of Hours mobilisation at the beginning of July had gone smoothly.</li> <li>• PC24 had informed the CCG that patients in St Joseph's Hospice (Jospice) would not be registered at Thornton as a matter of routine with effect from 1 September 2019.</li> </ul>	

	<ul style="list-style-type: none"> <li>An options appraisal for a Refugee and Asylum Seeker service had been commissioned from PC24. This would be the successor to the current PC24 service. The appraisal would be a collaborative venture with other appropriate parties as set out in the paper.</li> </ul> <p>The Board noted that PC24 as an organisation was gaining a higher profile and recognition.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>Noted the Chief Executive's Report.</li> </ul>	
8.	<p><b>Performance</b></p> <p><b>8.1 Integrated Performance Report</b></p> <p>The Chair noted the comprehensive nature of the report presented and that the contents had undergone scrutiny in the appropriate Committees. Comments were welcomed on an exception basis.</p> <p>PKF reported there had been an announcement by NHSE in relation to changes in the method for patient engagement, particularly in relation to the Friends and Family Test. As the implications become clear they will be reported to the Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>Noted the reports from the Executive Team</li> <li>Thanked them for their updates</li> </ul>	
9.	<p><b>Strategy</b></p> <p><b>9.1 Board Assurance Framework</b></p> <p>PKF presented the BAF report. The aim was to</p> <ul style="list-style-type: none"> <li>identify the specific risks relating to the organisation's strategic objectives</li> <li>take a floor to Board approach to risk</li> <li>take a more consistent and rigorous approach to the identification, monitoring and mitigation of risk.</li> </ul> <p>After thanking PKF for his work, the Board discussed the implementation of the BAF. It was agreed that template in the paper from PKF should be used for the 2020/21 strategic planning which would begin in the Autumn. The BAF should bring together fiancé, risk and strategy.</p> <p>During the planning process consideration would be given to:</p> <ul style="list-style-type: none"> <li>Whether the BAF should reflect the high level objectives only or should include the more detailed objectives which underlie the high level</li> <li>Mapping of the strategic risks to the strategic plan</li> <li>Updating the organograms in order to bring them up to date.</li> </ul> <p>The Board noted that the BAF would, from the start of the 2020/21 year, replace the Integrated Performance Report. It should not generate additional work. As agreed by the Audit Committee, the full risk register would be presented to the Committee 6 monthly.</p> <p>In summary the Board agreed that the BAF:</p>	

	<ul style="list-style-type: none"> <li>• should be used to condense risk at a high level</li> <li>• should not create additional actions</li> <li>• would be adopted as part of the planning for 2020/21</li> </ul>	
10.	<p><b>Governance</b></p> <p><b>10.1 Policies for Approval</b></p> <p><b>Maternity, Paternity and Adoption Leave and Pay Policy</b></p> <p>The Maternity, Paternity and Adoption Leave and Pay Policy had been through the required scrutiny by the Policy Group and had been recommended for approval by the Quality &amp; Workforce Committee.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Approved the policy and</li> <li>• took assurance that the Policy Group was monitoring progress in relation to the existing policies.</li> </ul> <p><b>Recruitment and Section policy update</b></p> <p>The Board was invited to endorse updates for the Recruitment &amp; Section Policy. The updates had not required major revision of the policy they reflected:</p> <ul style="list-style-type: none"> <li>• implementation of Audit South West Core Review B recommendations</li> <li>• reference to the Vacancy Control Policy being adopted by PC24</li> <li>• changes in professional insurance for GPs</li> </ul> <p><b>Alcohol and Substance Misuse Policy update</b></p> <p>Board was invited to endorse the updates to the Alcohol and Substance Misuse Policy. The updates reflected:</p> <ul style="list-style-type: none"> <li>• reference to the Psychoactive Substances Act</li> <li>• a generally more supportive approach running alongside any necessary disciplinary process.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• endorsed the updates to both policies</li> <li>• took assurance that the Policy Group was monitoring progress in relation to the existing policies.</li> </ul> <p><b>10.2 Terms of Reference</b></p> <p>At the May Board meeting a number of changes to the Terms of Reference had been identified. MS presented updated Terms of Reference for approval.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Agreed the Terms of Reference;</li> <li>• Agreed to review the Terms of Reference annually.</li> </ul>	
11.	<p><b>Committee Reports</b></p> <p><b>11.1 Quality &amp; Workforce</b></p>	

	<p>PG presented the report. Most of the items in the report had been reflected in the agenda already highlighting:</p> <ul style="list-style-type: none"> <li>• that Datix was now accessible across the remote sites and Matt Lynas was receiving specialist training.</li> <li>• The Committee had received a report from the Quality Governance Committee summarising its work and the work of those Committees reporting into it.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Took assurance that the Committee was giving due scrutiny to the information presented to it;</li> <li>• Noted the main issues from the meeting.</li> </ul> <p><b>11.2 Finance and Performance Committee Report</b></p> <p>PC presented the report highlighting the positive nature of both the operational and finance reports, the detail of which had been discussed earlier in the meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Was assured that the Committee was giving due scrutiny to the information presented to it</li> <li>• Noted the main issues from the meeting.</li> </ul> <p><b>11.3 Audit Committee</b></p> <p>KF presented the Audit Committee Report highlighting:</p> <ul style="list-style-type: none"> <li>• The Committee had met, along with members of the Executive Team, for a development session and this meeting had, therefore, been the first formal meeting in 2019.</li> <li>• The Committee's work would focus on: <ul style="list-style-type: none"> <li>○ taking forward the recommendations arising from the development session</li> <li>○ reviewing the complete risk register approximately 6 monthly</li> <li>○ raising awareness of counter fraud</li> </ul> </li> </ul> <p>HC explained that PC24 had moved fully to e-banking.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Was assured that the Committee was giving due scrutiny to the information presented to it</li> <li>• Noted the main issues from the meeting</li> </ul>	
12.	<p><b>Any Other Business</b></p> <p>There being no other business, the meeting concluded.</p>	

**Date of next meeting: 26<sup>th</sup> September 2019**

**Time: 10am**

**Venue: The Boyd Room at PC24**

Risk Type	Risk Number	Leads(s)	Risk description	Likelihood (initial)	Consequence (initial)	Rating (initial)	Key controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Gaps in control	Level of assurance	Opened	Last reviewed	Closed
OOH	CR17	Dir SD	Fulfilment of GP rotas for all services not achievable	Possible	Major	12	Robust rota management by IUC & PCS teams to ensure rotas filled  Ongoing recruitment of GPs  Focus on multidisciplinary working in all areas, where possible  State backed indemnity now in place  Review of all agency contracts to ensure they are robust underway  New focus on home working to bolster rosters in times of high activity	Unlikely	Major	8	Lack of GPs nationally continue to impact  Continued agency usage risks last minute cancellations	High	27/04/2017	20/09/2019	
Finance	CR23	DoF	Potential impact of IR35 inclusion of Associate workforce could lead to significant financial pressure on UC24	Possible	Major	12	Staying close to local decision making for England / OOH providers  DoF & ADHR attends UHUK workshop - feedback available 26/9/190	Possible	Major	12	April 2020 is the deadline for PC24 to make a decision on employees status	Low	22/11/2018	20/09/2019	
Corporate	CR31	CEO	Re-configuration of Urgent Care services across C&M could lead to loss of business and / or independence for PC24	Possible	Major	12	Present at Provider Alliance, which is likely to be delivery method of choice  Continued relationship building with MerseyCare  Visible in Urgent Care space  Members of LPA working group on Urgent Care delivery	Possible	Major	12	No specification yet issued for new configuration  Public consultation will be required	Medium	22/11/2018	20/09/2019	
Corporate	CR33	CEO	Creation of Primary Care Networks and moves towards preferential contract allocation to them may impact on current PC24 business, our potential to bid for work and financial stability	Possible	Major	12	Medical Director has become Clinical Director of a PCN, allowing intelligence and decisions to be communicated early.  Ongoing monitoring of NHSE / I communication relating to Networks.	Unlikely	Moderate	6	Creation of networks embryonic, personnel unclear and structures not yet defined. Clinical Directors not yet appointed in several networks, making communications difficult  Establishment of networks has proved slow and patchy and impact on PC24 business as yet unknown	Medium	08/03/2019	20/09/2019	
Wider UK Environment	CR30	Board	Introduction of ICS working makes PC24 independence more difficult and risks financial sustainability	Possible	Moderate	9	PC24 members of Liverpool Provider Alliance  PC24 members of Integrated Care Partnership Boards	Possible	Moderate	9	Lack of clarity of wider NHS plan  Level of maturity of system is low  Experience and expectations re. governance are diverse and not coherent	Low	12/03/2018	20/09/2019	
Wider UK Environment	CR36	Board	Potential UK exit from the EU could threaten medicines and vaccine supply.  Demand for services could increase if anxiety rises nationally.  EU staff may leave the UK.	Possible	Major	12	PC24 sighted on potential issues  SRO for EU Exit appointed  Risk register completed  Close attention to DHSC and central communications  Assessment of staff shows small number of EU nationals	Possible	Major	12	Lack of clarity around government plan  National lack of preparation	Low	01/08/2019	20/09/2019	



<b>Title:</b> Chief Executive's report	<b>Meeting Date:</b> 26 <sup>th</sup> September 2019	<b>Agenda item no:</b> 7.1
<b>Prepared and presented by:</b> Dr Mary Ryan	<b>Discussed by:</b> Executive Team	
<b>Link to UC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li>✓ Safe</li> <li>✓ Effective</li> <li>✓ Caring</li> <li>✓ Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li>✓ Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• note the Chief Executive's Report.</li> </ul>	

## 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 In my July report, we had noted an overall increase in demand in our OOH service. This continued throughout the summer - in line with acute trusts. However, we have performed better than ever in our NQRs, thanks mainly to the increased clinician capacity in St Helens which is underutilised. Going forward, we expect this capacity to be taken up by St Helens and this is not a sustainable resource.
- 2.2 The summer saw no further advances in the North Mersey Urgent Carer review, however, this work is now set to gather pace. As ever, we will stay close to any changes proposed.

- 2.3** I met with Keith Molloy – Strategic Lead for Regeneration in South Sefton, over the summer. This is with regard to a new ‘Health Hub’ build in Crosby Village. The CCG have approached us with a view to moving some of our practices into this new build. We are pursuing this offer and following up with meeting with architects etc. – however, it is likely to be late 2021 before any building commences.
- 2.4** Sefton Transformation continues but we are now re-focusing on going back to some of the basic requirements for our practices. Despite considerable work, it is clear that some issues – mainly administrative – are not yet embedded. Transformation will not be possible without these being solidified and so the programme will slow temporarily to accommodate this work.
- 2.5** Alongside this re-focus, work will also be on the not inconsiderable task of merging our practices. Heledd Cooper – DoF – will lead on this piece of work, which will need final sign off from South Sefton CCG and NHS England, if accepted.
- 2.6** During the summer, I also met with Tiffany Hemsworth – Director of Strategy at St Helens & Knowsley Trust. The Trust embarked on a venture into General Practice in 2017, taking over a local practice with 10,000 patients. This has proven challenging for them and helpful information was obtained from this meeting.
- 2.7** August saw the inaugural meeting of the PC24 Environmental Sustainability Group (‘Green Group’). This marks our commitment to climate change and our impact on the environment. Further papers will be presented to Board today on the governance arrangements for this group.
- 2.8** I have also recently met with NWAS senior leadership in Bolton. The leadership team has now changed and there is a renewed interest and enthusiasm to forge strong relationships in the North West. We will capitalise on this and plans are in progress to host a joint learning event with OOH providers and NWAS.
- 2.9** With regard to Britain’s EU Exit, the organisation has stated its commitment to our EU staff. We have offered help with regard to applications for settled status etc. We will continue to remind staff of this support and ensure they feel the organisation is supporting them at this time.

### **3.0 Recommendations**

The meeting is invited to:

- note the Chief Executive’s report.

<b>Title:</b> Brexit	<b>Meeting Date:</b> 26 <sup>th</sup> September 2019	<b>Agenda item no:</b> 7.2
<b>Prepared and presented by:</b> Dr Mary Ryan	<b>Discussed by:</b> Board	
<b>Link to UC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li>✓ Safe</li> <li>✓ Effective</li> <li>✓ Caring</li> <li>✓ Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assurance</li> <li><input type="checkbox"/> Decision</li> <li>✓ Discussion</li> <li>✓ Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• note the Chief Executive's Report.</li> </ul>	

## 1.0 Purpose

- 1.1 The purpose of this paper is to assure the Board that the executive team of PC24 have continued to monitor and gather any local intelligence regarding the impact of the UK leaving the European Union on October 31<sup>st</sup>.

## 2.0 Matters for report

Brexit is currently a standing agenda item on the weekly Executive Team meeting and the PC24 Brexit risk register has been reviewed on a monthly basis.

The highest risk of the eight we have identified on the register, risk to patient safety due to unknown impact to the supply of medicines and vaccines, is currently scored at nine.

Through the weekly CEO floor walk we have offered to support any EU nationals working for PC24 who have concerns about their status.

PC24 have raised Brexit at the Contract Monitoring Board meeting for Out of Hours services, this meeting is chaired by Ian Davies who is also fulfilling the role of Senior Responsible Officer (SRO) for Brexit planning on Merseyside.

The following bullet points summarise information received from Ian Davies regarding the wider system position following a query from the PC24 Director of Nursing on September 5<sup>th</sup>.

- A Local Health Resilience Partnership (LHRP) group is operational within Merseyside, chaired by NHSE, this group also reports into county level Local Resilience Forums
- All Cheshire and Mersey CCGs have been linked into the regional Brexit workshops hosted by NHSE
- Public facing communications regarding the NHS's role in planning for Brexit will be shared through a regional Brexit workshop on September 11<sup>th</sup> and a further communication meeting on September 23<sup>rd</sup> – this information will be shared with PC24 if possible
- The Mersey LHRP will report on local business continuity planning to NHSE – PC24 is not formally required to input into this process as we are not a statutory body
- A joint exercise between health and the local authority occurred earlier this year. A multi -agency response would be managed through county level Local Resilience Forums.

PC24 continues to monitor the situation regarding any impact on service provision in the event of the UK leaving the EU on October 31<sup>st</sup> and we endeavour to remain connected to any wider developments in the local health community.

### 3.0 Recommendations

- The meeting is asked to note the report.

<b>Title:</b> Integrated Performance Report	<b>Meeting Date:</b> 26 <sup>th</sup> September 2019	<b>Agenda item no:</b> 8.1
<b>Prepared and presented by:</b> Presented by Dr Mary Ryan (CEO) Prepared by Executive Directors	<b>Discussed by:</b> Executive Directors	
<b>Link to PC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li>✓ Safe</li> <li>✓ Effective</li> <li>✓ Caring</li> <li>✓ Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>✓ Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li>✓ Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• Note performance for July and August 2019</li> <li>• To receive assurance that the necessary actions are being taken.</li> </ul>	

## 1.0 Purpose:

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

## 2.0 Report highlights:

- 2.1 Note the performance of the Integrated Urgent Care Service Delivery Unit
- 2.2 Note the performance in Primary and Community services.

## 3.0 Recommendations:

The meeting is invited to:

- Note performance for July and August 2019
- Receive assurance that the necessary actions are being taken.

Service Delivery	App. ref	Target	YTD (from Apr)	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend	Sep-19 Forecast
<b>Integrated Urgent Care</b>																	
OOH NQR 8 Calls answered in 60secs	1	95%	96.3%	90.3%	89.1%	92.3%	88.3%	91.7%	92.1%	94.4%	94.5%	94.7%	96.4%	98.1%	97.8%		96.5%
OOH NQR 9 - Urgent DCA 20mins	1	95%	95.5%	97.4%	94.1%	94.2%	92.7%	91.5%	93.0%	94.2%	94.8%	95.3%	93.9%	96.2%	97.1%		97.0%
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	87.5%	93.8%	89.8%	83.7%	68.9%	75.5%	81.4%	89.1%	87.5%	84.7%	84.4%	92.4%	88.7%		97.2%
OOH NQR 12 - Home Visits - Total	1	95%	90.4%	95.2%	92.5%	90.0%	76.6%	81.2%	89.6%	93.9%	93.6%	89.6%	87.8%	92.6%	88.6%		98.0%
OOH NQR 12 - UCCs - Total	1	95%	99.2%	99.4%	99.5%	99.3%	98.1%	99.3%	99.6%	99.1%	99.1%	98.7%	99.3%	99.3%	99.5%		99.4%
OOH activity	1	n/a	32,784	5,528	5,584	5,681	7,854	6,633	6,018	6,547	6,800	6,975	6,351	5,929	6,729		6,501
Alder Hey Primary Care Streaming - appointment utilisation	2	50%	42.1%	52.3%	57.7%	71.0%	54.4%	64.5%	64.1%	63.9%	47.9%	47.9%	40.2%	41.6%	32.8%		38.2%
Alder Hey Primary Care Streaming - average consultation length	2	15mins	17:13	15:00	16:09	14:01	15:34	14:42	16:26	16:25	19:07	17:17	16:33	14:58	18:14		16:35
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	72.3%	43.8%	67.1%	77.7%	66.4%	70.9%	70.3%	57.3%	74.9%	62.3%	70.1%	68.4%	85.8%		74.8%
Aintree Primary Care Streaming - appointment utilisation	3	50%	39.3%	36.4%	36.3%	34.9%	35.1%	37.7%	39.3%	40.1%	34.2%	41.8%	41.2%	40.3%	38.8%		40.1%
Aintree Primary Care Streaming - average consultation length	3	15mins	17:21	21:23	16:27	16:45	16:27	16:02	16:58	17:49	17:50	16:56	15:41	18:14	18:06		17:20
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	84.2%	87.5%	91.6%	91.6%	89.1%	93.9%	88.3%	96.8%	87.6%	88.6%	80.2%	81.0%	83.7%		81.6%
RLUH Primary Care Streaming - appointment utilisation	4	50%	57.3%	58.8%	54.3%	56.9%	56.3%	57.5%	55.0%	62.4%	55.1%	56.9%	58.1%	62.9%	53.6%		58.2%
RLUH Primary Care Streaming - average consultation length	4	15mins	19:21	17:57	20:05	17:38	18:17	18:42	18:24	19:27	19:34	19:14	19:55	19:24	18:41		19:20
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	80.6%	93.9%	83.1%	91.0%	81.1%	84.5%	91.4%	86.0%	83.5%	88.9%	74.7%	84.0%	71.8%		76.9%
Knowsley In Hours Services - Home visits in 1, 2 and 6 hours	5	95%	99.7%	100.0%	97.1%	99.4%	99.1%	100.0%	99.1%	98.3%	100.0%	99.1%	100.0%	99.2%	100.0%		100%
Knowsley In Hours Services - patients seen within 30 minutes of scheduled appt	5	95%	98.9%	97.8%	98.8%	99.2%	98.1%	98.6%	98.8%	99.4%	98.9%	98.8%	98.9%	99.0%	98.7%		99%
Intermediate Care Service - consistent medical provision	6	90%	99.9%	100.0%	100.0%	98.5%	97.2%	91.0%	100.0%	99.5%	99.5%	100.0%	100.0%	100.0%	100.0%		100%
Liverpool Extended Access - utilisation rate of available appointments	7		68.9%		42.9%	58.0%	72.6%	77.5%	75.7%	64.3%	70.2%	69.1%	64.9%	69.4%	70.7%		59%
Liverpool Extended Access - DNA rate of booked appointments	7		7.8%		9.3%	8.4%	7.4%	8.9%	9.1%	8.2%	7.7%	7.5%	8.4%	7.6%	7.8%		7%
Liverpool Extended Access - Clinical rota shift fulfilment	7		93%		77%	86%	82%	76%	92%	80%	94%	78%	102.9%	98.9%	92.5%		98%
St Helens Extended Access - utilisation rate of available appointments	7		76.6%		32.4%	43.6%	68.3%	78.3%	75.8%	72.8%	65.1%	74.1%	76.1%	82.4%	85.3%		82%
St Helens Extended Access - DNA rate of booked appointments	7		14.9%		6.3%	9.1%	13.2%	13.0%	15.0%	14.1%	14.4%	14.6%	14.3%	13.9%	17.1%		11%
St Helens Extended Access - Clinical rota shift fulfilment	7		58%		87%	75%	50%	78%	70%	78%	71%	61%	63.9%	51.2%	41.3%		52%
<b>Primary and Community Services</b>																	
Asylum service - number of arrivals in month (EMIS reporting from Apr 2018)	8	n/a	2,208	418	533	531	444	494	452	482	358	379	380	418	673		490
<b>Finance</b>																	
Income variance against plan (£000's)	9	0	-33	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	21	-22	-16	107	-123		10
Cost variance against plan (£000's)	9	0	330	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	3	39	146	-7	148		10
Net variance against plan (£000's)	9	0	296	-51	73	-7	39	31	52	-600	23	17	130	100	26		20
Net income/(deficit) (£000's)	9	170	684	-47	194	109	155	147	169	-403	41	80	176	259	128		137
Total cash (£000's)	10	1,500	2575	978	1,156	955	1,245	766	948	1,433	1,544	1,810	2,804	2,492	2,575		2,200
Efficiency programme vs target	11	95%	113.6%	100%	100%	100%	100%	100%	100%	100%	0%	0%	3%	75%	131.2%		N/A
<b>Quality and Patient Safety</b>																	
Friends and Family - likely / extremely likely to recommend (includes paper surveys at Knowsley in-hours services; some Sefton practices from March 2019)	12	85%	85.8%	89.4%	85.7%	88.3%	86.5%	89.4%	85.8%	85.5%	87.9%	88.2%	87.0%	82.8%	82.9%		83%
Compliments received in month	12	n/a	37	2	10	8	1	1	3	3	3	10	4	11	9		8
Complaints received in month	13	n/a	37	6	11	2	5	10	6	8	8	6	8	6	9		8
Complaints closed in month, not resolved within 25 working days	12		17	3	10	9	5	17	7	7	5	6	2	4	0		2
Incidents recorded in month	12	n/a	366	66	86	87	81	90	65	74	95	74	50	69	78		66
Safeguarding incidents recorded	12	n/a	34	1	4	4	4	6	9	6	15	2	8	5	4		6
<b>Workforce</b>																	
Sickness rate	14	5% annually	Data not available	Reliable data not yet available from RotaMaster													Reliable data not yet available
Staff turnover rate	14	20% annually	15.4%	15.2%	16.0%	17.2%	15.5%	14.8%	15.4%	16.4%	16.0%	16.6%	15.8%	13.8%	14.6%		15%
Mandatory training compliance (employed staff only) (new reporting method in use from April 2019)	14	95%	91.9%	87.7%	88.9%	88.2%	Not supplied	Not supplied	Not supplied	Not supplied	84.2%	91.6%	94.2%	93.8%	95.6%		95%
Appraisal compliance	14	95%	11.7%	33.8%	34.0%	35.5%	34.5%	32.0%	47.5%	50.0%	0.0%	1.1%	8.7%	20.2%	28.4%		35%

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Partial and non-compliance against NQR 9 - Less urgent DCA	Performance has decreased slightly throughout August. Activity levels increased throughout the month by approx. 800 cases compared to the previous month. Activity trends continue to be higher compared to the same month in the previous year, with August activity being 18.2% higher when compared to August 2018. Slight decrease in rota fill rates mainly due to the school holidays and increased levels of annual leave. Further work is currently underway with NHS 111 to increase the uptake of Direct Booking referrals to reduce the pressure on DCA.	Head of Service	October 2019
IUC002	Partial and non-compliance against NQR 12 - Home visits	See IUC001	Head of Service	September 2019
IUC003	Non-compliance against Alder Hey Primary Care Streaming appointment utilisation	Appointment utilisation has continued to decrease, some issues have been raised by AHCH in relation to the referral criteria which has since been reviewed and amended by the Associate Director of Nursing.	Head of Service	September 2019
IUC004	Full and partial compliance against Alder Hey Primary Care Streaming average consultation length	Consultation lengths remain over 15 minutes – Clinical Lead is currently reviewing cases in excess of 15 minutes. This will be discussed at the next PCS meeting with the proposal of the introduction of 20 minute appointments.	Head of Service	September 2019
IUC005	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	Shift fulfilment has increased throughout August to over 85%, this is forecasted to continue throughout September following an increase in uptake from ANPs.	Head of Service	September 2019
IUC006	Non-compliance against Aintree Primary Care Streaming appointment utilisation	Utilisation remains low at under 40%, Aintree are trialling the Dunston Triage Model to increase utilisation however there has been no improvement to date.	Head of Service	September 2019
IUC007	Partial compliance against Aintree Primary Care Streaming average consultation length	Consultation lengths remain over 15 minutes – Clinical Lead is currently reviewing cases in excess of 15 minutes. This will be discussed at the next PCS meeting with the proposal of the introduction of 20 minute appointments.	Head of Service	September 2019
IUC008	Non-compliance against Aintree Primary Care Streaming shift fulfilment rate	Shift fulfilment rate remains consistent at over 80% this continues to be impacted by clinical availability during the out of hour's period.	Head of Service	September 2019
IUC009	Non-compliance against The Royal Primary Care Streaming average consultation length	Consultation lengths remain over 15 minutes – Clinical Lead is currently reviewing cases in excess of 15 minutes. This will be discussed at the next PCS meeting with the proposal of the introduction of 20 minute appointments.	Head of Service	September 2019
IUC010	Non-compliance against The Royal Primary Care Streaming shift fulfilment rate	Shift fulfilment rate has decreased, mainly impacted by clinical availability during the weekends. We have recently recruited a salaried GP to both weekend sessions which will see an increase in shift fulfilment in the future.	Head of Service	September 2019
FIN001	Negative Variance against plan for year to date budget position.	The St Helens budget was loaded in August, for the months of July and August, which makes the in-month result appear worse than it is. On YTD basis PC24 total income is behind plan by £33k, which is mainly attributable to as yet unknown inflation increases applicable to our contracts.	Head of Finance	Ongoing
QPS001	Partial compliance against Friends and Family positive feedback target	In July, levels of positive feedback were partially compliant for three services: Out of Hours, A&E Primary Care Streaming and the Sefton practices (results reported for 5 of the 7 practices); in August all services were fully compliant apart from the Sefton practices (results reported for 6 of the 7 practices). The OOH overall result was 83.2% in July and 87.2% in August; within this result the 8 St Helens practices which commenced cover for Out of Hours service on 1st July are notably lower at 71.4% in July and 73.3% in August (combination of other CCGs for OOH at 84.8% in July and 88.5% in August). The A&E Primary Care Streaming result was 84.5% in July (results only for Alder Hey and RLUH however) and 85.5% in August (for all 3 A&Es). The results for 5 of the 7 Sefton practices were 81.3% in July and 73.3% for 6 of the 7 practices in August.		Ongoing
WOR001	Partial and full compliance against PC24 staff mandatory training compliance	As previously reported the Mandatory Training compliance data is now considered robust and after a decrease in July, is now fully compliant for the month of August. This is the standard that will now be adhered to.	Associate Director of HR	N/A
WOR002	Non-compliance against PC24 appraisal target	Poor compliance rates have been escalated to Deputy Directors of Services. Action plans awaited to bring back on target. A review of Appraisal process is to be undertaken in due course.	Associate Director of HR	Nov-19

## IPR Narrative report - 2019/20 as at Month 5 (August)

Service Delivery	Integrated Urgent Care	<ul style="list-style-type: none"> <li>• OOH: 8 St Helens practices commenced 1st July 2019. Good performance throughout August, 2 challenging weekends throughout the month impacted on overall performance. We are currently exploring opportunities to enhance our direct booking offer with NHS 111 to relieve the pressure on DCA as we move into winter.</li> <li>• Extended Access: Liverpool – Shift fulfilment remains high at over 90% . Utilisation and DNA rates remain stable. Further work is underway with NHS 111 to maximise the use of Direct Booking St Helens – Shift fulfilment has decreased throughout August, largely impacted by high levels of annual leave. This is forecasted to improve throughout September. Utilisation remain stable, however DNA rates have increased. These are being monitored by practice to identify any outliers. Further work is underway with NHS 111 to maximise the use of Direct Booking Knowsley – Continued strong performance across the service.</li> </ul>
	Primary and Community Services	<ul style="list-style-type: none"> <li>• Asylum practice: Activity levels have increased slightly throughout July by 2.3% on June. Activity levels are 13.3% lower than the same period the previous year. In August activity levels have increased significantly, due to two ships being diverted to Liverpool.</li> <li>• Sefton GP practices: Overall performance has deteriorated across the practices. Sessions filled and appointments utilised are lower than forecast which will also mean QoF and LQC income will be lower than forecast.</li> </ul>
Finance		<ul style="list-style-type: none"> <li>• The year to date position at the end of month 5 is a surplus of £685k, against a planned surplus of £388k, which is £297k ahead of plan. The in-month position is reporting a surplus of £128k, which is £26k ahead of plan. During the month £36k of LQC income was received relating to the 18/19 year which had not been included last year.</li> <li>• Sefton Practices: Total income is £13k behind plan YTD and £13k ahead of plan for the current month. Income from the Local Quality Contract and Enhanced Services is ahead of plan by £5k YTD and £12k ahead of plan for the current month. In relation to pay costs there is a £12k overspend year to date, in-month there is a £6k overspend. In relation to non pay costs there is a £11k overspend year to date, in-month there is a £4k overspend. Overall Sefton Practices are reporting a YTD deficit of £295k (excluding any allocation of overheads) against a planned deficit of £285k, which is £9k behind plan. The in-month position is reporting a deficit of £63k, which is £3k ahead of plan.</li> <li>• Out of Hours (excluding St Helens): Total income is £4k behind plan YTD and £1k ahead of plan for the current month. Income from primary care streaming activity is ahead of plan by £24k YTD and ahead of plan by £6k this month. Clinical pay is over budget by £80k YTD, in-month it was £1k under budget. Pressures in the GP workforce continue to result in significant agency requirements.</li> <li>• Liverpool EAS is reporting a YTD surplus of £424k (including overheads), which is £31k behind plan. The in-month position reported a surplus of £84k, which was £8k behind the plan.</li> <li>• Cash balances at month 5 were £2,575k.</li> <li>• The majority of the plan relates to a reduction in Agency GP usage and a reduction in Sefton administration hours over the remainder of the financial year.</li> </ul>
Quality		<ul style="list-style-type: none"> <li>• At the end of August 2019 there were 9 open complaints in Datix</li> <li>• There were 11 compliments received in July 2019 and 9 compliments received in August 2019</li> </ul>
Workforce		<ul style="list-style-type: none"> <li>• The review of Terms and Conditions is to be scoped out in Quarter 2 2019/20 and a Project Plan put in place for full review.</li> <li>• A People Strategy will be developed during 2019/2020 with an engagement process with staff.</li> </ul>



# **Appendices**

App 1 OOH reporting template

National and Local Quality Requirements reporting template								
Reporting time period: 01/07/19 18:30 to 27/07/19 07:59 and 28/07/19 08:00 to 01/08/19 07:59 Halton, Knowsley, Liverpool & St Helens CCGs								
Ref	NQR / LQR	Target description	Total volume	Compliant	Patient choice	Non-compliant	% compliance	
1	NQR 2	Case details sent by 8am	6729	6292	0	437	93.5%	
2	NQR 8	<0.1% calls engaged	2177	2177		0	0.0%	
3	NQR 8	<5% calls abandoned after 30 seconds	2177	2149		28	1.3%	
4	NQR 8	Calls answered <60 seconds	2083	2038		45	97.8%	
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	0	0	0	0		
6	NQR 9	Urgent cases DCA <20 minutes	1127	1022	72	33	97.1%	
7	NQR 9	All other cases DCA <60 minutes	3825	3145	248	432	88.7%	
8	LQR 1	NHS 111 6 hour priority <6 hours	1182	1067	37	78	93.4%	
9	LQR 2	Repeat prescription requests <6 hours	24	24	0	0	100.0%	
a		Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)	6158					
b		Total cases requiring action (6)+(7)+(8)+(9)	6158					
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	404	390	5	9	97.8%	
12	NQR 12	UCC Less urgent <6 hours	1747	1741	4	2	99.9%	
c	Total	Urgent Care Centre cases	2151	2131	9	11	99.5%	
13	LQR 3	Telephone Advice Emergency <1 hour	22	20	0	2	90.9%	
14	LQR 3	Telephone Advice Urgent <2 hours	404	377	12	15	96.3%	
15	LQR 3	Telephone Advice Less Urgent <6 hours	3302	3157	68	77	97.7%	
d	Total	Telephone Advice cases	3728	3554	80	94	97.5%	
16	NQR 12	Home visit Emergency <1 hour	2	2	0	0	100.0%	
17	NQR 12	Home visit Urgent <2 hours	274	257	0	17	93.8%	
18	NQR 12	Home visit Less urgent <6 hours	550	473	0	77	86.0%	
e	Total	Home Visit cases	826	732	0	94	88.6%	
f		Total telephone and face-to-face consultations (c)+(d)+(e)	6705	6417	89	199		
Information section								
No Definitive Clinical Assessment (DCA)			Urgent Care Centres					
19	Cases not requiring DCA; triaged by other clinician	353	Emergency	1 hour total	Pat. choice	Compliant	% result	
20	Patient episode continued, service provided	218	Aintree	0	0	0		
21	Patient episode ended, no service provided	0	Garston	0	0	0		
Repeat prescription cases outcomes			Huyton	0	0	0		
22	Repeat prescription requests (6 hour advice)	24	Kirkby	0	0	0		
23	Repeat prescription requests forwarded to UCC	0	Lowe House	0	0	0		
24	Repeat prescription requests forwarded for visit	0	Old Swan	0	0	0		
Final case-type totals			Runcorn	0	0	0		
25	Total Ambulance cases	0	The Royal	0	0	0		
26	Total Telephone Advice cases	3728	Widnes	0	0	0		
27	Total UCC attendances	2151	Total	0	0	0		
28	Total Home Visits	826	Urgent	2 hour total	Pat. choice	Compliant	% result	
29	Total Repeat prescription requests	24	Aintree	15	0	15	100.0%	
g	Total cases completed (=a+19+20+21)		6729	Garston	52	0	49	94.2%
	Referrals to secondary care			Huyton	38	0	38	100.0%
	30	Hospital referred (referred for admission / advised A&E)	686	Kirkby	0	0	0	
	Compliance levels			Lowe House	24	0	24	100.0%
	31	Fully compliant (95-100%) - except ref 2 & 5		Old Swan	124	4	117	97.6%
	32	Partially compliant (90-94.9%) - except ref 2 & 5		Runcorn	101	0	100	99.0%
	33	Non-compliant (89.9% and under) - except ref 2 & 5		The Royal	17	1	16	100.0%
	Comments:			Widnes	33	0	31	93.9%
				Total	404	5	390	97.8%
			Less urgent	6 hour total	Pat. choice	Compliant	% result	
			Aintree	121	0	120	99.2%	
			Garston	229	0	229	100.0%	
			Huyton	130	0	130	100.0%	
			Kirkby	39	0	39	100.0%	
			Lowe House	261	1	260	100.0%	
			Old Swan	590	2	587	99.8%	
			Runcorn	246	0	246	100.0%	
			The Royal	47	0	47	100.0%	
			Widnes	84	1	83	100.0%	
			Total	1747	4	1741	99.9%	
			Grand total	2151	9	2131		
Template property of Liverpool CCG								

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (DF)

**App 2 Alder Hey**

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)
Sep-18	930	523	407	213	194	52.3%	2.19	15	7.0%	0	43.8%
Oct-18	961	316	645	372	273	57.7%	2.37	24	6.5%	0	67.1%
Nov-18	930	207	723	513	210	71.0%	2.84	25	4.9%	0	77.7%
Dec-18	966	325	641	349	292	54.4%	2.28	23	6.6%	0	66.4%
Jan-19	961	280	681	439	242	64.5%	2.70	14	3.2%	0	70.9%
Feb-19	868	258	610	391	219	64.1%	2.70	22	5.6%	0	70.3%
Mar-19	1089	465	624	399	225	63.9%	2.63	26	6.5%	0	57.3%
Apr-19	930	233	697	334	363	47.9%	2.02	27	8.1%	0	74.9%
May-19	961	362	599	287	312	47.9%	2.02	29	10.1%	0	62.3%
Jun-19	930	278	652	262	390	40.2%	1.71	21	8.0%	0	70.1%
Jul-19	961	304	657	273	384	41.6%	1.76	28	10.3%	0	68.4%
Aug-19	961	136	825	271	554	32.8%	1.38	20	7.4%	0	85.8%

Month	Average consultation length (minutes) per month
Sep-18	15:00
Oct-18	16:09
Nov-18	14:01
Dec-18	15:34
Jan-19	14:42
Feb-19	16:26
Mar-19	16:25
Apr-19	19:07
May-19	17:17
Jun-19	16:33
Jul-19	14:58
Aug-19	18:14

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (CS)

**App 3 Aintree**

Includes any additional weekday daytime cover provided

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Avg appts per hour	Ref for admission/A &E	% ref for admission/A &E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Sep-18	1080	135	945	344	601	36.4%	1.16	43	12.5%	0	87.5%
Oct-18	1158	97	1061	385	676	36.3%	1.24	50	13.0%	0	91.6%
Nov-18	1116	94	1022	339	683	33.2%	1.10	75	22.1%	0	91.6%
Dec-18	1086	118	968	340	628	35.1%	1.09	55	16.2%	0	89.1%
Jan-19	1140	70	1070	403	667	37.7%	1.24	80	19.9%	0	93.9%
Feb-19	1032	121	911	358	553	39.3%	1.29	47	13.1%	0	88.3%
Mar-19	1122	36	1086	436	650	40.1%	1.30	59	13.5%	0	96.8%
Apr-19	1080	134	946	324	622	34.2%	1.14	42	13.0%	0	87.6%
May-19	1122	128	994	415	579	41.8%	1.36	40	9.6%	0	88.6%
Jun-19	1080	214	866	357	509	41.2%	1.35	42	11.8%	0	80.2%
Jul-19	1158	220	938	378	560	40.3%	1.42	51	13.5%	0	81.0%
Aug-19	1122	183	939	364	575	38.8%	1.30	48	13.2%	0	83.7%

Month	Average consultation length (minutes) per month
Sep-18	21:23
Oct-18	16:27
Nov-18	16:45
Dec-18	16:27
Jan-19	16:02
Feb-19	16:58
Mar-19	17:49
Apr-19	17:50
May-19	16:56
Jun-19	15:41
Jul-19	18:14
Aug-19	18:06

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)
Sep-18	824	50	774	455	319	58.8%	1.84	54	11.9%	0	93.9%
Oct-18	892	151	741	402	339	54.3%	1.72	42	10.4%	0	83.1%
Nov-18	824	74	750	398	352	53.1%	1.75	37	9.3%	0	91.0%
Dec-18	852	161	691	389	302	56.3%	1.80	47	12.1%	0	81.1%
Jan-19	904	140	764	439	325	57.5%	1.85	43	9.8%	0	84.5%
Feb-19	776	67	709	390	319	55.0%	1.85	28	7.2%	0	91.4%
Mar-19	836	117	719	449	270	62.4%	2.04	34	7.6%	0	86.0%
Apr-19	848	140	708	390	318	55.1%	1.80	30	7.7%	0	83.5%
May-19	812	90	722	411	311	56.9%	1.84	35	8.5%	0	88.9%
Jun-19	783	198	585	340	245	58.1%	1.76	26	7.6%	0	74.7%
Jul-19	952	152	800	503	297	62.9%	2.02	37	7.4%	0	84.0%
Aug-19	1008	284	724	388	336	53.6%	1.78	25	6.4%	0	71.8%

Month	Average consultation length (minutes) per month
Sep-18	17:57
Oct-18	20:05
Nov-18	17:38
Dec-18	18:17
Jan-19	18:42
Feb-19	18:24
Mar-19	19:27
Apr-19	19:34
May-19	19:14
Jun-19	19:55
Jul-19	19:24
Aug-19	18:41

Source: Adastra/Business Intelligence Team

Key Performance Indicators (monthly) – August 2019							
Telephone Triage and Home visiting Service, and Bookable GP appointments							
	Indicator Number	Description	Target	Total volume	Met KPI	Patient choice	% result
Quality	1	Patient experience of the service to be collected weekly and reported monthly	85% satisfied	8	8		100.0% (compliance calculated using responses of Extremely Likely and Likely)
	2	Clinical audit of 3% of clinical consultations	As per OOH contract				
	3	Number of complaints received		0			
	4	Number of compliments received		1			
	5	Number of incidents reported		2			
	6	Number of post event messages sent from Adastra within 24 hours	100%	188	188	0	100.0%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	55	52	0	94.5%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	31	30	0	96.8%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	8	7	1	100.0%
	7d	Number of cases triaged via surgery referral in 60 minutes	95%	0	0	0	
Home visits	8a	Number of patients visited within 1 hour of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8b	Number of patients visited within 2 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	1	1	0	100.0%
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	10	10	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	94	94	0	100.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1237	1079	158	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	180	132	48	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	32	32	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1079	1053	11	98.6%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	132	130	1	99.2%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	0	0	0	
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	9	9	0	100.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	23	23	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%	8	7	1	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
August 2018 – Knowsley GP	187.5	187.5	0	
August 2018 – Knowsley GP Standby	19.5	19.5	0	
				100.0%
September 2018 – Knowsley GP	158.5	158.5	0	
September 2018 – Knowsley GP Standby	21.5	21.5	0	
				100.0%
October 2018 – Knowsley GP	180.5	180.5	0	
October 2018 – Knowsley GP Standby	26.5	26.5	0	
				100.0%
November 2018 – Knowsley GP	163	163	0	
November 2018 – Knowsley GP Standby	38	35	3	
				98.5%
December 2018 – Knowsley GP	167.5	163.5	4	
December 2018 – Knowsley GP Standby	27	25.5	1.5	
				97.2%
January 2019 – Knowsley GP	192	172	20	
January 2019 – Knowsley GP Standby	30.5	30.5	0	
				91.0%
February 2019 – Knowsley GP	140	140	0	
February 2019 – Knowsley GP Standby	40	40	0	
				100.0%
March 2019 – Knowsley GP	159.5	159.5	0	
March 2019 – Knowsley GP Standby	28.5	27.5	1	
				99.5%
April 2019 – Knowsley GP	173	173	0	
April 2019 – Knowsley GP Standby	26	25	1	
				99.5%
May 2019 – Knowsley GP	185.5	185.5	0	
May 2019 – Knowsley GP Standby	22.5	22.5	0	
				100.0%
June 2019 – Knowsley GP	165	165	0	
June 2019 – Knowsley GP Standby	18	18	0	
				100.0%
July 2019 – Knowsley GP	183.5	183.5	0	
July 2019 – Knowsley GP Standby	24	24	0	
				100.0%
August 2019 – Knowsley GP	172	172	0	
August 2019 – Knowsley GP Standby	26	26	0	
				100.0%
September 2019 – Knowsley GP	152	152	0	
September 2019 – Knowsley GP Standby	37	37	0	
				100.0%

Source: RotaMaster

Author: Business Intelligence Lead

## App 7 Extended Access

Liverpool Extended Access						
Month	Appts available	Appts booked	Appts DNA'd (incl 'tel not answered')	% of appts booked	% of appts DNA'd	Clinical rota shift fulfilment
Oct-18	3850	1650	153	42.9%	9.3%	77%
Nov-18	4298	2491	210	58.0%	8.4%	86%
Dec-18	3719	2699	199	72.6%	7.4%	82%
Jan-19	3951	3063	273	77.5%	8.9%	76%
Feb-19	4145	3139	285	75.7%	9.1%	92%
Mar-19	5416	3484	285	64.3%	8.2%	80%
Apr-19	4555	3198	245	70.2%	7.7%	94%
May-19	4543	3137	234	69.1%	7.5%	78%
Jun-19	4660	3024	253	64.9%	8.4%	102.9%
Jul-19	4998	3467	265	69.4%	7.6%	98.9%
Aug-19	4484	3169	248	70.7%	7.8%	92.5%

St Helens Extended Access						
Month	Appts available	Appts booked	Appts DNA'd	% of appts booked	% of appts DNA'd	Clinical rota shift fulfilment
Oct-18	641	208	13	32.4%	6.3%	87%
Nov-18	807	352	32	43.6%	9.1%	75%
Dec-18	810	553	73	68.3%	13.2%	50%
Jan-19	1064	833	108	78.3%	13.0%	78%
Feb-19	1064	807	121	75.8%	15.0%	70%
Mar-19	1258	916	129	72.8%	14.1%	78%
Apr-19	1144	745	107	65.1%	14.4%	71%
May-19	959	711	104	74.1%	14.6%	61%
Jun-19	1041	792	113	76.1%	14.3%	63.9%
Jul-19	863	711	99	82.4%	13.9%	51.2%
Aug-19	708	604	103	85.3%	17.1%	41.3%

Source: RotaMaster / EMIS / Adastra

Author: Business Intelligence Lead / Service Delivery Administrator (LF) / Rota and Workforce Planning Manager



**App 8 Asylum service**

		Current year			Previous year			EMIS results
								Arrivals (EMIS report)
		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)		
Month	Arrivals (current year)							
Sep 18	403	177	61	314	318	52		
Oct 18	517	243	53	341	231	52		
Nov 18	506	159	73	451	345	67		
Dec 18	421	108	49	386	144	30		
Jan 19	426	197	Not reported	367	227	47		
Feb 19	500	265	Not reported	316	290	45		
Mar 19	404	161	Not reported	372	250	33		
Apr 19	333	184	Not reported	338	206	47		
May 19	367	211	Not reported	284	192	52		
Jun 19	393	217	Not reported	359	208	42		
Jul 19	398	178	Not reported	460	258	44		
Aug 19	700	334	Not reported	450	307	53		

Source: PC24 Asylum service Practice Manager / EMIS

Author: Business Intelligence Lead/Primary Care Administrator

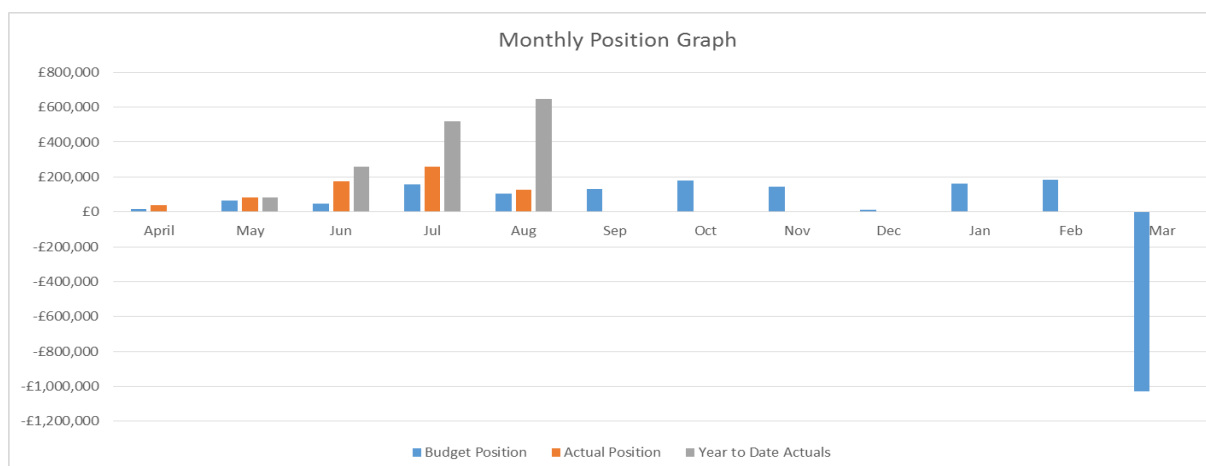
Service Line Reports as at 31 August 2019								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(15,548,570)	(6,321,003)	(6,267,929)	(53,074)	(1,453,840)	(1,318,355)	(135,485)
IUC	Pay	8,884,552	3,589,872	3,584,964	4,907	857,598	746,915	110,683
IUC	Non Pay	496,260	208,686	176,482	32,204	58,862	38,721	20,141
IUC	Overheads	4,267,282	1,387,921	1,165,495	222,426	284,326	264,739	19,587
<b>IUC Total</b>		<b>(1,900,476)</b>	<b>(1,134,524)</b>	<b>(1,340,987)</b>	<b>206,463</b>	<b>(253,054)</b>	<b>(267,980)</b>	<b>14,926</b>
Primary & Community Services	Income	(2,606,248)	(976,843)	(996,518)	19,674	(178,993)	(191,810)	12,816
Primary & Community Services	Pay	2,784,148	1,189,825	1,210,453	(20,629)	230,905	240,096	(9,191)
Primary & Community Services	Non Pay	389,297	162,207	174,757	(12,550)	32,441	36,151	(3,709)
Primary & Community Services	Overheads	1,163,279	371,561	267,069	104,491	66,139	55,354	10,785
<b>Primary &amp; Community Services Total</b>		<b>1,730,476</b>	<b>746,749</b>	<b>655,762</b>	<b>90,987</b>	<b>150,493</b>	<b>139,791</b>	<b>10,702</b>
<b>Grand Total (Surplus) / Deficit</b>		<b>(170,000)</b>	<b>(387,775)</b>	<b>(685,225)</b>	<b>297,450</b>	<b>(102,561)</b>	<b>(128,188)</b>	<b>25,628</b>

Management Accounts as at 31 August 2019								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(15,548,570)	(6,321,003)	(6,267,929)	(53,074)	(1,453,840)	(1,318,355)	(135,485)
IUC	Pay	8,884,552	3,589,872	3,584,964	4,907	857,598	746,915	110,683
IUC	Non Pay	496,260	208,686	176,482	32,204	58,862	38,721	20,141
<b>IUC Total</b>		<b>(6,167,758)</b>	<b>(2,522,445)</b>	<b>(2,506,482)</b>	<b>(15,963)</b>	<b>(537,380)</b>	<b>(532,719)</b>	<b>(4,661)</b>
Primary & Community Services	Income	(2,606,248)	(976,843)	(996,518)	19,674	(178,993)	(191,810)	12,816
Primary & Community Services	Pay	2,784,148	1,189,825	1,210,453	(20,629)	230,905	240,096	(9,191)
Primary & Community Services	Non Pay	389,297	162,207	174,757	(12,550)	32,441	36,151	(3,709)
<b>Primary &amp; Community Services Total</b>		<b>567,197</b>	<b>375,188</b>	<b>388,693</b>	<b>(13,504)</b>	<b>84,354</b>	<b>84,437</b>	<b>(84)</b>
Corporate Support	Income	0	0	(202,291)	202,291	0	(35,906)	35,906
Corporate Support	Pay	2,982,815	1,253,436	1,207,938	45,499	255,048	254,476	573
Corporate Support	Non Pay	2,447,746	506,045	426,918	79,128	95,417	101,524	(6,107)
<b>Corporate Support Total</b>		<b>5,430,561</b>	<b>1,759,482</b>	<b>1,432,564</b>	<b>326,917</b>	<b>350,465</b>	<b>320,094</b>	<b>30,372</b>
<b>Grand Total (Surplus) / Deficit</b>		<b>(170,000)</b>	<b>(387,775)</b>	<b>(685,225)</b>	<b>297,450</b>	<b>(102,561)</b>	<b>(128,188)</b>	<b>25,628</b>

Sefton Practices								
	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance	
Base Contract	(1,769,304)	(737,210)	(737,079)	(131)	(147,442)	(147,724)	281	
QOF	(292,900)	(82,345)	(82,345)	0	(16,469)	(16,469)	0	
LQC income (SSCCG)	(404,000)	(129,280)	(125,696)	(3,584)	(8,080)	(24,321)	16,241	
CQRS income (NHSE)	(140,044)	(28,009)	(36,250)	8,241	(7,002)	(2,773)	(4,229)	
NHSE APMS Contract KPIs	0	0	0	0	0	0	0	
NHSE Resilience Funding	0	0	0	0	0	0	0	
NHSE Set Up Fees	0	0	0	0	0	0	0	
NHSE Additional Funding	0	0	0	0	0	0	0	
Indemnity Contribution Income	0	0	0	0	0	0	0	
Drugs Cost/Dispensing Fees	0	0	0	0	0	0	0	
GP Resilience	0	0	0	0	0	0	0	
Sundry income	0	0	(8,649)	8,649	0	(523)	523	
<b>Total Income</b>	<b>(2,606,248)</b>	<b>(976,843)</b>	<b>(990,018)</b>	<b>13,174</b>	<b>(178,993)</b>	<b>(191,810)</b>	<b>12,816</b>	
<b>Pay</b>	<b>2,628,617</b>	<b>1,125,099</b>	<b>1,136,674</b>	<b>(11,575)</b>	<b>217,960</b>	<b>224,038</b>	<b>(6,078)</b>	
<b>Non Pay</b>	<b>329,150</b>	<b>137,146</b>	<b>147,917</b>	<b>(10,771)</b>	<b>27,429</b>	<b>30,940</b>	<b>(3,510)</b>	
<b>(Positive)/Negative Contribution to Overheads</b>	<b>351,519</b>	<b>285,401</b>	<b>294,573</b>	<b>(9,171)</b>	<b>66,396</b>	<b>63,168</b>	<b>3,228</b>	

## Position Graph

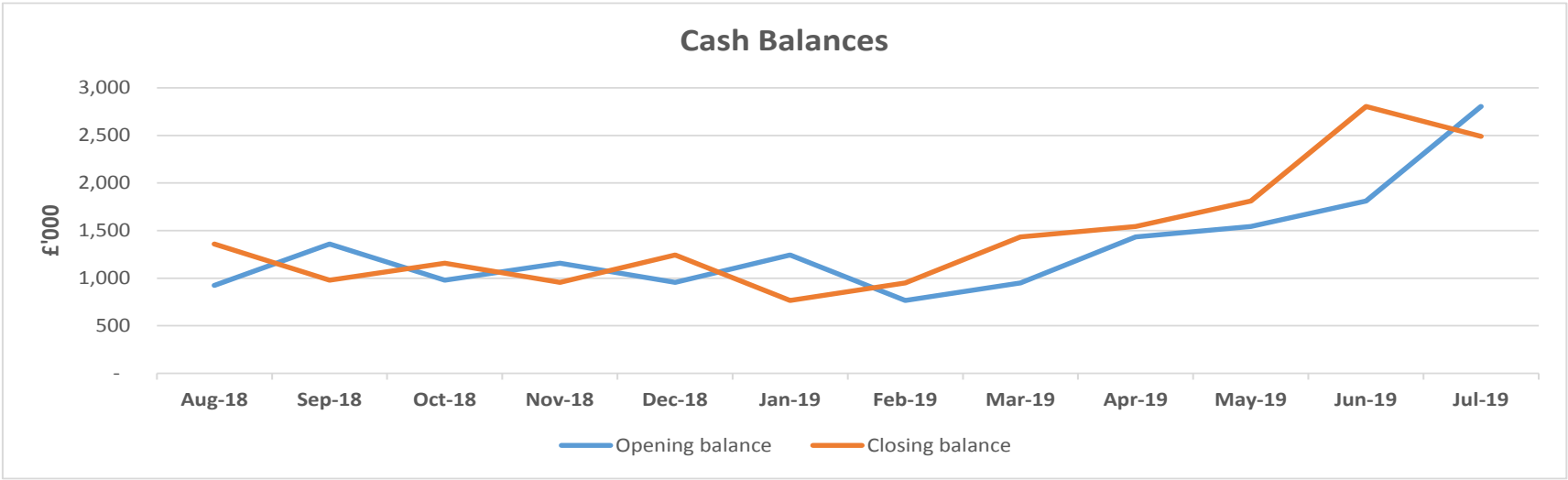
The below graph plots out the year to date actual positions, along with the planned position.



Source: E-Financials  
Author: Head of Finance

App 10 Cash Position

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Opening balance	923	1,360	978	1,156	955	1,245	766	949	1,433	1,544	1,810	2,804	2,492
Closing balance	1,360	978	1,156	955	1,245	766	949	1,433	1,544	1,810	2,804	2,492	2,575



Source: Bank Statements  
Author: Head of Finance

App 11    Efficiency Position

Efficiency Plans Summary

	Full Year	Year to Date		In Month		
		Plan	Actual	Plan £	Actual £	Actual %
1. Agency staff reduction - Clinical	£    200,000	£       -	£       -			
2. Sefton Transformation	£    200,000	£    63,889	£    73,916			
3. Stand Alone Schemes	£       8,000	£       2,042	£       1,000			
Total	£    408,000	£    65,931	£    74,916	£    19,653	£    25,780	131%

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?"				
	Jun-19	Jul-19	Aug-19	Sep-19 MTD (to xth)
Extremely Likely	67.5%	63.4%	67.3%	67.2%
Likely	19.5%	19.4%	15.7%	15.8%
Neither Likely or Unlikely	3.8%	6.3%	4.8%	4.3%
Unlikely	3.8%	3.2%	2.8%	3.7%
Extremely Unlikely	4.1%	5.9%	8.4%	7.9%
Don't know	1.4%	1.8%	1.0%	1.1%

Source: Synapta / Knowsley PCS paper surveys / Sefton Practices MJog surveys

Author: Business Intelligence Lead / Knowsley PCS Service Manager

**Compliments**

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services (incl EAS)	GP Practices		
Jul-19	0	2	3	6	0
Aug-19	0	5	4	0	0

Source: Datix

Author: Governance Administrator (SD)

**Incidents**

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services (incl EAS)	GP Practices		
Jul-19	1	16	13	36	3
Aug-19	1	25	14	36	0

Source: Datix

Author: Governance Administrator (SD)

**Complaints not resolved within 25 days**

During the month of July 2019 there were 4 complaints that were not closed within the 25 working day timeframe.

During the month of August 2019 there were 0 complaints that were not closed within the 25 working day timeframe.

Source: Datix

Author: Governance Administrator (SD)

**Safeguarding reports**

Total number of incidents reported during July 2019 was 69; of these, 5 were reported as safeguarding incidents and of the 5 incidents reported, 4 were reported to safeguarding.

Total number of incidents reported during August 19 was 78 of these, 4 were reported as safeguarding incidents and of the 4 incidents reported, 2 were reported to safeguarding.

Source: Datix

Author: Governance Administrator (SD)

**App 13 Complaints received**

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
30.07.19	OOHs GP	Attitude & Behaviour	Under Review	Halton	Not graded as under review	Under Review	Ongoing
26.07.19	Sefton Primary Care Litherland	Appointment issue	Under Review	South Sefton CCG	Not graded as under review	Under Review	Ongoing
24.07.19	Sefton Primary Care Netherton	Waiting times	Under Review	South Sefton CCG	Not graded as under review	Under Review	Ongoing
18.07.19	Sefton Primary Care Maghull	Issue of Repeat Prescription	Reviewed	South Sefton CCG	Low Moderate	Upheld	Closed
03.07.19	Sefton Primary Care - Maghull	Diagnosis & Treatment	Under Review	South Sefton CCG	Not graded as under review	Under Review	Ongoing
03.07.19	Sefton Primary Care - Crossways	Appointment issue and Attitude & Behaviour	Reviewed	South Sefton CCG	Low	Partly Upheld	Closed
22.08.19	Sefton Primary Care Crossways	Lack of GP cover	Under Review	SS CCG	Not graded as under review	Under Review	Ongoing
19.08.19	Primary Care Streaming Alder Hey	Behaviour of ANP	Reviewed	Liverpool	Low	Partly Upheld	29.08.19
13.08.19	Primary Care Streaming - Royal Liverpool Hosp	Diagnosis & Treatment	Under Review	Liverpool	Not graded as under review	Under Review	Ongoing
12.08.19	Sefton Primary Care - Crosby Village	Information Governance	Under Review	SS CCG	Not graded as under review	Under Review	Ongoing
12.08.19	Out of Hours Clinician	Diagnosis & Treatment	Under Review	Liverpool	Not graded as under review	Under Review	Ongoing
06.08.19	Sefton Primary Care - Crossways	Lack of GP cover - Care & Treatment	Under Review	SS CCG	Not graded as under review	Under Review	Ongoing
05.08.19	Out of Hours - ANP	Attitude & Behaviour	Reviewed	Halton	Low	Upheld	19.08.19
04.08.19	Out of Hours - Operations	Care & Treatment	Reviewed	Liverpool	Low	Not Upheld	14.08.19
01.08.19	Sefton Primary Care - Thornton Practice	Care & Treatment	Reviewed	SS CCG	Not graded as under review	Under Review	Ongoing

Source: Datix

Author: Governance Administrator (SD)

## Staff Turnover

UC24	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Start of Month Staff Numbers	240	239	243	241	198	203	209	213	219	220	224	233
Starters	3	7	4	2	7	9	8	7	5	5	11	7
Leavers	4	3	6	0	2	3	4	1	4	1	2	3
TUPE												
Staff in probation period	19	24	27	23	27	32	37	37	38	41	45	43
Staff due to receive appraisal	221	215	214	220	171	177	176	182	182	183	188	194
End of Month Staff Numbers	239	243	241	243	203	209	213	219	220	224	233	237
Turnover Rate	1.67%	1.24%	2.48%	0.00%	1.00%	1.46%	1.90%	0.46%	1.82%	0.45%	0.88%	1.28%
Annualised rate	20.0%	14.9%	29.8%	0.0%	12.0%	17.5%	22.7%	5.6%	21.9%	5.4%	10.5%	15.3%
Rolling Annualised rate	15.2%	16.0%	17.2%	15.5%	14.8%	15.4%	16.4%	16.0%	16.6%	15.8%	13.8%	14.6%

Source: Rotamaster

Author: HR Manager

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

Appraisals completed in date	72	73	76	76	48	84	88	0	2	16	38	55
Total staff requiring appraisal	213	215	214	220	150	177	176	182	182	183	188	194
	33.8%	34.0%	35.5%	34.5%	32.0%	47.5%	50.0%	0.0%	1.1%	8.7%	20.2%	28.4%

Source: Rotamaster

Author: HR Manager

## Mandatory training compliance

	New method in use											
Courses due to be completed by end of working month	1680	1673	1701	Not supplied	Not supplied	Not supplied	Not supplied	2111	2168	2272	2403	2365
Courses completed by end of working month	1473	1488	1500	Not supplied	Not supplied	Not supplied	Not supplied	1778	1986	2140	2254	2261
	87.7%	88.9%	88.2%	Not supplied	Not supplied	Not supplied	Not supplied	84.2%	91.6%	94.2%	93.8%	95.6%

Source: Rotamaster/E-learning portal

Author: Training Manager / Trainer

	Sep-18	Oct-18	Nov-18									
Chaperone Training (only drivers & receptionists)	19	20		Information Governance	82.8%	91.2%	98.4%	90.9%	93.1%			
CPR Training (only drivers & receptionists)	23	27	22	Equality and Diversity	89.3%	95.8%	96.8%	96.2%	98.1%			
Moving & handling (Sefton staff only)	22			Safeguarding Adults	91.0%	95.0%	96.8%	95.8%	97.3%			
Infection Control (clinicians, receptionists & drivers)	26	55	50	Safeguarding Children	91.0%	95.0%	98.0%	96.2%	97.3%			
Equality & Diversity	30	25	29	Fire Safety	84.1%	94.6%	98.4%	95.5%	96.2%			
Fire Safety	25	27	30	Health, Safety and Welfare	87.1%	92.5%	88.0%	95.8%	97.3%			
Health & Safety	24	24	29	CPR / Defib	84.3%	92.5%	92.5%	96.1%	96.0%			
Informational Governance	42	72	65	Infection Control	65.4%	85.9%	88.4%	89.7%	93.4%			
Prevent Training	44	Not suppli	Not supplied	Chaperone	81.7%	79.1%	86.8%	85.1%	90.7%			
Safeguarding Adults	18	18	25	Prevent	80.7%	87.9%	92.8%	92.8%	94.6%			
Safeguarding Children	24	19	23	Moving and Handling	70.0%	89.5%	89.7%	92.1%	91.9%			
Total	297	267	293									
Total excluding chaperone training/CPR/moving & handling	207	185	201									

Figures for July 2017 to June 2018 amended in July 2018 to

exclude CPR training from overall total

Figures for November 2017 to October 2018 amended in November 2018 to

<b>Title:</b> <b>PC24 Final Accounts 2018/19</b>	<b>Meeting Date:</b> 26 <sup>th</sup> September 2019	<b>Agenda item no:</b> <b>8.3</b>
<b>Prepared and presented by:</b> <b>Heledd Cooper</b>	<b>Discussed by:</b> <b>PC24 Board</b>	
<b>Link to PC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Safe</li> <li><input type="checkbox"/> Effective</li> <li><input type="checkbox"/> Caring</li> <li><input type="checkbox"/> Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b> <b>None</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>✓ Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li><input type="checkbox"/> Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• <b>Discuss and Approve the Accounts</b></li> </ul>	

### 1.0 Purpose:

PC24 has a statutory duty to produce Annual Accounts and we have a contract with Haines Watts to both produce the Accounts and to Audit them. The Accounts have been through the Audit Committee for review and scrutiny and require final approval from the Board.

### 2.0 Information:

- The reported surplus has remained the same as reported as the draft position at month 12
- Turnover has increased by £1.6m due to a change in contracts
- £0.8m increase in Debtors is due to the in-month Liverpool CCG remaining outstanding at year end – this has since been cleared and payments are received regularly
- £0.6m increase in accrued expenses within creditors, due to the provision of outstanding costs owed to Sefton premises costs and facilities costs.
- Fixed Assets have increased due to the capitalisation of the office move and refurbishment.

### 3.0 Recommendations:

That the Board review the Accounts to ensure that they provide a true fair reflection of the financial position of the organisation and provide final approval of the completed Accounts.



Strategic Report, Report of the Directors and  
Financial Statements for the Year Ended 31 March 2019  
for  
Primary Care 24 (Merseyside) Limited

Contents of the Financial Statements  
for the Year Ended 31 March 2019

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Primary Care 24 (Merseyside) Limited

Company Information  
for the Year Ended 31 March 2019

**DIRECTORS:**

S Hawkins  
P Grey  
K Foreman  
P Cummins  
M Ryan  
J Carr  
H Cooper  
P Kavanagh-Fields  
S Oelbaum

**SECRETARY:**

M A Swinson

**REGISTERED OFFICE:**

4-6 Enterprise Way  
Wavertree Technology Park  
Liverpool  
L13 1FB

**REGISTERED NUMBER:**

IP29958R

**AUDITORS:**

Haines Watts  
Statutory Auditor  
3rd Floor Pacific Chambers  
11-13 Victoria Street  
Liverpool  
Merseyside  
L2 5QQ

The directors present their strategic report for the year ended 31 March 2019.

In recognition of the changes in the service portfolio of the organisation, application was made to the Financial Conduct Authority for a change of name, from Urgent Care 24 Ltd to Primary Care 24 (Merseyside) Ltd (PC24), and the adoption of a new set of Rules for the Society. The change of name particularly reflects the embedding of daytime primary care in the organisation and the associated income and expenditure of that area of work.

## **REVIEW OF BUSINESS**

The company's activities continued to be the provision of primary health care services in the North-West of England through specific contracts including daytime General Practice, Out of Hours, Primary Care Streaming in Accident & Emergency, and health assessments for Asylum seekers.

During the year two new contracts were added to the organisation's portfolio with the addition of extended access services for St Helens, a new area of work for PC24 and Liverpool. These contracts were successfully mobilised and contributed to the good financial performance in the year.

Significant work was also undertaken in preparation for the delivery of a transformation programme for the Sefton daytime General Practices. The NHS Transformation Unit worked with PC24 to map out and develop the programme.

The key financial indicators for the year were as follows:

	2019 £'000	2018 £'000
Turnover	14,849	13,277
Profit before taxation	169	65
Reserves	1,224	1,073

Change in turnover reflects the change in contract mix

The increase in profit reserve reflects contract out-turn and resources available for future service development.

PC24 remains committed to its strategy of building a portfolio of integrated primary care services and being a significant local provider of out of hospital services.

As a mutual society, surpluses generated are not available for distribution.

## **PRINCIPAL RISKS AND UNCERTAINTIES**

Risk is reviewed and managed through the Board Committees and the Board itself. Each service line holds its own dedicated risk register. These are supplemented by risk registers specific to areas of business support such as Human Resources and Information Technology. These individual registers inform and populate the Corporate Risk Register.

The major risk carried by PC24, in common with other providers, is the challenge to recruit suitably qualified clinical staff in all services. This risk has been mitigated by the development of a multi-disciplinary team approach to service provision which required specific Commissioner approval for the Out of Hours contracts, and development of a portfolio offer for GPs across the full service range.

All PC24's contracts are time limited and end dates vary from contract to contract. In order to mitigate the business risk presented by this, PC24 continues to develop its business portfolio both by seeking work in new locations, such as St Helens, and by broadening its service offer within its current commissioner footprint, for example delivering the new Extended Access service in Liverpool.

In common with the wider health sector, PC24 faces cost pressures and is required to make annual efficiency savings in order to cover increased costs as its income levels are generally pre-determined by its agreed contracts. The achievement of these savings is essential to support the organisation's financial stability and to maintain Living Wage Employer accreditation.

## **KEY PERFORMANCE INDICATORS**

PC24's contracts contain contract specific key performance indicators, some of which are nationally defined. These KPIs are monitored through Commissioner led contract management meetings for each of the various business lines.

Internal performance indicators relating to staff sickness and turnover, complaint resolution, incidents and compliments are monitored internally through the Board's Committees.

The internal and external KPIs are reported to the Committees for detailed review and then to the Board through the Integrated Performance Report.

## **FUTURE DEVELOPMENTS**

The organisation continues to maintain good relationships with Commissioners and to take a full part in the strategic direction of health care in Liverpool through membership of bodies such as the Provider Alliance and the A&E Board, and through seeking to work collaboratively with other partners where possible.

PC24 has been awarded a further contract in St Helens, for the delivery of Out of Hours primary care to the patients of 8 of its GP practices. This contract commenced on 1 July 2019. As the primary care landscape changes, the organisation continues to assess the opportunities for business development, such as this, and to seek to enhance the quality of its services.

## **ON BEHALF OF THE BOARD:**

.....  
M A Swinson - Secretary

Date: .....

## Primary Care 24 (Merseyside) Limited

### Report of the Directors for the Year Ended 31 March 2019

The directors present their report with the financial statements of the company for the year ended 31 March 2019.

#### **PRINCIPAL ACTIVITY**

The principal activity of the Society is the provision of primary health care services in the North West of England through dedicated General Practice, Out of Hours and other primary care contracts.

Primary Care 24 has no shareholders and is registered as a Community Benefit Society under the Co-Operative and Community Benefit Societies Act. That constitution was selected in order that our staff, the local community and local GPs can all become members of the society and contribute to the organisation.

#### **DIVIDENDS**

No dividends will be distributed for the year ended 31 March 2019 in accordance with our Society Rules

#### **DIRECTORS**

The directors shown below have held office during the whole of the period from 1 April 2018 to the date of this report. All are voting members unless otherwise indicated.

Chairman:

P Higgins (term ended 3 October 2018)

S Hawkins (appointed 4 October 2018)

Non-Executive Directors:

P Grey

K Foreman

P Cummins

Chief Executive:

M Ryan (appointed 1 July 2018)

K Lucy (resigned 30 June 2018)

Executive Directors:

M Ryan (to 30 June 2018)

S Oelbaum (From 1 July 2018)

J Carr

H Leyden (resigned 30 September 2018)

Paul Kavanagh – Fields (appointed 1 October 2018)

H Cooper (appointed 1 July 2018)

- Medical Director

- Medical Director (acting from 1 July 2018 to 5 December 2018)

- Director of Service Delivery and deputy CEO (deputy from 19 November 2018)

- Director of Nursing (non-voting member)

- Director of Nursing (voting member from 21 February 2019)

- Director of Finance

#### **STATEMENT OF DIRECTORS' RESPONSIBILITIES**

The directors are responsible for preparing the Strategic Report, the Report of the Directors and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

**STATEMENT OF DIRECTORS' RESPONSIBILITIES - continued**

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**STATEMENT AS TO DISCLOSURE OF INFORMATION TO AUDITORS**

So far as the directors are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the company's auditors are unaware, and each director has taken all the steps that he or she ought to have taken as a director in order to make himself or herself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

**AUDITORS**

The auditors, Haines Watts, will be proposed for re-appointment at the forthcoming Annual Members Meeting.

**ON BEHALF OF THE BOARD:**

.....  
M A Swinson - Secretary

Date: .....

### **Opinion**

We have audited the financial statements of Primary Care 24 (Merseyside) Limited (the 'company') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and Notes to the Cash Flow Statement, Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 March 2019 and of its profit for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Co-operative and Community Benefit Societies Act 2014.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

### **Other information**

The directors are responsible for the other information. The other information comprises the information in the Strategic Report and the Report of the Directors, but does not include the financial statements and our Report of the Auditors thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Opinions on other matters prescribed by the Co-Operative and CBS Act 2014**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Strategic Report and the Report of the Directors for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Report of the Directors have been prepared in accordance with applicable legal requirements.



**Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit we have not identified material misstatements in the Strategic Report or the Report of the Directors.

We have nothing to report in respect of the following matters where the Co-operative and Community Benefit Societies Act 2014 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

**Responsibilities of directors**

As explained more fully in the Statement of Directors' Responsibilities set out on pages four and five, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

**Auditors' responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a Report of the Auditors that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Report of the Auditors.

**Use of our report**

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in a Report of the Auditors and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Michael Forshaw (Senior Statutory Auditor)  
for and on behalf of Haines Watts  
Statutory Auditor  
3rd Floor Pacific Chambers  
11-13 Victoria Street  
Liverpool  
Merseyside  
L2 5QQ

Date: .....

Primary Care 24 (Merseyside) Limited

Statement of Comprehensive Income  
for the Year Ended 31 March 2019

	Notes	31.3.19 £	31.3.18 £
<b>TURNOVER</b>	3	<b>14,849,447</b>	13,277,186
Cost of sales		<u><b>9,796,689</b></u>	<u>8,935,769</u>
<b>GROSS PROFIT</b>		<b>5,052,758</b>	4,341,417
Administrative expenses		<u><b>4,885,934</b></u>	<u>4,276,627</u>
<b>OPERATING PROFIT</b>	5	<b>166,824</b>	64,790
Interest receivable and similar income		<u><b>2,606</b></u>	<u>1,697</u>
		<b>169,430</b>	66,487
Interest payable and similar expenses	6	<u>-</u>	<u>1,688</u>
<b>PROFIT BEFORE TAXATION</b>		<b>169,430</b>	64,799
Tax on profit	7	<u><b>19,089</b></u>	<u>27,577</u>
<b>PROFIT FOR THE FINANCIAL YEAR</b>		<b>150,341</b>	37,222
<b>OTHER COMPREHENSIVE INCOME</b>		<u>-</u>	<u>-</u>
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<u><b>150,341</b></u>	<u>37,222</u>

Balance Sheet  
31 March 2019

	Notes	31.3.19 £	£	31.3.18 £	£
<b>FIXED ASSETS</b>					
Tangible assets	8		<b>82,741</b>		15,234
<b>CURRENT ASSETS</b>					
Debtors	9	<b>1,505,224</b>		702,814	
Cash at bank and in hand		<b><u>1,431,011</u></b>		<u>1,211,397</u>	
		<b>2,936,235</b>		1,914,211	
<b>CREDITORS</b>					
Amounts falling due within one year	10	<b><u>1,795,262</u></b>		<u>856,072</u>	
<b>NET CURRENT ASSETS</b>			<b><u>1,140,973</u></b>		<u>1,058,139</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>			<b><u><u>1,223,714</u></u></b>		<u><u>1,073,373</u></u>
<b>RESERVES</b>					
Retained earnings	12		<b><u>1,223,714</u></b>		<u>1,073,373</u>
			<b><u><u>1,223,714</u></u></b>		<u><u>1,073,373</u></u>

The financial statements were approved by the Board of Directors on ..... and were signed on its behalf by:

.....  
S Hawkins - Chair

.....  
M Ryan – Chief Executive Officer

.....  
M Swinson – Company Secretary

Primary Care 24 (Merseyside) Limited

Statement of Changes in Equity  
for the Year Ended 31 March 2019

	<b>Retained earnings £</b>	<b>Total equity £</b>
<b>Balance at 1 April 2017</b>	1,036,151	1,036,151
<b>Changes in equity</b>		
Total comprehensive income	<u>37,222</u>	<u>37,222</u>
<b>Balance at 31 March 2018</b>	<u>1,073,373</u>	<u>1,073,373</u>
<b>Changes in equity</b>		
Total comprehensive income	<u>150,341</u>	<u>150,341</u>
<b>Balance at 31 March 2019</b>	<u><u>1,223,714</u></u>	<u><u>1,223,714</u></u>

Primary Care 24 (Merseyside) Limited

Cash Flow Statement

for the Year Ended 31 March 2019

	Notes	31.3.19 £	31.3.18 £
<b>Cash flows from operating activities</b>			
Cash generated from operations	1	347,930	121,854
Interest element of hire purchase or finance lease rental payments paid		-	(1,688)
Tax paid		(29,142)	(23,283)
Net cash from operating activities		318,788	96,883
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(101,780)	(8,363)
Interest received		2,606	1,697
Net cash from investing activities		(99,174)	(6,666)
<b>Cash flows from financing activities</b>			
Capital repayments in year		-	(48,976)
Net cash from financing activities		-	(48,976)
<b>Increase in cash and cash equivalents</b>		219,614	41,241
<b>Cash and cash equivalents at beginning of year</b>	2	1,211,397	1,170,156
<b>Cash and cash equivalents at end of year</b>	2	1,431,011	1,211,397

Notes to the Cash Flow Statement  
for the Year Ended 31 March 2019

1. **RECONCILIATION OF PROFIT BEFORE TAXATION TO CASH GENERATED FROM OPERATIONS**

	31.3.19 £	31.3.18 £
Profit before taxation	169,430	64,799
Depreciation charges	34,273	107,210
Finance costs	-	1,688
Finance income	(2,606)	(1,697)
	201,097	172,000
Increase in trade and other debtors	(802,410)	(25,953)
Increase/(decrease) in trade and other creditors	949,243	(24,193)
<b>Cash generated from operations</b>	<b>347,930</b>	<b>121,854</b>

2. **CASH AND CASH EQUIVALENTS**

The amounts disclosed on the Cash Flow Statement in respect of cash and cash equivalents are in respect of these Balance Sheet amounts:

**Year ended 31 March 2019**

	31.3.19 £	1.4.18 £
Cash and cash equivalents	1,431,011	1,211,397

**Year ended 31 March 2018**

	31.3.18 £	1.4.17 £
Cash and cash equivalents	1,211,397	1,170,156

1. **STATUTORY INFORMATION**

Primary Care 24 (Merseyside) Limited is a private company, limited by guarantee, registered in England and Wales. The company's registered number and registered office address can be found on the Company Information page.

2. **ACCOUNTING POLICIES**

**Basis of preparing the financial statements**

These financial statements have been prepared in accordance with Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

**Critical accounting judgements and key sources of estimation uncertainty**

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimated and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

**Turnover**

Turnover is measured at the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes.

Turnover is measured on the basis of amounts due from signed agreements with care providers which is received on a regular basis throughout the year

**Tangible fixed assets**

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Improvements to property	- Over term of lease
Plant and machinery	- 25% on cost
Fixtures and fittings	- Over term of lease
Motor vehicles	- 25% on cost
Computer equipment	- 33% on cost

The gain or loss on disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to the profit or loss.

**Financial instruments**

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's statement of financial position when the company becomes party to the contractual provisions of the instrument.

**Taxation**

Taxation for the year comprises current and deferred tax. Tax is recognised in the Statement of Comprehensive Income, except to the extent that it relates to items recognised in other comprehensive income or directly in equity.

Current or deferred taxation assets and liabilities are not discounted.

Current tax is recognised at the amount of tax payable using the tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

2. **ACCOUNTING POLICIES - continued**

**Deferred tax**

Deferred tax is recognised in respect of all timing differences that have originated but not reversed at the balance sheet date.

Timing differences arise from the inclusion of income and expenses in tax assessments in periods different from those in which they are recognised in financial statements. Deferred tax is measured using tax rates and laws that have been enacted or substantively enacted by the year end and that are expected to apply to the reversal of the timing difference.

Unrelieved tax losses and other deferred tax assets are recognised only to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits.

**Pension costs and other post-retirement benefits**

The majority of employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore it is accounted for as a defined contribution scheme.

Pension cost contributions are charged to operating expenses as and when they become due.

3. **TURNOVER**

The turnover and profit before taxation are attributable to the one principal activity of the company.

An analysis of turnover by class of business is given below:

	31.3.19 £	31.3.18 £
Services provided	<u>14,849,447</u>	<u>13,277,186</u>
	<u><u>14,849,447</u></u>	<u><u>13,277,186</u></u>

An analysis of turnover by geographical market is given below:

	31.3.19 £	31.3.18 £
United Kingdom	<u>14,849,447</u>	<u>13,277,186</u>
	<u><u>14,849,447</u></u>	<u><u>13,277,186</u></u>

4. **EMPLOYEES AND DIRECTORS**

	31.3.19 £	31.3.18 £
Wages and salaries	<u>5,169,405</u>	<u>5,643,379</u>
Other pension costs	<u>443,479</u>	<u>501,237</u>
	<u><u>5,612,884</u></u>	<u><u>6,144,616</u></u>

The average number of employees during the year was as follows:

	31.3.19	31.3.18
All staff including directors	<u>223</u>	<u>252</u>



Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

4. **EMPLOYEES AND DIRECTORS - continued**

	<b>31.3.19</b>	31.3.18
	<b>£</b>	£
Directors' remuneration	<b><u>442,955</u></b>	<u>485,252</u>

Information regarding the highest paid director is as follows:

	<b>31.3.19</b>	31.3.18
	<b>£</b>	£
Emoluments etc	<b><u>131,546</u></b>	<u>127,669</u>

One fifth of this salary is recharged to Alder Hey Children's NHS Foundation Trust for the director's role as A&E Consultant

5. **OPERATING SURPLUS**

The operating profit is stated after charging:

	<b>31.3.19</b>	31.3.18
	<b>£</b>	£
Depreciation - owned assets	<b>34,273</b>	107,209
Fees payable to the company's auditor for the audit of the company's financial statements	<b><u>12,882</u></b>	<u>12,000</u>

6. **INTEREST PAYABLE AND SIMILAR EXPENSES**

	<b>31.3.19</b>	31.3.18
	<b>£</b>	£
Hire purchase	<b><u>-</u></b>	<u>1,688</u>

7. **TAXATION**

**Analysis of the tax charge**

The tax charge on the profit for the year was as follows:

	<b>31.3.19</b>	31.3.18
	<b>£</b>	£
Current tax:		
UK corporation tax	<b>19,089</b>	29,142
Deferred tax	<b><u>-</u></b>	<u>(1,565)</u>
Tax on surplus	<b><u>19,089</u></b>	<u>27,577</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

7. **TAXATION - continued****Reconciliation of total tax charge included in profit and loss**

The tax assessed for the year is lower than the standard rate of corporation tax in the UK. The difference is explained below:

	<b>31.3.19</b>	31.3.18
	£	£
Surplus before tax	<u><b>169,430</b></u>	<u>64,799</u>
Surplus multiplied by the standard rate of corporation tax in the UK of 19% (2018 - 19%)	<b>32,192</b>	12,312
Effects of:		
Capital allowances in excess of depreciation	<b>(19,615)</b>	(3,540)
Depreciation on assets not qualifying for tax allowances	<b>6,512</b>	20,370
Deferred tax movement	<u>-</u>	<u>(1,565)</u>
Total tax charge	<u><b>19,089</b></u>	<u>27,577</u>

8. **TANGIBLE FIXED ASSETS**

	<b>Improvements to property £</b>	<b>Plant and machinery £</b>	<b>Fixtures and fittings £</b>
<b>COST</b>			
At 1 April 2018	<b>87,534</b>	<b>8,363</b>	<b>35,430</b>
Additions	<u><b>101,780</b></u>	<u>-</u>	<u>-</u>
At 31 March 2019	<u><b>189,314</b></u>	<u><b>8,363</b></u>	<u><b>35,430</b></u>
<b>DEPRECIATION</b>			
At 1 April 2018	<b>84,042</b>	<b>348</b>	<b>34,422</b>
Charge for year	<u><b>28,455</b></u>	<u><b>2,091</b></u>	<u><b>1,008</b></u>
At 31 March 2019	<u><b>112,497</b></u>	<u><b>2,439</b></u>	<u><b>35,430</b></u>
<b>NET BOOK VALUE</b>			
At 31 March 2019	<u><b>76,817</b></u>	<u><b>5,924</b></u>	<u><b>-</b></u>
At 31 March 2018	<u><b>3,492</b></u>	<u><b>8,015</b></u>	<u><b>1,008</b></u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

## 8. TANGIBLE FIXED ASSETS - continued

	Motor vehicles £	Computer equipment £	Totals £
<b>COST</b>			
At 1 April 2018	123,661	246,993	501,981
Additions	-	-	101,780
At 31 March 2019	123,661	246,993	603,761
<b>DEPRECIATION</b>			
At 1 April 2018	123,661	244,274	486,747
Charge for year	-	2,719	34,273
At 31 March 2019	123,661	246,993	521,020
<b>NET BOOK VALUE</b>			
At 31 March 2019	-	-	82,741
At 31 March 2018	-	2,719	15,234

## 9. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31.3.19 £	31.3.18 £
Trade debtors	1,238,080	415,336
Other debtors	36,975	-
Prepayments	155,024	140,867
Accrued income	75,145	146,611
	<u>1,505,224</u>	<u>702,814</u>

## 10. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31.3.19 £	31.3.18 £
Trade creditors	227,902	210,570
Tax	19,089	29,142
Social security and other taxes	1,327	-
VAT	4,546	8,666
Other creditors	67,360	-
Deferred income	271,184	-
Accrued expenses	1,203,854	607,694
	<u>1,795,262</u>	<u>856,072</u>

## 11. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	31.3.19 £	31.3.18 £
Within one year	88,750	22,403
Between one and five years	66,563	-
	<u>155,313</u>	<u>22,403</u>

11. **LEASING AGREEMENTS - continued**

Operating lease payments represents rental payable by the company for the premises at an annual charge of £88,750p.a. The first break clause of the current lease falls on 31 December 2020 .

12. **RESERVES**

	<b>Retained earnings £</b>
At 1 April 2018	<b>1,073,373</b>
Surplus for the year	<b><u>150,341</u></b>
At 31 March 2019	<b><u><u>1,223,714</u></u></b>

Primary Care 24 (Merseyside) Limited

Trading and Profit and Loss Account  
for the Year Ended 31 March 2019

	31.3.19		31.3.18
	£	£	£
<b>Turnover</b>			
Liverpool CCG	6,054,659		4,280,982
Knowsley CCG	2,874,442		2,802,420
Halton CCG	1,140,074		1,111,508
NWAS 111 income	-		780,274
GP support - Alder Hey	321,702		327,197
GP support - Royal	428,727		365,068
GP support - Aintree	246,156		31,184
Asylum seekers	374,889		365,496
Half day cover	117,122		117,711
Registrar training	122,875		184,811
Misc income	94,871		117,478
Sefton GP practices	2,605,170		2,793,057
St Helens CCG	468,760		-
	<hr/>		<hr/>
	14,849,447		13,277,186
 <b>Cost of sales</b>			
Doctor's charges	6,318,559		5,014,702
Salaried doctors	1,070,104		1,227,718
Operational staff costs	1,354,906		1,634,397
Medical equipment and services	173,724		122,079
Asylum costs	45,730		34,682
Nursing costs	178,958		459,029
Agency nursing costs	627,091		443,162
pharmacist costs	27,617		-
	<hr/>		<hr/>
	9,796,689		8,935,769
 <b>GROSS PROFIT</b>			
	5,052,758		4,341,417
 <b>Other income</b>			
Deposit account interest		2,606	1,697
		<hr/>	<hr/>
	5,055,364		4,343,114
 <b>Expenditure</b>			
Directors' salaries	442,955		485,252
Directors' pensions paid	44,381		55,465
Wages	2,122,482		1,836,983
Pensions	399,098		445,772
Rent net of reimbursements	440,215		229,287
Rates and room hire	73,400		16,084
Insurance	93,718		101,737
Light and heat	54,107		21,570
Telephone	141,843		107,389
Post and stationery	79,760		72,450
Advertising	(621)		1,320
Travelling	7,587		5,270
Motor expenses	76,677		72,222
Storage Costs	1,226		-
Repairs and renewals	31,648		17,497
Household and cleaning	18,399		24,153
Computer costs	493,066		321,634

Primary Care 24 (Merseyside) Limited

Trading and Profit and Loss Account  
for the Year Ended 31 March 2019

	31.3.19		31.3.18	
	£	£	£	£
Brought forward	4,519,941	5,055,364	3,814,085	4,343,114
Sundry expenses	33,913		10,066	
Staff welfare	25,947		11,348	
Staff training	78,312		45,554	
Accountancy	25,769		22,874	
Subscriptions	44,187		52,805	
Public relations	415		4,976	
Legal and professional fees	171,936		134,048	
Depreciation of tangible fixed assets				
Improvements to property	28,455		19,642	
Plant and machinery	2,091		348	
Fixtures and fittings	1,008		19,558	
Motor vehicles	-		20,254	
Computer equipment	2,719		47,408	
Bad debts	(50,208)		71,274	
		4,884,485		4,274,240
		170,879		68,874
<b>Finance costs</b>				
Bank charges	1,449		2,387	
Hire purchase	-		1,688	
		1,449		4,075
<b>NET PROFIT</b>		<b>169,430</b>		<b>64,799</b>

<b>Title:</b> <b>IT Infrastructure Upgrade</b>	<b>Meeting Date:</b> 26 <sup>th</sup> September 2019	<b>Agenda item no:</b> 9.2
<b>Prepared and presented by:</b> <b>Jay Carr</b>	<b>Discussed by:</b> <b>PC24 Board</b>	
<b>Link to PC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Safe</li> <li><input type="checkbox"/> Effective</li> <li><input type="checkbox"/> Caring</li> <li><input type="checkbox"/> Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b> <b>None</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>✓ Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li><input type="checkbox"/> Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• Note the update</li> </ul>	

## 1.0 Purpose

- 1.1 The purpose of this paper is to provide the Board with an update regarding the progress being made to mitigate risk CR32 on the PC24 Corporate Risk Register:

***Majority of the IT infrastructure is dated, unsupported and out of warranty.***

Consequence: Catastrophic

Likelihood: Unlikely

Risk score after mitigation: 10

## 2.0 Update

- 2.1 Management of IT sits within the portfolio of the Director of Service Delivery. The Director of Service Delivery has subsequently set a 2019/20 objective for the Head of IT, Damijan Goljat, to source quotations for a complete IT infrastructure refresh.
- 2.2 Progress against this objective was presented by the Head of IT at the PC24 Executive meeting on Wednesday, September 4<sup>th</sup>. A summary of the presentation by the Head of IT and subsequent Executive decision is as follows.
- 2.3 The infrastructure at PC24 is divided into four pillars which encompass – networking, telephony, end user devices, and compute & storage.
- 2.4 An update was provided on progress against each area.

## 3. Networking

- 3.1 Following financial investment all switching devices have been replaced and upgraded, this work was completed in August 2019. No further work is required in this area and networking is assessed as fit for purpose by the Head of IT.

## 4. Telephony

- 4.1 Following financial investment a virtualisation piece was commissioned and subsequently undertaken by PC24 telephony suppliers Solar in September 2019. All VOIP servers in scope have been virtualised and upgraded to the latest hardware and software requirements. The VOIP stack is now assessed as fit for purpose by the Head of IT.
- 4.2 The Call Recorder appliance was not in scope of the upgrade and would require investment to also be virtualised, but there is no immediate risk in this area.
- 4.3 Expansion of current telephony estate is now possible following completion of this work.

## 5.0 End User Devices

- 5.1 This is a lesser risk due to the equipment involved being purchased more recently. The Head of IT indicated this area will receive attention in due course.

## 6.0 Compute and Storage

- 6.1 This is the element of the IT infrastructure that has received the least attention, is therefore the greatest risk to PC24 and will require the most significant investment.
- 6.2 The stated aim of the Head of IT has been to source a scale-able and future proofed solution that will offer improved contingency and a provision of disaster recovery not currently in place.
- 6.3 The Head of IT has also been directed to request a virtual desk top environment (agile working) that can be deployed into remote locations, therefore reducing operational and IT issues that currently disrupt delivery of services.
- 6.4 In current plans, the infrastructure refresh will also deliver an upgraded Wi-Fi solution, refreshed firewall appliance and the replacement and renewal of the majority of software and hardware currently residing in the PC24 server room.



- 6.5 The Head of IT reported that he had been in dialogue with four IT suppliers for this aspect of the upgrading work, three of these had engaged in an assessment of PC24's current IT infrastructure and offered solutions. As further progress was dependant on the level of finance available to manage this transition, the Head of IT requested direction from the Executive team.
- 6.6 Following discussion, the Executive agreed that a formal procurement, rather than a direct engagement with IT suppliers, would be the appropriate approach to take. This will extend the time-frames involved in achieving the required change, but will offer greater protection to PC24 and a robust scrutiny of any proposed solutions and vendors.
- 6.7 External procurement support is now being sought. The procurement will be led by the Director of Finance supported by the Head of IT. Once the procurement supplier is selected it is estimated that the procurement and award of contract will take between 3 to 6 months.
- 6.8 Implementation of the IT solution would then take a further 2 to 4 months. These are safe estimates.
- 6.9 This will be a managed solution, consolidating as many current IT support arrangements as possible.
- 7.0 Summary
- 7.1 At the completion of this program of activity, which is currently on track, the risks associated with the dated and unsupported IT infrastructure will be significantly mitigated.
- 7.2 Furthermore the new solution will support enhanced service delivery and business solutions.
- 8.0 Recommendation**
- The Board is asked to note the contents of the report.

<b>Title:</b> <b>Policies for Approval</b> <ul style="list-style-type: none"> <li>• Travel</li> <li>• Safeguarding Adults Update</li> <li>• Clinical Supervision of Nurses Update</li> </ul>	<b>Meeting Date:</b> 26 <sup>th</sup> September 2019	<b>Agenda item no:</b> 10.1
<b>Prepared by:</b> Paul Kavanagh Fields	<b>Discussed by:</b> Board	
<b>Link to UC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li>✓ Safe</li> <li>✓ Effective</li> <li>✓ Caring</li> <li>✓ Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>✓ Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li>✓ Noting</li> </ul>	
	<b>Decisions to be taken:</b>  The meeting is invited to: <ul style="list-style-type: none"> <li>• Recommend to the Board that the Policies be approved</li> </ul>	

## 1.0 Purpose:

- 1.1 The purpose of this paper is to present the Travel and Expenses Policy, the Safeguarding Adults and Clinical Supervision of Nurses policies for review and recommendation to the Board for approval.

## 2.0 Process:

- 2.1 The policies have been given detailed consideration by the Executive Team and the Policy Group.

### Travel Policy

The Board should note that all reimbursement rates are in line with HMRC approved rates.

The following issues will be supported with a Standard Operating Procedure:

- The process for claiming the 5p supplement on mileage for additional passengers which is not covered by RotaMaster.
- Document monitoring for business use of own vehicles. Staff will continue to have access to PC24 vehicles under the PC24 motor policy but where staff use their own vehicles for business travel between PC24 sites or to external meetings they will

need to demonstrate, annually, that they are covered for this under their own insurance policy.

- The retention of receipts by PC24. RotaMaster does not currently support the attachment of receipts for parking etc. An interim solution is being put in place using scanning and emailing of receipts to both the line manager for approval and a dedicated email address under which they will be stored. This will be set out in the SOP. Should RotaMaster support scanned attachments the SOP will be updated.

#### Safeguarding Adult Policy

- To inform the Quality & Workforce Committee that the Safeguarding Adults and Safeguarding Children's policies have been reviewed by Dr Sarah Wilks, PC24 GP Safeguarding Lead. The layout of each policy has been reconfigured to improve usability for frontline clinicians. There has been minimal change to policy content.

#### Clinical Supervision of Nurses Policy

- To inform the Quality & Workforce Committee that the Clinical Supervision Policy for Nurses has been reviewed. There has been minimal change to policy content.

### **3.0 Recommendation**

The meeting is invited to:

- Recommend to the Board that the policies be approved.

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## TRAVEL AND EXPENSES POLICY

<b>Version</b>	V1
<b>Supersedes:</b>	
<b>Date Ratified by Board:</b>	
<b>Reference Number:</b>	
<b>Title &amp; Department of originator:</b>	Human Resources
<b>Title of responsible committee/department:</b>	Quality & Workforce
<b>Effective Date:</b>	
<b>Next Review date:</b>	3 years
<b>Target audience:</b>	All PC24 employees
<b>Impact Assessment Date:</b>	September 2019
<b>Summary</b>	Outlining the rules set out by PC24 for the reimbursement of travel and expenses that are necessarily incurred by any individual engaged on business approved by PC24.

Version	Date	Control Reason	Title of Accountable Person for this Version
Reference Documents		Electronic Locations (Controlled Copy)	Location for Hard Copies
Disciplinary Policy (PC24POL14) Standing Financial Instructions (PC24SFI) Anti-Fraud, Anti-Bribery and Anti-Corruption Policy (PC24POL101)		Primary Care 24 Intranet	Policy File, Wavertree Headquarters
Consultation: Committees / Groups / Individual			Date
HR, Finance, Counter Fraud, EAs.			

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- 1 PURPOSE OF THE POLICY**
- 2 SCOPE**
- 3 RESPONSIBILITIES**
- 4 TRAVEL EXPENSES**
- 5 TRANSPORT**
- 6 SUBSISTENCE ALLOWANCES**
- 7 OTHER EXPENSES**
- 8 PROCEDURE**
- 9 BOOKING TRAVEL/ ACCOMMODATION**
- 10 HMRC TAX AND NATIONAL INSURANCE (NI) ARRANGEMENTS**
- 11 MONITORING AND COMPLIANCE**
- 12 TRAINING**
- 13 EQUALITIES AND HEALTH INEQUALITIES**
- 14 PERSONAL INFORMATION**

**Appendix 1: Expenses rates of reimbursement**

**Appendix 2: Subsistence Allowances**

**Appendix 3: Fraud, Bribery and Corruption**

## **1 PURPOSE OF THE POLICY**

- 1.1 This document sets out the rules for reimbursement of staff expenses, including travel, subsistence and expenses incurred in the course of their employment with PC24.

## **2 SCOPE**

- 2.1 This policy will apply to all salaried staff including the Non-Executive Board members of PC24.
- 2.2 The only exception to the use of the electronic expenses system is for Non-Executive claims which will be completed on a paper claim form and held by the HR department.

## **3 RESPONSIBILITIES**

### **3.1 Responsibilities of PC24**

- 3.1.1 Ensure that the Travel and Expenses Policy is fairly and consistently applied to all staff irrespective of their age, sex, religious belief, disability, or sexual orientation.
- 3.1.2 Communication via appropriate mechanisms to inform staff about any changes to terms and conditions relating to travel and associated expenses, (mileage rates in particular).
- 3.1.3 Ensure compliance with the policy and that claims are submitted and approved promptly.

### **3.2 Responsibilities of Managers**

- 3.2.1 Ensure that any change of base (for travel expenses purposes) are appropriately reported to Human Resources.
- 3.2.2 Ensure that they are registered as an authorised signatory on rotamaster for the signing off of expenses for team members and identify a substitute manager who can sign off expenses in their absence.
- 3.2.3 Check all travel and subsistence expenses for accuracy and validity before approval and submission for payment through to payroll.
- 3.2.4 Reject any claims which are submitted outside of the policy and discuss with the employee in the first instance. This may result in the delay or refusal of reimbursement.

- 3.2.5 Check staff have a valid driving licence, up to date insurance documentation which covers business travel and a valid MOT certificate, (where applicable).
- 3.2.6 Any concerns regarding suspicion of fraud should be reported immediately to the Director of Finance for consideration.

### **3.3 Responsibilities of Employees**

- 3.3.1 Read, understand and comply with the travel and expenses policy prior to making any claim.
- 3.3.2 Ensure that all claims made are valid and necessary and where required agreement has been given.
- 3.3.3 Ensure your manager is notified of any change in personal details as soon as is practically possible.
- 3.3.4 Ensure you possess a valid driving licence, motor insurance which covers business travel and a valid MOT certificate (where applicable). Please note that arranging business travel motor insurance is the responsibility of the employee where the requirement to travel is stated within the responsibilities of the role, otherwise employees should not normally use their own vehicles.
- 3.3.5 Ensure you are fit to drive, that you drive safely and obey the relevant laws.
- 3.3.6 Ensure that you inform your manager, at the earliest available opportunity of any change in driving status, e.g. driving ban or a medical condition.
- 3.3.7 Ensure that all claims for expenses should be submitted before the end of the month after they have occurred (e.g. claims for June should be submitted by the end of July) but at the very latest must be submitted within three months of the claim period (e.g. claims for June must be submitted by the end of September.)
- 3.3.8 Must retain relevant receipts and documentation in line with section 10.

### **3.4 Responsibilities of Human Resources**

- 3.4.1 Provide advice and guidance to managers and staff on the correct application of the Travel and Expenses Policy.
- 3.4.2 Administer the submission of expenses, mileage and travel claims through payroll submissions, to be paid via the monthly pay.

## **4 TRAVEL EXPENSES**

- 4.1 All expenses claims should be submitted via the Rotamaster expenses system on a monthly basis. However, in circumstances where an individual travels infrequently, these can be held by the employee but must be submitted no later than three months from the date of the claim. The same applies to Subsistence Claims.

Claims cannot be submitted on the electronic expenses system outside of these timescales may not be approved for payment

#### 4.2 Eligible miles

Staff will be reimbursed for miles travelled in the performance of their duties for PC24 which are in excess of the specified mileage for their home to base return journey. Eligible miles are normally those travelled from the agreed work base and return. However when the journey starts at a location other than the agreed work base e.g. home, the eligible miles will be as set out in Table 1 below.

**Table 1 – Eligible Mileage – Example only**

**15 miles within this example is for illustrative purposes only**

<b>Journey (Outward)</b>	<b>Distance</b>	<b>Eligible Business Mileage</b>
Home to Base	15 miles	None
Home to First Visit	Less than 15 miles	Eligible business mileage starts after 15 miles have been travelled
Home to First Visit	More than 15 miles	Eligible business mileage starts after 15 miles have been travelled
Journey (Return)	Distance	Eligible Business Mileage
Last Visit to Base		Eligible business mileage ends at base
Last Visit to Home	Less than 15 miles	Eligible business mileage ends 15 miles from home
Last Visit to Home	More than 15 miles	Eligible business mileage ends 15 miles from home

#### 4.3 Car Allowance

All car mileage will be reimbursed at a Standard Rate regardless of the vehicle engine size. The Standard rate is as set out in Appendix 1.

#### 4.4 Lease cars

Please refer to the PC24 Lease Car Policy.

#### 4.5 Motorcycle allowance

Members of staff using a motorcycle for official journeys will be reimbursed a mileage rate as set out in Appendix 1.

#### 4.6 Pedal cycles

Members of staff using a pedal cycle for official journeys will be reimbursed a mileage rate as set out in Appendix 1.



#### 4.7 Passenger rate

When members of staff travel together on PC24 business and separate claims would otherwise be made, the driver may claim a passenger allowance as set out in Appendix 1. The name and designation of all passengers must be shown on the e-expenses claim.

#### 4.8 Taxi Fares

Taxi fares shall be payable only in cases of urgency or where transport is reasonably required and adequate public transport is not available. Where these conditions are not fulfilled employees deciding to use a taxi will only be entitled to claim the sum they would have paid had they travelled by public transport. Evidence of the cost of the public transport alternative must be provided by the employee.

#### 4.9 Other allowances

Staff will be reimbursed the reasonable parking, bus, toll, tram and ferry costs when on PC24 business on production of a valid receipt.

5.0 PC24 will not reimburse any parking fines or Road Traffic Offence tickets (ie speeding tickets, use of mobile phone while driving fine etc).

### 5 TRANSPORT

#### 5.1 Train Travel for Staff

5.1.1 All rail travel must be booked via PC24's Executive Assistants by e-mailing [travel@pc24.nhs.uk](mailto:travel@pc24.nhs.uk) subject to line managers agreement otherwise these expenses may not be approved. Request must be made as soon as travel requirement is known in order for PC24 to be able to ensure the best price for that journey. Any cancellations must be approved by the line manager or may be subject to a request for reimbursement by the employee.

#### 5.2 Air Travel for Staff

5.2.1 Travel by air is not permitted unless it can be demonstrated that this is cheaper than travelling by train, alternatives are not suitable or that, taking into account the respective journey times and overall cost of the trip, better value for money can be obtained by flying.

### 6 SUBSISTENCE ALLOWANCES

6.1 Any member of staff who is required to be away from home for business purposes may claim for additional costs that are incurred, up to the limits set by PC24. Refer to Appendix 2 for maximum reimbursement limits. Claims will only be authorised if they are submitted on line using the E-expenses system, supported by original receipts which must have been shared with their line manager; these payments may be subject to income tax deductions. All other costs (e.g. alcoholic beverages, tips/ gratuities unless non-discretionary, mini

bar bills, newspapers etc.) will not be paid by PC24 and must be settled by the staff member.

## 6.2 Overnight Accommodation

If a member of staff stays overnight in a hotel, or other similar accommodation, for business purposes that has been approved by their manager, the overnight costs for bed and breakfast will be reimbursed up to the limits set by PC24. In exceptional circumstances where accommodation is not available within the agreed limit, PC24 will seek the most competitive rates and ensure that these are approved by the line manager prior to the expenditure being incurred.

All hotel reservations must be booked via PC24's Executive Assistants by e-mailing [travel@pc24.nhs.uk](mailto:travel@pc24.nhs.uk). Any cancellations that generate a cancellation fee or where the full cost cannot be recovered, must be approved by the line manager or may be subject to a request for reimbursement by the employee.

The cost of up to two further day time meals may be reimbursed in any 24 hours, up to the maximum of the appropriate meals allowance as detailed in Appendix 2 and subject to the presentation of valid receipts.

## 7 OTHER EXPENSES

### 7.1 Eye test and glasses

PC24 will meet the full cost of eye tests for Display Screen Equipment (DSE) users where glasses are prescribed exclusively for display screen work (VDU) and where these are not free. A maximum of 1 claim a year will be reimbursed.

PC24 will contribute up to £50 towards the cost of corrective lenses and frames. These should be claimed via e-expenses with scanned evidence of a VDU prescription and associated receipts being provided as per section 8.2 of this policy.

The provision of 'normal' corrective lenses will be at the employee's own expense.

### 7.2 Reimbursement of sundry expenses

In exceptional circumstances it may be necessary for a member of staff to purchase sundry items which may be required in order to carry out their duties. The budget manager must give prior approval for all such expenditure and original receipts must be provided to the line manager prior to the claim for reimbursement through Rotamaster. PC24 would not expect sundry items to be purchased if they could be obtained through the normal purchasing procedure and the claim may be rejected.

## 8 PROCEDURE

### 8.1 Prerequisites / Documents Required / Duty of Care

When required to use their own vehicle in the performance of their duties employees must:

- Possess a valid driving licence:
- Posses “motoring organisation test (MOT) certificate” (if vehicle is 3 years or older):
- Possess motor insurance which covers business travel,
- Confirm that he or she is fit to drive
- Drive safely and obeys the relevant laws, e.g. speed limits.

The employee must submit documentation to evidence all required certificates and must inform the employer if there is a change in status.

Employees provide copies of the relevant documents to their line manager which will be held on their personal file in HR. This should be repeated on expiry of the previous versions, i.e. annually for motor insurance and MOT certificates. Until the documents have been provided by the employee and authorised by the line manager, the employee will be unable to make any claims. **It is the employees’ responsibility to ensure that these documents are up to date and have been provided in a timely manner to their line manager.**

For the purposes of this policy, salary sacrifice lease car drivers are considered the same as private car drivers and all terms and conditions set out in this policy apply.

Managers, in approving the claims for payment, are confirming that they have had sight of the documents and that they are valid.

### 8.2 Payment Arrangement and Timetables.

Employees have a responsibility to submit claims in a timely manner and provide appropriate documentation, ie insurance documents, MOT certificates, driving licence, to their manager upon renewal or if requested to do so.

Managers must ensure that all insurance documents (clearly showing appropriate business insurance), and MOT certificates are checked on an annual basis.

Managers will ensure that all documentation detailed above is in date prior to authorising any claim.

Managers will ensure that they have checked all receipts corresponding to the full expenses claim prior to authorising any claim.

Managers must ensure they have deputies in place to authorise claims in their absence and are responsible for setting up those individuals on the electronic expenses system.

The deadline for approval of all claims via the electronic expenses system is the last day of each month for payment the following month i.e. To receive a payment in their July pay, the expenses claim would need to have been authorised on or before 30th June; for payment in August pay, it would need to be authorised on or before 31st July

Employees should normally submit their claim for approval at least 3 working days prior to the deadline to allow managers sufficient time to check and authorise the claim.

All approved expense claims authorised by the published cut-off date will be paid in the following month's pay run. Any submissions authorised after the monthly deadlines will not be paid until the following pay period.

## **9 BOOKING TRAVEL/ ACCOMMODATION**

- 9.1 All rail travel and hotel rooms etc must be booked via PC24's Executive Assistants by e-mailing [travel@pc24.nhs.uk](mailto:travel@pc24.nhs.uk) otherwise rail and accommodation related expenses, claimed by staff outside of this process, may not be approved.

## **10 HMRC TAX AND NATIONAL INSURANCE (NI) ARRANGEMENTS**

- 10.1 Employees are taxed on all income they receive from their employment including pay, benefits in kind (such as salary sacrifice schemes like lease cars and technology schemes) and any expenses payments (including payments relating to business travel).

However, there are exemptions from HMRC that removes the requirement to report certain expenses at the end of the year on P11D forms. These are for expenses which are reimbursed at actual cost i.e. where there is no profit element, including car park charges, toll fees and taxi fares where receipts have been provided. However, where receipts have not been provided these expenses have to be declared to HMRC. All business travel is exempt providing the rates of reimbursement are within the HMRC approved rates, PC24 will ensure rates remain within these approved rates.

To comply with HMRC regulations, copies of all receipts must be kept by the employee for three complete tax years after the end of the tax year to which they relate, i.e. receipts for August 2018 (tax year 18/19) must be kept until April 2022. If employees cannot provide receipts upon request to HMRC, the employee will be personally liable to pay tax on the value of that item of expenditure.

For details of HMRC guide to personal Taxable Allowances and rates visit [www.hmrc.gov.uk](http://www.hmrc.gov.uk).

## **11 MONITORING AND COMPLIANCE**

- 11.1 Compliance with the policy will be monitored by Managers with support from the HR department.
- 11.2 PC24 may request that its Internal Audit or Counter Fraud function may undertake a review of compliance against the policy.
- 11.3 Any staff found or suspected of non-compliance with this policy may be subject to the PC24 Disciplinary Policy and process, which could result in gross misconduct dismissal. Additionally, action may also be taken in line with the PC24 Fraud, Bribery and Corruption Policy, which could result in legal action and criminal prosecution. Further detail on the definition of Fraud, Bribery and Corruption can be found in Appendix 3.

## **12 TRAINING**

- 12.1 Any training requirements will be provided by the HR team and will be the first point of contact for any queries.

## **13 EQUALITIES AND HEALTH INEQUALITIES**

- 13.1 PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

## **14 PERSONAL INFORMATION**

- 14.1 PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

## Appendix 1 Expenses rates of reimbursement

Type of vehicle/allowance	All eligible miles travelled (see paragraph 4.2 and Table 1)
Car (all types of fuel)	45 pence per mile
Motor cycle	24 pence per mile
Pedal cycle	20 pence per mile
Passenger allowance	5 pence per mile

## Appendix 2 Subsistence Allowances

<b>Night allowances</b>	Actual receipted cost of bed and breakfast up to a maximum of £65 outside London and £95 in London (subject to the provisions of paragraph 6.2 if this is exceeded for genuine business reasons).
<b>Meals allowance</b>	Per 24 hour period: £20.00
<b>Night allowances in non-commercial accommodation</b>	Per 24 hour period: £25.00
<b>Day meals subsistence allowances</b>	<p>Lunch allowance (more than five hours away from base, including the lunchtime period between 12:00 pm to 2:00 pm) £5.00</p> <p>Evening meal allowance (more than ten hours away from base and return after 7:00 pm) £15.00</p>

## Appendix 3 Fraud, Bribery and Corruption

Fraud means theft by way of deception, either to make a gain personally or for another, or to cause or risk causing another a loss in money or other property. Fraud has been identified as the crime that people are most likely to experience in the UK, and no individual or organisation is immune from the risk. Bribery is the dishonest corrupt offer or acceptance of a financial or other advantage in the course of work or public duty. Criminal penalties for offences under the Fraud Act 2006 and Bribery Act 2010 are up to 10 years in prison and/or unlimited fine. PC24 does not tolerate fraud, bribery or corruption.

Fraud relating to travel and subsistence can happen when employees of an organisation make dishonest claims &/or authorise claims for travel, subsistence or other expenses that the individual is not entitled to, such as:

- making claims for journeys that were not made at all;
- inflating the mileage travelled on a legitimate work related journey;
- making false claims for petrol; abuse of corporate credit card;
- providing receipts for meals which were not purchased by them;
- submitting duplicate or multiple claims for the same journey; claims for amounts higher than that spent eg paying for a high fare ticket and submitting a copy of the receipt/ticket as expenses, but having exchanged for a lower fare ticket actually used, or eg requesting a blank taxi receipt and inflating taxi fare actually paid;
- forged/ false authorisation for payment.

Bribery relating to travel and subsistence could happen if an employee submits false claims for payment and offers a bribe to their line manager with the intention that their line manager will authorise the claims.

### How you can help

Everyone has a part to play in combating fraud, bribery and corruption and the first steps are being aware of the risk, remaining vigilant, and reporting suspicions. If you have reasonable suspicions of fraud, bribery or corruption within or against PC24 please report to the Anti-Fraud Specialist, Virginia Martin on 0151 285 4552 [virginia.martin@nhs.net](mailto:virginia.martin@nhs.net), or to the Director of Finance, Heledd Cooper [heledd.cooper@pc24.nhs.uk](mailto:heledd.cooper@pc24.nhs.uk).

You may also report suspicions under the Whistleblowing arrangements. Anyone can report suspicions of fraud in the NHS directly to the NHS Counter Fraud Authority (NHSCFA). Please refer to the PC24 Fraud, Bribery and Corruption Policy for further details.

## Safeguarding Adults Policy

<b>Version</b>	V5.0
<b>Supersedes:</b>	All previous versions
<b>Date Ratified by Board:</b>	November 2012 (original policy)
<b>Reference Number:</b>	PC24POL24
<b>Title &amp; Department of originator:</b>	Quality & Patient Safety
<b>Title of responsible committee/department:</b>	Quality & Workforce Committee
<b>Effective Date:</b>	September 2019
<b>Next Review date:</b>	September 2022
<b>Target audience:</b>	All PC24 Personnel
<b>Impact Assessment Date:</b>	November 2012
<b>Summary</b>	To make all PC24 personnel aware of the procedure if they suspect any vulnerable adults that they come into contact with is being abused.

<b>Version</b>	<b>Date</b>	<b>Control Reason</b>	<b>Title of Accountable Person for this Version</b>
V3.0	Jan 2017	Review of policy. This policy supersedes previous versions.	Director of Nursing
V3.1	Feb 2018	This policy supersedes previous versions. Page 4, policy will be reviewed in 3 years, not 2. Page 8, TNA updated.	Director of Nursing



V3.2	Mar 2018	Information added for Sefton primary care staff	Director of Nursing
V4.0	Nov 2018	Information added for St Helens Extended Access services	Director of Nursing
V5.0	Aug 2018	Re formatting and movement some sections for ease of use.  Section 9.9.4 information added regarding coding and submission of FGM data to the DOH	Safeguarding Medical Lead  Safeguarding Medical Lead
Reference Documents		Electronic Locations (Controlled Copy)	Location for Hard Copies
See Section 19		Primary Care 24 Intranet / Policies/Governance Risk/ Policies	Policy File, Wavertree Headquarters
Consultation: Committees / Groups / Individual			Date
Associate Director of Nursing, Director of Nursing, Quality Governance Group, Quality and Workforce Committee			Sept 2019

# PRIMARY CARE 24

## SAFEGUARDING ADULTS POLICY

	Adults - Referral	Adults - Out of Hours Advice
Liverpool (Careline)	0151 233 3800	Same
Sefton (MASH)	0345 140 0845	Monday to Thursday after 5.30pm, Friday after 4pm, weekends: Emergency Duty Team 0151 934 3555
St Helens (First Response Team)	Duty Social Worker 01744 676767	0345 050 0148
Halton (Social Care)	0151 907 8306	Monday to Thursday after 5pm Friday after 4:30pm Weekends: Emergency Duty Team 0345 0500 148
Knowsley (MASH)	0151 443 2600 Report a Concern Form <a href="https://forms.knowsley.gov.uk/AdultSafeguarding">https://forms.knowsley.gov.uk/AdultSafeguarding</a>	0151 443 2600

**Please discuss any queries with your Manager or contact the PC24 Quality & Patient Safety Team on 0151 254 2553. For queries during the out of hours period please contact the Shift Manager on 0151 221 5837. A clinician is expected to draw on safeguarding training and clinical judgement, or contact social care directly, if only non-clinical support is available.**

**In the event of any changes to relevant legislation or statutory procedures this policy will be automatically updated to ensure compliancy without consultation. Such changes will be communicated.**

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## **1.1. PURPOSE**

- 1.1** This Policy aims to make all personnel aware of the procedure if they suspect any Vulnerable Adults that they come into contact with have been or are being abused.
- 1.2** Primary Care 24 (PC24) is committed to a best practice which safeguards Vulnerable Adults irrespective of their background and which recognises that an adult may be abused regardless of their age, gender, religious beliefs, racial origin or ethnic identity, culture, class, disability or sexual orientation.
- 1.3** The first priority should always be to ensure the safety and protection of Vulnerable Adults. To this end it requires all personnel, to recognise and take responsibility to act on any suspicion of abuse or neglect and to pass on their concerns to a responsible person / agency.
- 1.4** PC24 is committed to implementing this policy; the protocols it sets out for all employees, and will provide in-house learning opportunities and make provision for appropriate Vulnerable Adults training to all employees. This policy will be made accessible to employees via the PC24 intranet and reviewed no later than 3 years from date of ratification.
- 1.5** It addresses the responsibilities of all employees. It is the role of the Safeguarding Lead to brief the personnel on their responsibilities under the policy. Failure to adhere to this policy could lead to dismissal or constitute gross misconduct.
- 1.6** To achieve safe practice, all personnel need to be able to:
  - Describe their role and responsibility
  - Describe acceptable behaviour
  - Recognise signs of abuse
  - Ensure PC24 systems work well to minimise missing vital information or delay in communication
  - Describe what to do if worried about an adult
  - Respond appropriately to concerns or disclosures of abuse
  - Minimise any potential risks to vulnerable adults
- 1.7** Safeguarding Vulnerable Adults is a fundamental goal for PC24. This policy has taken into account legislative and government guidance requirements and other internal policies and CCG Local Safeguarding Adult Frameworks.

## **2.0 SCOPE OF THE POLICY**

This policy applies to all PC24 personnel, including temporary and agency staff.

### **3.0 RAISING CONCERNS – Primary Care 24 AND OUT OF HOURS**

**3.1** During office hours, if you require additional support or advice on whether to make a referral regarding a Vulnerable Adult, you should discuss initially with your manager. If they are unavailable, or more support is required, please contact the Quality and Patient Safety Team on 0151 254 2553. This team may then involve the Director of Nursing (Safeguarding Lead) to support you with this decision making process.

**3.2** During Out of Hours, if an individual identifies a safeguarding concern and would like to discuss this, the Shift Manager on duty should be contacted (0151 221 5837). The call will then be directed to the Manager or Director on call for advice and support when:

- Personnel are concerned regarding a Vulnerable Adult in the community setting and they need to discuss any issues or general concerns regarding that adult.
- Problems relating to treatment that makes the individual additionally vulnerable.
- Where there is a potential for other people to be at risk, due to the concern you may have, it is important to discuss the matter with the appropriate person. This will allow a rapid appraisal of the situation to be made, as other agencies and Safeguarding leads may need to be contacted.
- If the member of personnel is unsure whether to make a Safeguarding referral.
- Concerns are regarding a PC24 member of personnel.

**3.3** If a clinician has identified a safeguarding concern, and there are no managers or directors with a clinical background available, then the clinician is expected to draw on their own safeguarding training and use clinical judgement to determine if social care should be contacted (for advice or for a referral). If there is any doubt, taking steps towards a referral is recommended. If a clinician is not sure which local authority they are working in, they should refer to Appendix 3.

**3.4** If a referral is the preferred outcome, the referrer is expected to use reasonable effort to discuss this with the vulnerable adult. Concerns should be shared with, and explained to, the vulnerable adult, and the vulnerable adult's to make a referral to social care should be sought. These discussions should not take place if the staff member's personal safety may be compromised.

**3.5** Where there are concerns about a vulnerable adult's capacity to consent, lack of consent (for someone with capacity), or it is not possible to discuss with the vulnerable adult at all, this should be clearly documented in the patient's notes. Any discussion that has resulted in an agreement and consent from the patient should also be documented. If a staff member's personal safety may be compromised by documenting in patient-held notes, then documenting on PC24 records will suffice.

**3.6** A flowchart of best practice including assessing capacity and seeking consent can be found in appendix 4 and 5. There are occasions when acting in a patient's best interest

(when there is no capacity) or acting without consent is acceptable. This should be clearly documented, and if required, discussed with appropriate members of PC24 team.

**3.7** If a safeguarding concern is identified, the identifying individual is responsible for completing the referral. A clinical concern should never be delegated to a non-clinician to complete the referral.

**3.8** Where a Safeguarding referral has been made by a member of PC24 ensure you inform your Head of Service and complete and report the incident on the Datix Risk Management System that same day. This is appropriate to delegate to another member of the team. The Head of Service information can be found in Appendix 3.

**3.9** Upon receipt of the Datix, the patient's usual GP practice will be informed of the safeguarding referral made by PC24 via letter.

**3.10** In exceptional circumstances, if you feel your position may be compromised, you may wish to remain anonymous, however please inform your relevant Liverpool Careline, Knowsley Access Team and Halton, St Helens Clinical Adult social care that you are happy for the investigating social worker to contact you for clarity of information if required.

**3.11** Best Practice as outlined above can be found in Appendix 6.

#### **4.0 IF THE INCIDENT IS A CRIME**

If the incident is a crime or you consider that an adult is at immediate risk you must contact Merseyside Police by dialling **999** (non-emergency **101**).

##### **4.1 Making a Hate Crime referral**

Hate Crime should be reported to Merseyside Police on 101 or 999 if there is immediate danger. In addition where the individual may need additional support or services the Safeguarding referral process should be applied. A referral should be made to the Local Authority for an assessment.

#### **5.0 REFERRAL PROCESS**

**5.1** Social Services are the statutory body for investigating all referrals.

**5.2** Liverpool Careline, the Knowsley Access Team and Halton Adult social care are the Local Authority's social care contact services, available 24 hours a day 365 days a year. Liverpool Careline, Knowsley Access Team and Halton Adult social care provide a central point for enquiries and referrals for services. An out of hours Social Worker can be contacted via Liverpool Careline, Knowsley Access Team or Halton Adult social care.

**Knowsley** - A copy of the Knowsley adult referral form can be located on the intranet under the call centre forms section.

**Sefton** – Staff working within the **Sefton GP practices** must follow the South Sefton Clinical Commissioning Group Safeguarding Children & Adults at risk Policy, found at:

[http://nww.southseftonccg.nhs.uk/Library/CCG\\_ & locality/Policies/South%20Sefton%20Safeguarding%20Policy%20V8.pdf](http://nww.southseftonccg.nhs.uk/Library/CCG_%20locality/Policies/South%20Sefton%20Safeguarding%20Policy%20V8.pdf)

**St Helens** - Staff working in St Helens must follow the St Helens Council guidance for Safeguarding Adults: found at: <https://www.sthelens.gov.uk/social-care-health/adults/safeguarding-adults/>

	Adults - Referral	Adults - Out of Hours Advice
<b>Liverpool (Careline)</b>	0151 233 3800	Same
<b>Sefton (MASH)</b>	0345 140 0845	Monday to Thursday after 5.30pm, Friday after 4pm, weekends: Emergency Duty Team 0151 934 3555
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<b>Knowsley (MASH)</b>	0151 443 2600 Report a Concern Form <a href="https://forms.knowsley.gov.uk/AdultSafeguarding">https://forms.knowsley.gov.uk/AdultSafeguarding</a>	0151 443 2600

**5.3.** If you have any problems making a referral contact your line manager or the Safeguarding Lead. Out of hours, contact the PC24 Shift Manager or PC24 Director on call when out of hours) for any support or assistance.

## **6.0 DESCRIPTION OF INVESTIGATION PROCESS – GP OOH AND URGENT CARE**

- When a referral has been received by the accepting point (Liverpool Careline, Knowsley Access Team, and Halton Adult social care) it is sent to the appropriate area team for Liverpool, Knowsley and Halton Council.
- Referrals will also be screened by the Local Authority.



**6.1** The referrer should receive confirmation from the Local Authority to acknowledge receipt of the referral. After the initial referral, the member of personnel may be involved in the subsequent stages of a Safeguarding Adults Enquiry. The extent of involvement will depend on a number of things, including:

- Role and responsibilities.
- Involvement in reporting the incident or concern.
- Relationship with the alleged victim(s).
- Relationship with the person who is alleged to have committed the abuse.
  
- The Local Authority will then co-ordinate the investigation depending on the nature of the referral and whether there are patterns arising from the same establishments.
- A strategy meeting may be called to plan the investigation.
- Personnel may be required to attend the strategy meeting as part of the multi-disciplinary team involved.
- In cases where the individual has not attended a strategy meeting before or feel they require support, the Safeguarding Lead will attend to support the individual through this process. If the Safeguarding Lead is not available to attend then a Clinical representative will attend the meeting.

**6.2** All reports of suspected abuse will be investigated by Social Services and/or the Police. In some cases an investigation may be passed back by Social Services to the organisation where the incident occurred. The outcomes of any investigation will be shared with Social Services with an action plan formulated as required.

**6.3** What happens after the report is made depends on:

- The nature and seriousness of the alleged abuse.
- The general circumstances of the alleged abuse and its implications.
- The alleged victims' circumstances and their relationship to the person who is alleged to have abused them.
- The number of people and agencies involved.
- The alleged victims' mental capacity.

**6.4** On completion of the investigation the referrer may receive a letter to inform them that the investigation has concluded. The details of the case or information regarding whether the concerns or allegations are substantiated will not be given to the referrer. Any information received that shows the Safeguarding allegations were unsubstantiated should be documented in the patient's records to ensure a complete record. Where there are 'patient held' records, if the original allegation was documented and if it remains safe to do so, the information regarding the allegation being unsubstantiated should also be documented.

## 7.0 ALLEGATION AGAINST MEMBERS OF PERSONNEL

- 7.1 Where an allegation of abuse has been made regarding a PC24 member of personnel, the incident policy should be followed and a referral made to the Local Authority Designated Officer.
- 7.2 For complaints relating to a patient's treatment by a PC24 personnel, refer to the Primary Care 24 Complaints Policy (PC24POL34 found from the link below:  
<http://extranet.urgentcare24.co.uk/policy-documents.asp>

## 8.0 RECORDING THE INCIDENT

- 8.1 Where there are allegations or reports of abuse you must record what was said by the person who disclosed the information as soon as possible after the event. Ensure you keep a record of the incident using the PC24 Datix Risk Management system. Record:

- What was said?
- What was seen?
- Who you contacted?
- Actions taken.
- Rationale for decision making.

### What not to do:

- **Do not** question the person about the incident.
- **Do not** ask the person questions relating to the incident such as Who, What, Why, Where or When.
- **Do not** promise to keep secrets.
- **Do not** make promises you cannot keep.
- **Do not** contact the alleged abuser.
- **Do not** be judgemental.
- **Do not** gossip about the incident.
- **Do not** touch or move anything in the room.

### 8.2 The 'One Chance Rule'

The primary concern is for the safety of the victim. Staff may only get one chance to talk to the victim (eg due to the nature of forced marriage). Staff should consider the following:

#### What to do:

- Ensure the victim is seen in a safe and private place.
- See the victim on their own, if an interpreter is required take steps to ensure the interpreter is not connected with the individual or the community.

- Risk assess and discuss a safety plan.
- If the victim is under 18 years old refer to Child Safeguarding procedures.
- If the victim is over 18 years old refer to Adult Safeguarding procedures.
- Establish a safe way of contacting the victim, document any information given in relation to perpetrators, potential/immediate risks and any current contacts with agencies.
- Consider the need for immediate protection and placement away from the family.

**What not to do:**

- Attempt to mediate.

## **9.0 GOOD PRACTICE SPECIFIC TO SEFTON PRACTICES**

A safeguarding poster will be displayed in all rooms, clinical and administration, to make it clear who is the practice safeguarding lead (appendix 7)

### **9.1 Domestic Abuse**

- All administration staff should respond to concerns that a patient may be a victim of domestic abuse by discussing this with the practice safeguarding lead, another clinician or the practice manager.
- Clinical staff should exercise professional curiosity and include questions about domestic abuse during consultations.
- Those who have been victims of domestic abuse should have this coded on their problem list, even if the relationship has now ended. Those who have had previous relationships where domestic abuse has featured, are at risk of developing new relationships with domestic abuse.
- All clinicians should feel empowered to ask an accompanying partner/friend/relative to leave the consultation to give the opportunity for the clinician to consult their patient alone. It is good practice to always check who is with the patient, recording their presence in the notes, and their name.
- An alert may be appropriate to prompt future clinicians to the history of domestic abuse. A subtle message (e.g. 'consider seeing this patient alone' with a reference to the date that domestic abuse is coded in the problem list) is more appropriate than an alert about domestic abuse that an accompanying person may read.
- Contact details for clinicians supporting someone in a domestic abuse scenario can be found in appendix 2.

### **9.2 Deprivation of Liberty (DOLs)/Community Treatment Orders (CTOs)**

- These should be coded on the problem list.
- If a member of the administration team is responsible for letters and coding, or new registrations, they should be aware that these legal orders should be

brought to the attention of the practice safeguarding lead or the practice manager.

- The practice manager or practice safeguarding lead should keep a record of those with Deprivation of Liberty safeguards, and those on Community Treatment Orders. This list should be reviewed periodically and the notes of these individuals should also be reviewed. If there is any cause for concern, or there has been a long period of time without review, consider contacting the individuals and offering a review.

### **9.3 Adults with learning difficulties**

- All adults with learning difficulties should have this coded on their records, which enters them onto a register to be offered an annual health review. This may be appropriately completed by a member of the nursing team.
- The main carers and the next of kin details may be appropriate to record in the records. If applicable, consent to record this information should be sought from the individual.
- When an individual presents with a carer or relative, the name of the accompanying person should be recorded in the notes.
- Appendix 4 & 5 may help with issues of consent or capacity.

### **9.4 Female Genital Mutilation (FGM)**

- If a female discloses that she has had FGM in the past, this should be coded.
- If the patient is still under 18, the clinician is obligated to inform the police, even if the FGM occurred many years earlier, or in another country. Further information about this mandatory reporting can be found in gov.uk literature online.
- The practice should report via Datix whenever an individual reports a background of FGM. PC24 will submit data about patients with FGM to the Department of Health via a Clinical Audit Platform every quarter.

### **9.5 Dementia**

- Efforts should be made to discuss end of life care, opinions on resuscitation and seek consent to discuss care with a named individual, while the patient retains capacity. Ideally these conversations should happen in the presence of family, friends or carers to smooth the path for later conversations towards the end of life.
- Where consent is given to discuss care with a named individual, an alert should be added with the contact details of this individual.
- Appendix 4 & 5 may help with issues of consent or capacity.

### **9.6 Mental health**

- The practice will have a system in place to identify prescriptions that have not been collected. If there are concerns about any of the individuals who have not collected prescriptions, these must be brought to the attention of the safeguarding lead.

- Admissions to psychiatric wards must be coded individually, rather than grouped together under diagnosis.

## **9.7 Working with those who do not speak English**

- An independent translator should always be offered.
- If a patient chooses to use a family member or friend, this is at the discretion of the GP, based on their relationship with the patient and their family, and only if the medical questioning will not cause embarrassment or non-disclosure of symptoms, and if there is no question of domestic abuse, or traditional malpractice. A child under 18 should never be used to translate for a family member.
- When an individual who does not speak English approaches reception, including to register with the practice, the administration team must make every effort to communicate effectively, including offering the use of language line by a receptionist.

## **9.8 Carers**

- A practice will code those who act as carers for family and friends, and record this on their problem list. This will prompt clinicians to consider additional health and social needs they may have as carers, including in the context of urgent/emergency health care needs.
- Individual practices need to consider how to support and improve the experience of carers as they access health care for themselves and the individual they care for.

## **9.9 Self Neglect**

- Relationship building is the cornerstone of working with those who appear to be neglecting aspects of their own self-care.
- Clinicians should expect to persist and commit to shared goals made with the individual and should refer to the Self Neglect guidance found through the following link: [www.merseysidesafeguardingadultsboard.co.uk/self-neglect-2/](http://www.merseysidesafeguardingadultsboard.co.uk/self-neglect-2/). A one page summary can be found in appendix 8.

## **10.0 GOOD PRACTICE SPECIFIC TO OOH/PCS/EXTENDED ACCESS/PATHFINDER ADVICE**

### **10.1 Learning Disabilities**

- The clinician is encouraged to consider capacity and consent for each aspect of the diagnosis, explanation and management plan, remembering that capacity can vary depending on the scenario.
- The adult may be encouraged to include a carer or family member in the consultation, and the name of an accompanying carer or relative should be recorded in the notes.
- Where there is concern for the individual, the clinician should refer to the flowcharts in the appendices 4 & 5, and if necessary seek further advice.

- The patient's usual GP should be informed of the contact.

## **10.2 Sensory impairment (deaf, blind, multiple impairments)**

- When possible, clinicians should clarify with the patient how they would prefer to communicate. Exercising 'professional curiosity' to explore the individual's limitations should mitigate against misunderstanding.
- During urgent care appointments, when a British Sign Language translator is unlikely to be available quickly, it may be necessary to use a family member or friend to translate. This is firstly to triage the consultation to ensure patient safety. If the consultation is not an emergency (threat to life) and appears to have potential for embarrassment or partial information sharing is a concern, the clinician should end the consultation and seek an alternative source of translation. A child should never be used to translate.

## **10.3 Non-English speakers**

- An independent translator should always be offered. During urgent care appointments, this is likely to be via Language Line.
- When an individual contacts urgent care by phone, and telephone interpreting services are unavailable, it may be necessary to offer the patient an UCC appointment when this may not otherwise have been the triage outcome. This ensures independent translating via Language Line and a safer patient experience.

## **10.4 Homeless groups**

- Those who are homeless and/or in addiction (prescribed or illegal) are more vulnerable to abuse from others, more likely to be victims of crime, and be more likely to have associated illnesses, disease or comorbidity.
- Careful consideration should be given to physical health, putting aside prejudice if they are frequent attenders of urgent care services, and treating the individual on their history for that presentation.
- Where there are no physical health needs, the clinician may wish to consider social signposting, and whether there are specific safeguarding concerns to discuss with the individual.

## **10.5 Those in addiction**

- See section 10.4 for overlap
- The clinician should be aware of common drugs of abuse available on prescription. If a clinician is unsatisfied with a history following a request for medication, or if there is a special patient note from a patient's GP requesting that medication is not prescribed, then the request should be rejected.

## **10.6 End of Life**

- PC24 is committed to a positive end of life experience for patients and their loved ones, and will respond in a timely manner to all requests for contact.

- If there is any evidence of neglect or abuse towards the palliative patient, the clinician is expected to respond to this as to any other vulnerable adult, including if the abuse has happened as a result of lack of awareness/education from the family, or through exhaustion from carers.
- The family should be involved in the decision to contact social services, and where possible, contact should be framed as a positive solution to the difficulties faced by the palliative patient.
- Recognition that emotions often run high during palliation, and this may be directed towards clinical staff, particularly if a referral to social care is required. The clinician should seek advice and support from service leads.

## **10.7 Mental illness**

- Supporting those with mental illness during transient contact in urgent care scenarios is essentially about ensuring safety, and may also be about signposting.
- The clinician should refer to the capacity and consent flowcharts (appendices 4 & 5).

## **10.8 Self Neglect**

- Relationship building is the cornerstone of working with those who appear to be neglecting aspects of their own self-care, even if meeting the individual for a very short amount of time.
- Clinicians should aim to negotiate 'quick wins' with an individual until able to hand over to the patient's usual GP.
- Clinicians should refer to the Self Neglect guidance found through the following link: [www.merseysidesafeguardingadultsboard.co.uk/self-neglect-2/](http://www.merseysidesafeguardingadultsboard.co.uk/self-neglect-2/). A one page summary can be found in appendix 8.

## **11.0 GOOD PRACTICE SPECIFIC TO INTERMEDIATE CARE**

### **11.1 Frailty**

- A definition according to British Geriatrics Society: a state of increased vulnerability to poor resolution of homoeostasis after a stressor event. It is characterised by low energy, slow walking speed and reduced strength. It may be associated with physical or mental impairment, but can also be noted in the absence of any long term condition.
- Working within an MDT, PC24 are committed to identifying frailty, safeguarding vulnerability and co-ordinating ongoing care together.

## **12.0 GOOD PRACTICE SPECIFIC TO ASYLUM PRACTICE**

### **12.1 Working with those who do not speak English**

- See section 9.7
- Clinicians should be aware of the influence of traffickers in the lives of asylum seekers, and be very wary of using an accompanying adult to translate.

## 12.2 Female Genital Mutilation (FGM)

- See section 9.4

## 12.3 Mental Health

- If an individual's mental health is grounds for concern, recognising that asylum seekers are often isolated, permission will be sought to share information with the accommodation providers, particularly in the interests of safety (for themselves or others). The minimum amount of information will be shared. In these instances, the close relationship with the accommodation providers can often safeguard the individual, who has no other advocate.

## 12.4 Victims of modern slavery/trafficking/honour based violence/forced marriage/FGM

- If an individual discloses they remain at risk of any other above while living in initial accommodation, the Asylum Practice is committed to raising this with the accommodation providers to ensure that their safety is given a priority. The practice will advocate for the patient being moved accommodation as soon as possible, ideally that day.
- Any threat, or new disclosure of harm, will be taken seriously and the individual will be supported to contact the police, or put in touch with a support organisation that can help them access the police if needed.

## 12.5 MDT

- Individuals who are considered to be particularly vulnerable will be discussed as a team at the monthly MDT as part of the safeguarding standing agenda item.

## 13.0 DEFINITIONS OF ABUSE

13.1 For the purpose of this Policy the following definition of abuse applies.

**Abuse** is any behaviour towards a person that deliberately or unknowingly causes him or her harm, endangers their life or violates their rights. The term **harm** may become more commonly used than abuse.

## 13.2 Definitions

The following definitions have been agreed and adopted as workable definitions for use within PC24.

A **vulnerable adult** is any person aged 18 years or over who is or may be in need of health or social services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.



The term '**adult at risk**' may be used to replace 'vulnerable adult'. This is because the term 'adult at risk' focuses on the situation causing the risk rather than the characteristics of the adult concerned.

**Mental Capacity** is the ability to make a decision by understanding, retaining and weighing up the consequences of the decision, then effectively communicating this decision.

### **13.3 Abuse** may be;

**Physical:** occurs when injuries are inflicted or the health/development of the person is severely impaired.

**Neglect:** can be physical e.g. lack of food or drink, and /or emotional e.g. restriction of movement by removal of mobility aids.

**Sexual abuse:** occurs when the person is involved in sexual activity to which they have not consented or, given their level of mental capacity, do not truly comprehend.

**Psychological abuse:** can involve intimidation, humiliation, threatening behaviour, causing fear.

**Financial abuse:** is common and takes many forms, the most frequent being when,

- someone who is supposed to be buying basic essentials is not doing so
- a vulnerable person is persuaded to withdraw savings

**Spiritual abuse:** inappropriate use of religious belief or practice through misuse of authority and repentance discipline, oppressive teaching, obtrusive healing/deliverance ministries. Includes the denial of rights to faith and religious practice.

**Discriminatory abuse** describes repeated, on-going or widespread discrimination which leads to,

- significant harm
- unequal health or social care
- breaches in civil liberties
- failure to protect

**Institutional abuse** happens when the routines, culture and practice of an institution or service provider force service users to sacrifice their own needs to that of the institution. This may include actions that fit in to several of the categories listed above but which take place as standard practice.

**Hate Crime** is any incident which may or may not constitute a criminal offence, which is perceived by the victim or other person as being motivated by prejudice or hate. The crime or incident may be targeted at someone or a family due to:

- Race
- Disability
- Gender
- Age
- Religion
- Sexual Orientation
- Transgender

**Domestic abuse:** Any of the above abuse, but taking place between current or ex-partners, or other family members, when both parties are over the age of 16. It includes partners of different or same gender, and between child and parent.

### **Forced Marriage**

Forced marriage is a marriage conducted without the valid consent of one or both parties where some element of duress is a factor. Duress can include physical pressure, threatening behaviour, abduction or imprisonment, isolation, emotional, psychological, financial abuse and control. The United Nations views forced marriage as a form of Human Rights abuse. The practice of forced marriage is not confined to one culture or one religion and can happen regardless of race, religion, disability, age, sexuality and gender.

### **So Called Honour Based Violence (HBV)**

So Called Honour Based Violence (HBV) is where the person is being punished by their family or their community. They are being punished because of a belief, actual or alleged, that a person has not been properly controlled enough to conformity and therefore is seen to have brought 'shame' and 'dishonour' on the family.

**Carers:** anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. Exhaustion, stress, frustration, and poor knowledge of needs, may lead to intentional or unintentional poor care. Domestic abuse may also feature from a vulnerable adult directed towards their carer.

- 13.4 An '**Alertter**' is anyone who suspects that a patient / service user or other vulnerable adult is being or has been abused, anyone who has concerns, hears an allegation or disclosure of any type.

For further guidance please refer to the independent Safeguarding authority, the link can be found by clicking below:

<http://www.isa.homeoffice.gov.uk/Default.aspx?page=523>

- 13.5 An individual, a group, or an organisation may perpetrate abuse. **Abuse** concerns the misuse of power, control and /or authority and can manifest itself as:

- Domestic violence, sexual assault or sexual harassment.
- Racially or religiously motivated assaults.
- Discrimination and oppression.
- Institutional abuse.

Those more at risk may fall into the following categories:

- Receives personal or nursing care/support to live independently in his or her home or care home.
- Receives any health or social services.
- Has a substantial learning, physical or communication difficulty or disability.
- Has a physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs.
- A substantial reduction in physical or mental capacity due to advanced age or illness.

13.6 All employees within Primary Care 24 have a vital role in promoting the safety and protection of vulnerable adults.

## **14.0 CONFIDENTIALITY**

**14.1** It is PC24's Policy that all patients and members of PC24 personnel should be able to expect that information given to any member of staff within PC24 will be held in a secure and confidential manner and will not be divulged to others without their consent except in the following circumstances:

- It is with the consent of the individual.
- A Court Order.
- Necessary in the public interest including the protection of a child or other vulnerable adult.
- Assuring and improving quality of care and treatment (e.g. clinical audit).
- Investigating complaints or potential legal claims.

**14.2** Any member of personnel staff who is in doubt should consult their Head of Service or the Safeguarding Lead for their support and advice.

## **15.0 REQUEST FOR INFORMATION / RECORDS**

**15.1** When information or records are requested this request should be referred to the PC24 Company Secretary.

**15.2** Records will be released only when third party information has been withdrawn from the records. In some cases it may be agreed that a summary report of healthcare

input will be supplied to the relevant parties rather than the full records being released.

**15.3** Requests for records should be made in writing and sent to the Company Secretary who has the PC24 responsibility for Information Governance. Where information is requested by another organisation via a telephone conversation, information should not be given until this has been discussed with the Director of Nursing or Medical Director and an assessment made of the most appropriate way in which to respond. For telephone conversations see the Primary Care 24 Confidentiality and Data Protection Policy (PC24POL1) located on the Intranet for further guidance.  
(<http://extranet.urgentcare24.co.uk/policy-documents.asp>)

**15.4** If the patient's consent has not been obtained another valid reason for release should be provided i.e. a copy of a court order, or other legal justification for release. This should be discussed with the Company Secretary who has the PC24 responsibility for Information Governance, Senior Information Risk Officer (SIRO) and Safeguarding Lead (Director of Nursing) prior to release.

## **16.0 THE INVOLVEMENT OF STAFF FROM OTHER ORGANISATIONS**

Where several organisations are involved with the individual, or a crime is suspected, the investigation will be multi-agency. An investigation and any Safeguarding Adult plan could involve Social Services, Police, Health Professionals, the Care Quality Commission and provider agencies (e.g. residential homes, supported housing, domiciliary care and day centres).

### **Other considerations:**

#### **Domestic Abuse**

In addition to the individual who may disclose incidents of domestic abuse, staff should consider whether there are children or vulnerable adults that may require a safeguarding referral following an incident/report of domestic abuse.

## **17.0 IMPLEMENTATION OF THIS POLICY**

**17.1** This policy will be displayed on the staff intranet and promoted within PC24. New employees will be made aware of the policy on induction.

Clinical/Medical Leads will ensure that all healthcare professionals are aware of and how to access this policy.

### **17.2 Monitoring Compliance**

The effectiveness of this policy must be routinely monitored to ensure that the

objectives of the policy are met. Compliance and effectiveness of this policy will be monitored by a combination of:

- Monitoring against this policy via the Quality & Patient Safety department who will note and report the number of safeguarding incidents/complaints reported through the Datix Risk Management system.
- Service Delivery Units will be required to monitor local compliance against this policy at an operational level which includes reporting incidents through the Datix Risk Management System.
- Safeguarding mandatory training for all staff.
- Annual performance review of all staff.

### **17.3 Policy Review**

This policy will be reviewed within 1 year of implementation and every 3 years thereafter or sooner if there is a change in policy or organisational change.

### **17.4 Breaches of policy**

This policy is mandatory. Where it is not possible to comply with the policy, or a decision is taken to depart from it, this must be notified to the PC24 Safeguarding Lead so that the level of risk can be assessed and an action plan can be formulated.

## **18.0 RESPONSIBILITIES**

### **18.1 Board of Directors**

Primary Care 24 Board is responsible for ensuring that the Primary Care 24 fulfils the requirements of adult safeguarding, safeguarding contracted standards and regulation standards via scrutiny of the assurance and performance reports submitted to the appropriate Board sub-Committees.

### **18.2 The Director of Nursing**

The Director of Nursing acts as the Primary Care 24 Safeguarding Lead and is responsible for:

- Ensuring Safeguarding of Vulnerable adults activity and compliance is reported to PC24 Board via relevant Committees.
- Is responsible for ensuring Caldicott Principles are followed in relation to safeguarding and information sharing.
- Has overall responsibility for the content of all serious case review submissions in line with the local safeguarding adults board regulations (2006) where Primary Care 24 have been involved.
- Has strategic responsibility for safeguarding development within PC24
- Reporting to and advising the Executive Management Team and the Board on all matters relating to safeguarding
- Provision of specialist advice and support to staff in relation to adult safeguarding issues where possible and or direct to appropriate level of specialist safeguarding lead for advice
- Representing the PC24 at appropriate external safeguarding meetings.

- Board responsibility for safeguarding in PC24
- Responsibility for liaising with external stakeholders and the sharing of information where appropriate
- Responsibility for producing safeguarding reports for relevant committees and the PC24 Board
- Responsibility for contributing to Serious Case review (SCR) and Domestic Homicide in partnership with Clinical Commissioning Safeguarding Leads
- Review Domestic homicide reports (DHR) and co-ordination of requests for information for legal cases
- Where required attend case conferences and court hearings on behalf of PC24
- Promote compliance with safeguarding policy and procedures
- Ensuring the process for Learning Lessons from Serious Case Reviews and other safeguarding related incidents becomes embedded within Safeguarding and Incident Learning Procedures
- Ensuring that PC24 has in place a process to provide support for staff who have been involved in safeguarding incidents.

### **18.3 Associate Directors, Heads of Service, Medical/Nursing Clinical Leads**

- Ensure appropriate monitoring and reporting mechanisms are developed, reviewed and communicated to PC24 Executive Management Team.
- Responsibility for making appropriate recommendations to ensure that the Services remain compliant with safeguarding policy, procedure and practice
- Ensure the process for Learning Lessons from Serious Case Reviews and other safeguarding related incidents becomes embedded within the Directorates and Incident Learning Procedures.

### **18.4 All Personnel**

PC24 personnel must take appropriate action if they suspect or know a vulnerable adult is being abused or is likely to come to significant harm.

**It is a professional duty to refer concerns appropriately and failure to act on concerns is a breach of the Adult Safeguarding Policy and Procedures and could result in further harm or death to the patient.** This is important even if other agencies are involved in the incident. The Police and other agencies are expected to raise their concerns separately.

- Personnel of PC24 are responsible for the safety and well-being of patients and have a duty of care for those patients who are less able to protect themselves from harm, abuse or neglect. This also includes 'avoidable harm' which may be caused to a patient for example through inappropriate positioning, moving or handling.
- It is the responsibility of all Primary Care 24 Personnel to be familiar with the Safeguarding Adults Policy and Procedures, and to implement them when abuse is known or suspected.

**18.5** Where there is disagreement between staff whether or not to refer, staff must be aware of their individual duty to protect vulnerable people and to make the referral. Junior staff may wish to discuss a difference of opinion with senior staff, or a Clinical Lead from the relevant Service.

#### **18.6 Raising a Concern (Whistle Blowing):**

Primary Care 24 recognises the importance of building a culture that allows all employees to feel comfortable about sharing information in confidence and with a lead person regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to abuse but that has pushed the boundaries beyond acceptable limits. Open honest working cultures where people feel they can challenge unacceptable colleague behaviour and be supported in doing so, help keep everyone safe.

**18.7** Any queries on the application or interpretation of this Policy must be discussed with the author of this document prior to any action taking place.

### **19.0 STAFF TRAINING**

**19.1** Those working with adults must take part in clinical governance including holding regular case discussions, training, and education and learning opportunities. They include e-learning but also personal reflection and scenario based discussion, drawing on case studies and lessons from research, critical event analysis, analysis of feedback, complaints, which can be included in appraisal.

All personnel require adult safeguarding mandatory training as part of induction. This should then be renewed every three years.

#### **19.2 Training Needs Analysis**

<b>Training Programme</b>	<b>Course Length</b>	<b>Frequency</b>	<b>Delivery Method</b>	<b>Staff Group</b>	<b>Recording Attendance</b>	<b>Strategic &amp; Operational Responsibility</b>
Safeguarding Adults Level 1		3 yearly	e-learning	All non-clinical staff	Attendance is recorded on the training database	Director of Nursing and Executive Safeguarding Lead
Safeguarding Adults Level 2*		3 yearly	e-learning	All clinical and medical staff	Attendance is recorded on the training database	Director of Nursing and Executive Safeguarding Lead

\*All medical and clinical staff are required to complete update/review of Level 2 training. This can be accessed via Protected Learning Time events held locally or delivered by CCGs.

### **19.3 Recruitment of Staff – Minimum Criteria**

The minimum safety criteria for safe recruitment of all staff that work for PC24 are:

- have been interviewed
- have 2 references that have been followed up
- have DBS service check appropriate to role
- Satisfactory medical and health clearance

## **20.0 EQUALITIES & HEALTH INEQUALITIES**

### **20.1 EQUALITY AND DIVERSITY**

The population Primary Care 24 serves is diverse and includes areas of high deprivation. Children and adults from all cultures are subject to abuse and neglect. All children and adults have a right to grow up and live safe from harm. In order to make sensitive and informed professional judgments about the needs of children (including their parents' capacity to respond to those needs) and the needs of adults at risk, it is important that professionals are sensitive to differing family patterns and lifestyles that vary across different racial, ethnic and cultural groups. Professionals need to be aware of the broader social factors that serve to discriminate against black and minority ethnic populations. Working in a multi- cultural society requires professionals and organisations to be committed to equality in meeting the needs of all children and adults at risk and to understand the effects of harassment, discrimination or institutional racism, cultural misunderstandings or misinterpretation.

The assessment process should maintain a focus on the needs of the individual child or adult at risk. It should always include consideration of how the religious beliefs and cultural traditions influence values, attitudes and behaviours and the way in which family and community life is structured and organised. Cultural factors neither explain nor condone acts of omission or commission that place a child or adult at risk of significant harm. Professionals should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built upon to help safeguard and promote their welfare. See Appendix 1.

### **20.2 EQUALITIES AND HEALTH INEQUALITIES STATEMENT**

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act



2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

## **21.0 PERSONAL INFORMATION STATEMENT**

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

## **22.0 RELATED GUIDANCE AND POLICIES**

22.1 This Policy should be read in conjunction with the following PC24 policies:

- Training and Development Policy (PC24POL17)
- Primary Care 24 Confidentiality and Data Protection Policy (PC24POL1)
- Primary Care 24 Complaints Policy (PC24POL34)
- Primary Care 24 Disciplinary Policy, (PC24POL14)
- Primary Care 24 Policy for Managing Incidents & Serious Incidents (PC24POL32).

The following statutory, non-statutory, best practice guidance and the policies:

### **22.2 Statutory Guidance**

- Department for Constitutional Affairs (2007) *Mental Capacity Act 2005: Code of Practice*. London: TSO.
- HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with forced marriage*. Forced Marriage Unit: London.
- Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*. London: TSO.
- Home Office (2015) Counter Terrorism and Security Act.
- Home Office (2015) Mandatory Reporting of female Genital Mutilation – procedural information.

### **22.3 Non-Statutory Guidance**

- Department of Health (June 2012) *The Functions of Clinical Commissioning*

Groups (updated to reflect the final Health and Social Care Act 2012).

- NICE (2014) Domestic violence and abuse: multi-agency working  
<http://www.nice.org.uk/guidance/ph50>

## **22.4 Best Practice Guidance**

- Department of Health (2009) *Responding to domestic abuse: a handbook for health professionals*
- Ending violence against women and girls. March 2014.  
[www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk](http://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk)
- Department of Health (2010) *Clinical governance and adult safeguarding: an integrated approach*. Department of Health
- Department of Health (2006) *Mental Capacity Act Best Practice Tool*. Gateway reference: 6703

# **END OF POLICY**

	<b>Appendix 1 Equalities &amp; Health Inequalities Screening</b>
	<b>Appendix 2 Domestic Abuse Contact Details</b>
	<b>Appendix 3 PC24 services</b>
	<b>Appendix 4 Consent</b>
	<b>Appendix 5 Determining Capacity</b>
	<b>Appendix 6 Best Practice</b>
	<b>Appendix 7 Example Safeguarding Poster</b>
	<b>Appendix 8 Self Neglect Summary</b>
	<b>Appendix 9 Knowsley Mental Health Contact Numbers</b>

## **Appendix 1**

# **Equalities and Health Inequalities – Screening Tool**

Name of Policy: Safeguarding Adults Policy

Date of Ratification: February 2018

## Introduction

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

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

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

- 1.Age
- 2.Disability
- 3.Gender reassignment
- 4.Marriage and civil partnership
- 5.Pregnancy and maternity
- 6.Race
- 7.Religion and belief
- 8.Sex
- 9.Sexual orientation

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

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at:

<http://extranet.urgentcare24.co.uk/>

## Equality and Health Inequalities: Screening Tool

A	General information
A1	Title: <b>Safeguarding Adults Policy</b> What is the title of the activity, project or programme?
A2.	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives.

A3.	<p>Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others.</p> <p><b>The purpose of this policy is to make all PC24 personnel aware of the procedure if they suspect any vulnerable adults that they come into contact with is being abused.</b></p>		
B	The Public Sector Equality Duty		
B1	<p>Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?</p>		
	Yes	No	Do not know
	<p>Summary response and your reasons: <b>This is an organisational policy and the policy equally applies to all PC24 personnel</b></p>		
B2	<p>Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?</p>		
	Yes	No	Do not know
	<p>Summary response and your reasons: <b>This is an organisational policy and the policy equally applies to all PC24 personnel</b></p>		
B3	<p>Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?</p>		
	Yes	No	Do not know
	<p>Summary response and your reasons: <b>All nine characteristics as the policy equally applies to all PC24 personnel</b></p>		
B4	<p>Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?</p>		
	Yes	No	Do not know
	<p>Summary response and your reasons: <b>This is an organisational policy and it equally applies to all PC24 personnel</b></p>		
B5	<p>Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?</p>		
	Yes	No	Do not know

	Summary reasons: <b>This is an organisational policy and it equally applies to all PC24 personnel</b>		
B6	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: <b>This is an organisational policy and it equally applies to all PC24 personnel</b>		
C	The duty to have regard to reduce health inequalities		
C1	Will the initiative contribute to the duties to reduce health inequalities?		
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		
	Yes	No	Do not know
	Summary response and your reasons: <b>This is an organisational policy and it equally applies to all PC24 personnel</b>		
C2	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?		
	Yes	No	Do not know
	Summary response and your reasons: <b>This is an organisational policy and it equally applies to all PC24 personnel</b>		
D	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?		
D1	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. Please place an X below in the correct box below. Please then complete part E of this form.		
	Yes	Cannot decide	No
E	Action required and next steps		
E1	If a full EHIA is planned: Please state when the EHIA will be completed and by whom. Name: Date:		

<b>E2</b>	<p>If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.</p> <p>Summary reasons:</p> <p>Additional information required:</p> <p>When will it be possible to make a decision about an EHIA?</p>
<b>E3</b>	<p>If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below.</p> <p>Summary reasons: This policy has been consulted on by the Quality &amp; Patient Safety Tem. There is no negative impact with respect to the characteristics as defined by the Equality Act.</p>

<b>F</b>	<i>Record Keeping</i>		
<b>Lead originator:</b>	Director of Nursing	Date:	02.02.2018
<b>Director signing off screening:</b>	Director of Nursing	Date:	02.02.2018
<b>Directorate:</b>	Quality & Patient Safety	Date:	
<b>Screening published:</b>	Staff intranet	Date:	February 2018



## Appendix 2

### Domestic Violence and Abuse Support

#### **Liverpool**

<b>LDAS</b> (Liverpool Domestic Abuse Services)	0151 263 7474
<b>SLDAS</b> (South Liverpool Domestic Abuse Services)	0151 494 2222
<b>The Ruby Project</b> (hospital referral only - RLUBHT/UHA)	0151 286 6159
<b>RASA</b> (Rape & Sexual Abuse - current and historical sexual abuse)	0151 558 1801
<b>Safe Place</b> (Sexual Health Referral Centre)	0151 295 3550
<b>WHISC</b> (Women's Health Information and Support Centre Liverpool)	0151 707 1826
<b>MDVS</b> (Merseyside Domestic Abuse Services)	0151 709 8770

#### **Sefton**

<b>SWACA</b> (Sefton Women and Children's Aid)	0151 922 8606
<b>RASA</b> (Rape & Sexual Abuse - current and historical sexual abuse)	0151 558 1801

#### **Knowsley**

<b>The First Step</b> (Knowsley Domestic Abuse Services)	0151 548 3333
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#### **Wirral**

<b>Wirral Family Safety Unit</b>	0151 604 3567
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#### **St Helens**

<b>Helena</b> - Refuge and Helpline	01925 220 541
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#### **Merseyside Helplines**

<b>Savera UK</b> – (BAMER support for domestic abuse)	0800 107 0726 / 0151 709 6586
<b>Worst Kept Secret</b>	0800 028 3398

### **FOR PROFESSIONALS ONLY**

**IDVA** (Independent Domestic Violence Advocate) 0151 330 2014, [I@localsolutions.org.uk](mailto:I@localsolutions.org.uk)

**MARAC Officers** (Maria Curran & Jayne O'Toole) 0151 233 7013,  
[marac@liverpool.gcsx.gov.uk](mailto:marac@liverpool.gcsx.gov.uk)

**MASH** (Multi Agency Safeguarding Hub) 0151 233 2320,  
[Liverpool.mash@merseyside.pnn.police.uk](mailto:Liverpool.mash@merseyside.pnn.police.uk)

#### **Refuge**

**To refer into refuge you ring housing options (Liverpool) or refuge directly**

#### **Liverpool**

Housing Options (Careline)	0151 233 3000
North Liverpool refuge (Fae House)	0151 207 1511
South Liverpool refuge (Grace House)	0151 734 1074
Amadudu BME refuge Liverpool	0151 734 0083

**Sefton** 0151 922 8606

**Knowsley** 0151 546 1567

**Wirral** 0151 643 9766

**St. Helens** 01925 220541

**National** 0808 802 0300

### **National Support and information**

**National Domestic Violence Helpline** 0808 2000 247,  
[www.nationaldomesticviolencehelpline.org.uk](http://www.nationaldomesticviolencehelpline.org.uk)

**National Centre for Domestic Violence** (Legal advice and support) 0800 970 2070,  
[www.ncdv.org](http://www.ncdv.org) ,

**Rights of Women** (Legal advice for women on domestic & sexual violence) 020 7251  
6577, [www.rightsofwomen.org.uk](http://www.rightsofwomen.org.uk)

**Mankind Initiative** 01823 334244 (support for men suffering domestic abuse)

**Respect** 020 7549 0578 (men's helpline and perpetrator programme)

**Stonewall** 020 7593 1850 (LGBT information and advice line)

**Imkaan** 020 7842 8525 (black feminist organisation dedicated to addressing violence  
against women and girls)

February 2017

# Appendix 3

## PC24 Directory of Services

Location	Hours	Clinical Lead for Service	Head of service	CCG Policy	Local Authority for Referral	PC24 Advice/Support
<b>Primary Care, Sefton GP</b>						
Crossways, Waterloo	8am-6:30 Monday to Friday	Dr Hannah McKay	Charlie Taylor-Jones	South Sefton CCG	Sefton Social Care	9-5 Director of Nursing, Paul Kavanagh-Fields  5-6:30 Shift Manager (call centre)
Crosby Village	8am-6:30 Monday to Friday	Dr Hannah McKay	Charlie Taylor-Jones	South Sefton CCG	Sefton Social Care	9-5 Director of Nursing, Paul Kavanagh-Fields  5-6:30 Shift Manager (call centre)
Litherland Practice	8am-6:30 Monday to Friday	Dr Hannah McKay	Charlie Taylor-Jones	South Sefton CCG	Sefton Social Care	9-5 Director of Nursing, Paul Kavanagh-Fields  5-6:30 Shift Manager (call centre)
Maghull Practice	8am-6:30 Monday to Friday	Dr Hannah McKay	Charlie Taylor-Jones	South Sefton CCG	Sefton Social Care	9-5 Director of Nursing, Paul Kavanagh-Fields  5-6:30 Shift Manager (call centre)

Netherton Health Centre	8am-6:30 Monday to Friday	Dr Hannah McKay	Charlie Taylor-Jones	South Sefton CCG	Sefton Social Care	9-5 Director of Nursing, Paul Kavanagh-Fields  5-6:30 Shift Manager (call centre)
Seaforth Village Practice	8am-6:30 Monday to Friday	Dr Hannah McKay	Charlie Taylor-Jones	South Sefton CCG	Sefton Social Care	9-5 Director of Nursing, Paul Kavanagh-Fields  5-6:30 Shift Manager (call centre)
Thornton Practice	8am-6:30 Monday to Friday	Dr Hannah McKay	Charlie Taylor-Jones	South Sefton CCG	Sefton Social Care	9-5 Director of Nursing, Paul Kavanagh-Fields  5-6:30 Shift Manager (call centre)
<b>Knowsley Primary Care Service</b>						
Huyton	8am-8pm Monday to Friday	Dr Greig Haley	Stacey Shields	Knowsley CCG	Knowsley MASH	9-5 Director of Nursing, Paul Kavanagh-Fields  5-8 Shift Manager (call centre)
Kirkby	8am-8pm Monday to Friday	Dr Greig Haley	Stacey Shields	Knowsley CCG	Knowsley MASH	9-5 Director of Nursing, Paul Kavanagh-Fields  5-8 Shift Manager (call centre)

Halewood	8am-8pm Monday to Friday	Dr Greig Haley	Stacey Shields	Knowsley CCG	Knowsley MASH	9-5 Director of Nursing, Paul Kavanagh- Fields  5-8 Shift Manager (call centre)
Whiston	8am-8pm Monday to Friday	Dr Greig Haley	Stacey Shields	Knowsley CCG	Knowsley MASH	9-5 Director of Nursing, Paul Kavanagh- Fields  5-8 Shift Manager (call centre)
<b>Intermediate Care</b>						
Knowsley	Residential	Dr Greig Haley	Charlie Taylor- Jones	Knowsley CCG	Knowsley MASH	9-5 Mon-Fri Director of Nursing, Paul Kavanagh- Fields  OOH Shift Manager (call centre)
<b>Other</b>						
Asylum Practice	9am-5pm, Monday to Friday	Dr Sarah Wilks	Charlie Taylor- Jones	NHSE	Liverpool Careline	9-5 Mon-Fri Director of Nursing, Paul Kavanagh- Fields
<b>Out of Hours</b>						
UCC Widnes	7pm – 12am, Monday to Friday. 5pm -10pm Saturday and Sunday. 7am - 10pm BH.	Dr John Caldwell	Stacey Shields	Halton CCG	Halton Social Care	Shift Manager (call centre)

UCC Old Swan	7pm - 8am, Monday to Friday. 24 hours Saturday, Sunday & BH	Dr John Caldwell	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
UCC Runcorn	7pm-8am, Monday to Friday. 24 hours Saturday, Sunday & BH	Dr John Caldwell	Stacey Shields	Halton CCG	Halton Social Care	Shift Manager (call centre)
UCC Garston	8pm-11pm, Monday to Friday. 1pm-11pm Saturday. 8am-11pm Sunday.	Dr John Caldwell	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
UCC RLUH	7pm-10pm Monday to Thursday. 7pm-11pm Friday. 10am-10pm Saturday & Sunday	Dr John Caldwell	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
UCC UHA	7pm-10pm Monday to Friday. 10am-10pm Saturday & Sunday.	Dr John Caldwell	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
UCC AHCH	6pm-10pm, Monday to Friday	Dr John Caldwell	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
UCC Huyton	7pm-1am, Monday to Friday	Dr John Caldwell	Stacey Shields	Knowsley CCG	Knowsley MASH	Shift Manager (call centre)
UCC Kirkby	10am-9pm, Saturday & Sunday	Dr John Caldwell	Stacey Shields	Knowsley CCG	Knowsley MASH	Shift Manager (call centre)
UCC Lowe House, St Helens	7pm - 8am, Monday to Friday. 24 hours Saturday, Sunday & BH	Dr John Caldwell	Stacey Shields	St Helens CCG	St Helens First Response Team	Shift Manager (call centre)

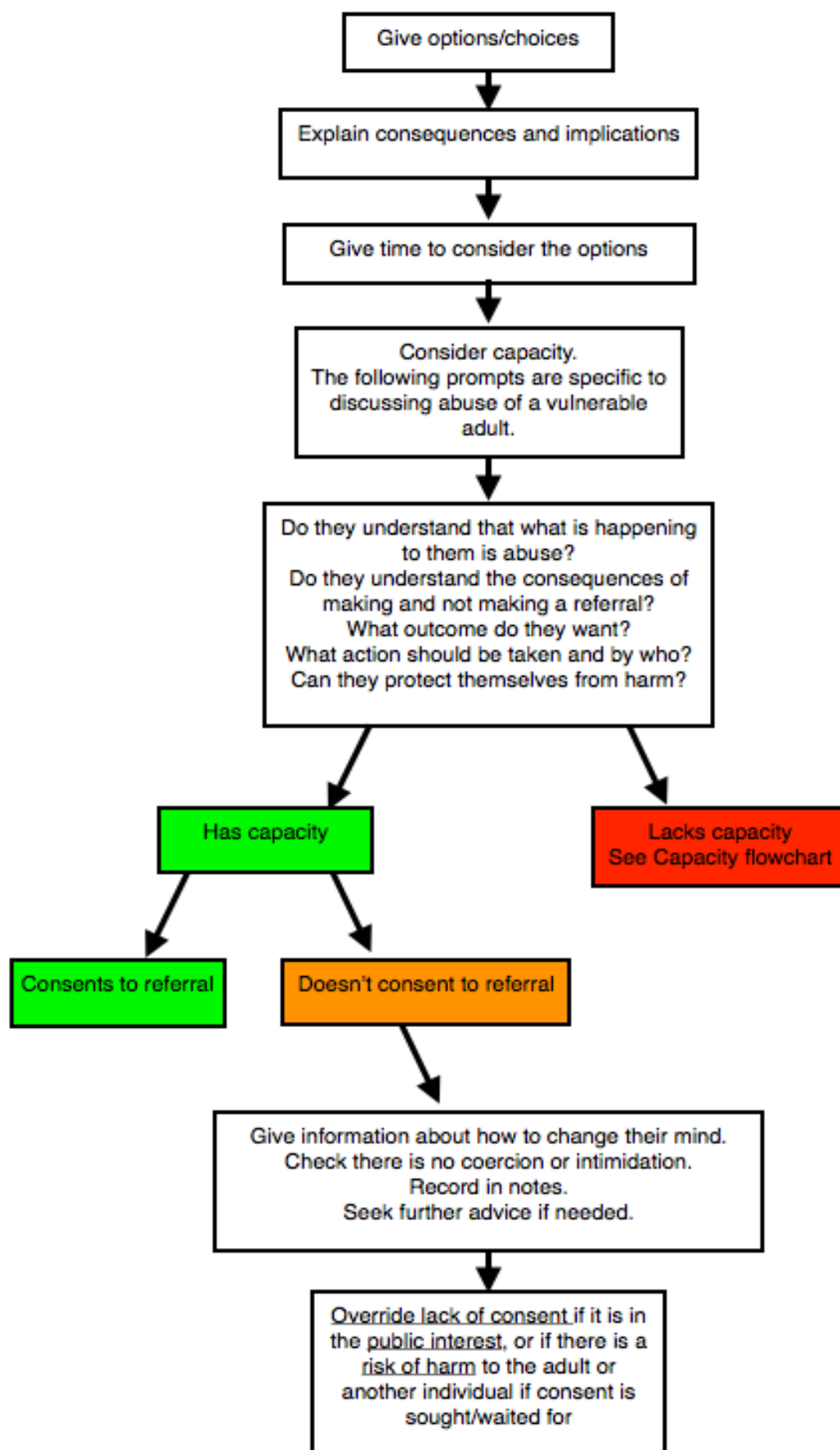
Out of Hours Triage (including NWS Pathfinder) and Home Visits, see above as per address of patient						
<b>Primary Care Streaming</b>						
AHCH	2pm-6pm, Monday to Friday	Dr Jon Reynolds	Stacey Shields	Liverpool CCG	Liverpool Careline	2-5 Director of Nursing, Paul Kavanagh- Fields  5-6 Shift Manager (call centre)
UHA	10am-7pm, Monday to Friday	Dr Jon Reynolds	Stacey Shields	Liverpool CCG	Liverpool Careline	10-5 Director of Nursing, Paul Kavanagh- Fields  5-7 Shift Manager (call centre)
RLUH	11am-7pm Monday to Friday	Dr Jon Reynolds	Stacey Shields	Liverpool CCG	Liverpool Careline	11-5 Director of Nursing, Paul Kavanagh- Fields  5-7 Shift Manager (call centre)
<b>GP Extended Access</b>						
Childwall	6pm-9pm, Monday to Friday. 9am-1pm Sunday	Dr Sandra Oelbaum	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
Townsend	6pm-9pm, Monday to Friday. 9am-4pm Saturday. 9am-1pm Sunday	Dr Sandra Oelbaum	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
Abercromby	5pm-10pm, Monday to Friday	Dr Sandra Oelbaum	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)

Garston	6pm-10pm, Monday to Friday	Dr Sandra Oelbaum	Stacey Shields	Liverpool CCG	Liverpool Careline	Shift Manager (call centre)
Millennium Centre	5:30–9pm, Monday to Friday 8am–3pm, Saturday & Sunday	Dr Sandra Oelbaum	Stacey Shields	St Helens CCG	St Helens First Response Team	Shift Manager (call centre)
Rainford	5:30-9pm, Tuesday	Dr Sandra Oelbaum	Stacey Shields	St Helens CCG	St Helens First Response Team	Shift Manager (call centre)
Rainhill	5pm-9pm, Monday to Friday	Dr Sandra Oelbaum	Stacey Shields	St Helens CCG	St Helens First Response Team	Shift Manager (call centre)
Woodside	9am-12noon, Saturday & Sunday	Dr Sandra Oelbaum	Stacey Shields	St Helens CCG	St Helens First Response Team	Shift Manager (call centre)
Triage, as per address of patient						



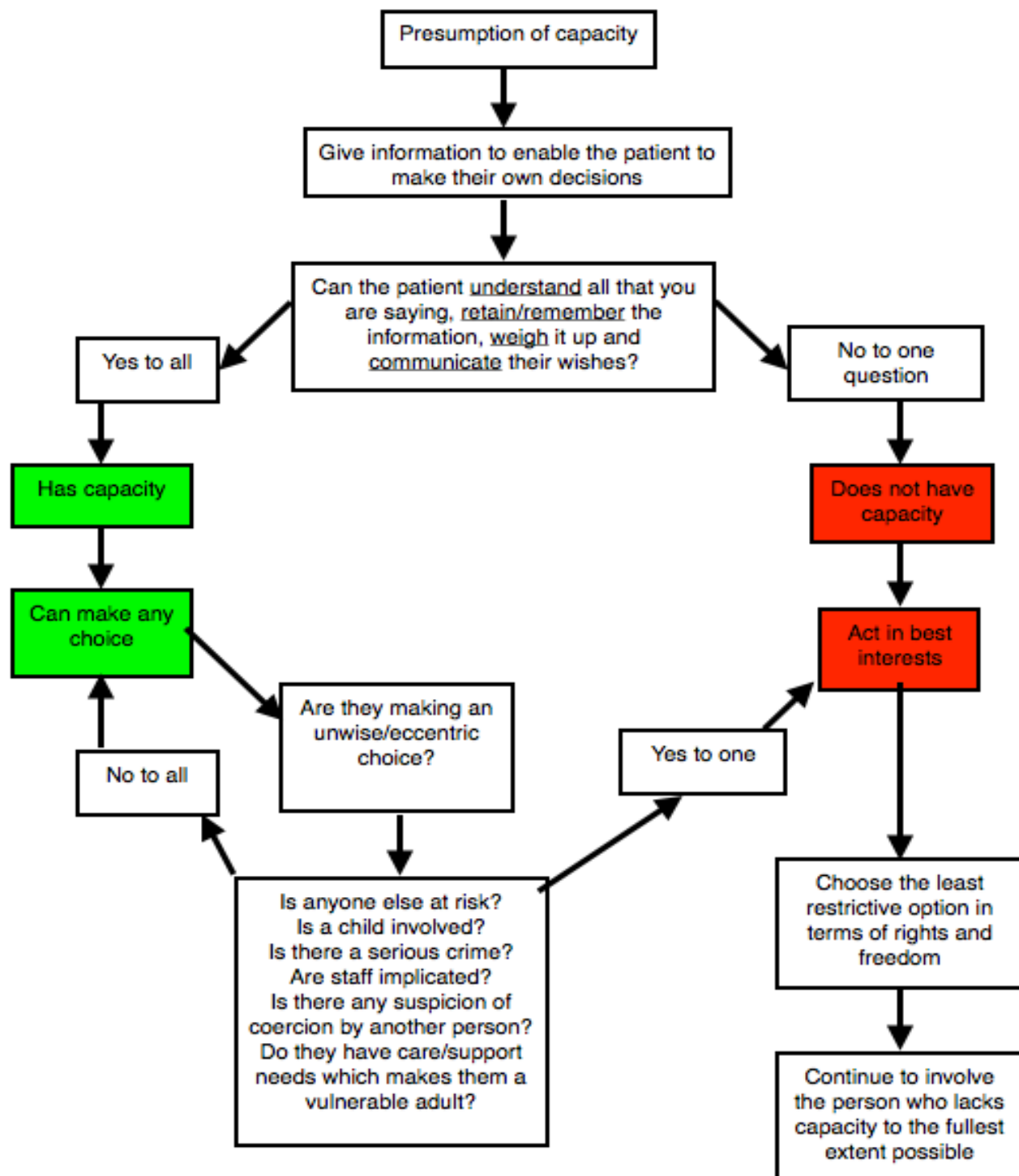
## Appendix 4

### Consent for Safeguarding a Vulnerable Adult



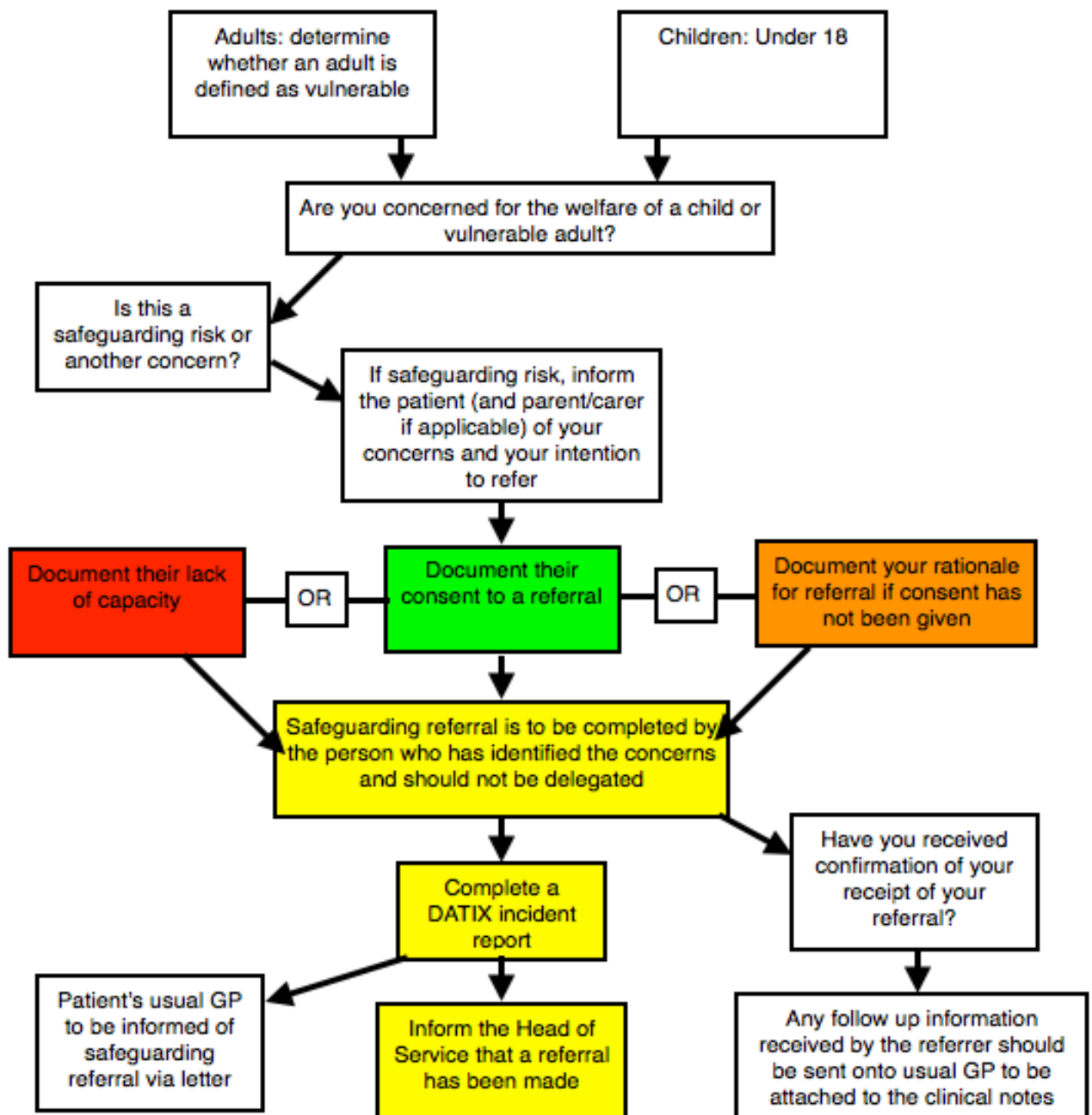
## Appendix 5

### Determining Capacity



## Appendix 6

### PC24 Best Practice for Safeguarding Children and Vulnerable Adults



# [NAME] MEDICAL PRACTICE SAFEGUARDING

## PRACTICE LEAD - Dr [NAME]

If Dr [NAME] is not available please share your concerns with another member of the practice clinical team or with the practice manager

Remember safeguarding is everyone's responsibility

ADULT SAFEGUARDING - [LOCAL NUMBER]

CHILD SAFEGUARDING - [LOCAL NUMBER]

For advice on safeguarding children or adults at risk:

PC24 Safeguarding Lead: Paul Kavanagh-Fields (Director of Nursing) – 0151 254 2553

All Safeguarding referrals to be reported via Datix AND to Head of Service

## Appendix 8

### Management Guide for Self Neglect

Regardless of the length of likely contact with an individual, **relationship building** is the cornerstone of working with those who appear to be neglecting aspects of their own self-care. Reinforce **positive** aspects of their life. Be **honest** about your worries for them.

Offer **choices**.

Never promise.

Consider care and support needs, and offer solutions to meet those needs

If an individual refuses to engage...

Consider **capacity** (see other flowchart)

Remember capacity is specific to the single issue or decision

Consider decisional capacity (tell me about something)

and executive capacity (show me how you would do something)

e.g. tell me how you use your blister pack, & show me how you use your blister pack

Assess the **risk** to the individual

#### OOH/PCS/Extended Access/Pathfinder

Aim to negotiate 'quick wins' with the individual, until able to pass onto individual's own GP

#### Sefton Practices/Asylum

Expect persistence and commitment to shared goals with the individual

Seek consent to **involve** agencies, friends or family

Is there a **legal basis to intervene** even if an individual has capacity?  
Seek advice as needed.

Intervene if:

- There is a risk of harm to someone else
- A risk of death or serious harm to the individual
- A crime has been committed
- There is suspicion of coercion by another

#### Suggested agencies:

Social Workers  
Psychologists  
Community Nurses  
GP  
Environmental Health  
Fire & Rescue Services  
Housing Staff  
Independent Advocates  
Occupational Therapists  
Physiotherapists  
Police  
Probation Case Managers  
RSPCA  
Voluntary/Community/  
Faith Groups

Fully **document** all discussions including:  
Capacity in each single issue  
Risks and benefits of different options provided  
Level of risk when refusing options and possible outcomes of risks  
Rationale for not intervening or sharing information  
Advocacy and support offered

Review regularly and communicate in writing detailing where they can seek help if they change their mind about support

## Appendix 9

KNOWLSEY GP RESOURCE - CONTACT LIST	Contact Number	Time Available	Criteria / Notes
<b>Merseycare GP Referrals</b>			
Switchboard	0151 473 0303		
<b>Community Health Teams</b>			
Kirkby	0151 443 4465	0900-1700	
<b>Community Home Resolution Team (aka Mental Health Crisis Service)</b>			
Based at Broad Oak	0151 250 5055 0151 220 5082		If unable to help, go back to Switchboard
<b>North West Boroughs Mental Health Scheme - 24/7</b>	0151 676 5263	24 hrs	Medical or trauma pathfinder amber or below, or suitable MTS outcome (PA or PC), aged 18+, registered with Knowsley GP and currently under care of mental health services. Needs to be able to consent to talk with NW Boroughs Partnership. Crews should state 'NWS ambulance on scene'.
<b>Knowsley Home Treatment Teams</b>			
Knowsley 24/7	0151 576 5263	24 hrs	If not available will be diverted to on call practitioner who will return call - when available
St Helens	01744 621 688	24 hrs	
Halton	0151 422 6804	24 hrs	
<b>RLUH Switchboard</b>	0151 706 3520	24 hrs	
<b>Aintree Crisis</b>	0151 529 8228	24 hrs	Will need to be on a ward, or assessed at A&E before referral accepted
<b>Waterloo pd Hub via Central Office (Merseycare)</b>	0151 250 3000		Do not take referrals unless patient is assigned a Community Mental Health Team worker
<b>Clock View Access Team</b>	0151 250 5056		
<b>Whiston</b>	0151 676 5263		Access Team
<b>Whiston Switchboard</b>	0151 426 1600	24 hrs	
<b>Rotunda Day Service</b>		Tuesdays	Accepts GP referral <b>only</b> on Tuesdays
<b>KNOWSLEY DOMESTIC VIOLENCE SUPPORT SERVICES</b>			
<b>The First Step</b>	0151 548 3333		Can Refer via KMBC MARAC Coordinator <b>0151 443 4608</b>
<b>Refuge</b>	0808 2000 247		24 hr National Domestic Violence Helpline
<b>Women's Aid</b>	0808 2000 247		
<b>Men's Aid</b>	0333 567 0556		<a href="mailto:help@mensaid.co.uk">help@mensaid.co.uk</a>

## Clinical Supervision Policy for Registered General Nurses and Clinical Support Staff

<b>Version</b>	V1.1
<b>Supersedes:</b>	New Policy
<b>Date Ratified by Board:</b>	23 <sup>rd</sup> November 2017 (New Policy)
<b>Reference Number:</b>	PC24POL112
<b>Title &amp; Department of originator:</b>	Associate Director of Nursing Governance and Quality
<b>Title of responsible committee/department:</b>	Quality and Workforce Committee
<b>Effective Date:</b>	September 2019
<b>Next Review date:</b>	September 2020
<b>Target audience:</b>	All Registered Nurses, and clinical support staff
<b>Equality impact screening date:</b>	19.10.17
<b>Summary</b>	Clinical supervision is part of the clinical governance agenda, supporting safe, high quality patient care; promoting professional development, and fostering an open culture of learning from areas of best practice focusing on positive and negative areas of practice and replicating best practice.

<b>Version</b>	<b>Date</b>	<b>Control Reason</b>	<b>Title of Accountable Person for this Version</b>
V1	July 2017	New Policy	Associate Director of Nursing
V1.1	22 <sup>nd</sup> July 2019	Policy review refresh to reflect changes: <ul style="list-style-type: none"> <li>• Title of policy to reflect policy now covers clinical support staff</li> <li>• Organisation name change</li> <li>• Section re: training for supervisors</li> </ul>	Associate Director of Nursing

		<ul style="list-style-type: none"> <li>Responsibilities with regard to Agency employees</li> </ul>	
<b>Reference Documents</b>	<b>Electronic Locations (Controlled Copy)</b>	<b>Location for Hard Copies</b>	
Refer to Section 13 for a full list of references.	Primary Care 24 Intranet / Policy Documents and Guidance	Policy File, Wavertree Headquarters	
<b>Consultation: Committees / Groups / Individual</b>			<b>Date</b>
Senior Management Team, Policies Group, Quality and Workforce Committee, Board.			<b>September 2019</b>



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## 1.0 PURPOSE

The purpose of the Guidance is to implement a coordinated and uniform approach to supervision which aims to provide the relevant staffing groups with support enabling them to maintain their individual competencies with a focus on quality and safety of care.

Primary Care 24 recognises that in order to deliver their roles and support the organisation to meet its objectives and maintain the values of the organisation, all employed Registered Nurses, and Clinical Support Staff should be in receipt of Clinical Supervision.

This policy outlines the types and process of Clinical Supervision and requires that all Registered General Nurses and Clinical Support Staff access and participate in appropriately agreed levels of Clinical Supervision.

## 2.0 INTRODUCTION

According to the Nursing and Midwifery Council, NMC (2016), clinical supervision should be available to registrants throughout their careers so they can constantly evaluate and improve their contributions to patient/ client care. Effective clinical supervision allows staff to develop their skills and knowledge by helping them to:

- Identify solutions to problems
- Increase understanding of professional issues
- Enhance understanding of own practice

### **2016 NMC requirement:**

- Clinical supervision allows nurses and midwives to develop their skills and knowledge and helps them improve care (NMC 2008a).

Clinical supervision aims to promote high clinical standards and develop professional expertise by supporting staff, helping to prevent problems in busy, stressful practice settings.

Along with clinical governance, clinical supervision is an essential concept that encompasses the principles of continuous quality improvement.

Everyone is responsible for ensuring quality, but this can only be achieved if enough support is provided to staff in the clinical setting.

This should mean allocating a specific time to do this and putting in place a structured framework to enable the process to take place. Within clinical governance, clinical supervision is a key ingredient in improving quality through staff support and development.

Although clinical supervision is not currently mandatory it is recognised by most professional and other relevant organisations as 'best practice' and should be available to all clinical staff throughout their careers. It can support practice's achieving acceptable CQC inspection ratings - Good and / or Outstanding for 'Safe' and 'Well – Led'.

Therefore PC24 will provide supervision for all Registered Nurses and clinical support staff working in all parts of the organisation (including primary care) who are salaried, as required.

### **3.0 SCOPE**

The policy applies to all Registered Nurses and Clinical Support Staff whether employed within full time, part time bank or fixed term contracts. It does not apply to agency staff. As part of the recruitment process agencies must provide evidence that staff access Clinical supervision. It is not the responsibility of PC24 to provide time or facilities for staff.

### **4.0 DEFINITIONS**

- 4.1 Clinical supervision is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide variety of situations (A dictionary of Nursing 2008).
- 4.2 Clinical Supervision is a designated interaction between two or more practitioners within a safe environment that enables a continuum of reflective critical analysis of care, to ensure quality patient services, and the well-being of the practitioner (Bishop and Sweeney, 2006, cited by Bishop 2007).

### **5.0 DUTIES AND RESPONSIBILITIES**

- 5.1 **The Director of Nursing** is responsible for ensuring that:
  - 5.1.1 Staff are in receipt of regular clinical supervision which meets the needs of the area of service and its staff in accordance with this policy.
  - 5.1.2 There is access to training and development.

- 5.1.3 An annual audit is undertaken to ascertain the robustness and adequacy of the clinical supervision systems and structures.
- 5.1.4 Regular audits will take place to ensure the quality and effectiveness of supervision.
- 5.2 **Head of Service Delivery Units** - have delegated responsibility for:
  - 5.2.1 Recognising the benefits that clinical supervision provides for staff and highlighting staff for which this would be a particularly useful mode of personal and professional development.
  - 5.2.2 Fully responsible for ensuring that effective systems are in place to provide assurance that all aspects of the policy are being applied. They must ensure that staff are aware of the policy and are actively engaging in the process.
  - 5.2.3 Providing time for clinical supervision within working hours.
  - 5.2.4 Providing on-going managerial supervision for all their staff.
- 5.3 **The Associate Director of Nursing and Clinical Nurse Leads for Service Delivery Units** have responsibility for:
  - 5.3.2 Clarifying and agreeing their own role and responsibility within clinical Supervision.
  - 5.3.3 Planning and making time available for clinical supervision.
  - 5.3.4 Acting in the role of clinical supervisor.
- 5.4 **Individual Registered Nurses and Clinical Support Staff** have a responsibility for:
  - 5.4.1 Actively engaging in clinical supervision activities in accordance with the requirements from their professional body and this policy.
  - 5.4.2 Ensuring that they take up supervision to meet their personal and professional development needs.
  - 5.4.3 Recognising that supervision is a positive and effective means of improving performance and supporting development. It is not solely aimed at improving poor performance.
  - 5.4.4 The direction of their supervision and identification of areas of practice that could be explored in a supervisory session.
  - 5.4.5 Maintaining a record of learning from supervision/coaching in their personal professional portfolio.

## **6.0 LEGISLATION AND GUIDANCE**

The following guidance and legislation has been used in the development of this policy and procedure:

- Nursing and Midwifery Council (2016).
- Department of Health (1993).
- Care Quality Commission (July 2013 – Supporting effective clinical supervision).
- Nursing and Midwifery Strategy (2013).
- Sefton and Southport and Formby CCG Policy for Clinical Supervision 2019.

## **7.0 MAIN POLICY CONTENT**

### **7.1 The benefits of Supervision:**

#### **What it is:**

- 7.1.1 A confidential, safe and supportive environment, to critically reflect on clinical practice.
- 7.1.2 A forum for improving the quality of patient care and individual clinical practice through self-reflection and enhanced self-awareness.
- 7.1.3 An opportunity to explore developmental needs and to learn and develop new skills.
- 7.1.4 An opportunity to learn from negative and positive events in order to replicate best practice.
- 7.1.5 An opportunity to express feelings, consider new perspectives and identify solutions.
- 7.1.6 A forum for professional groups to feel supported to minimize professional isolation.
- 7.1.7 An environment that supports the safe high quality delivery of patient centered care.

#### **What it isn't:**

- 7.1.8 Forum for identifying problems without identifying solutions.
- 7.1.9 For resolving personal or professional conflicts.
- 7.1.10 For resolving poor performance or disciplinary issues
- 7.1.11 An opportunity to collude with poor practice or undermine individuals.

### **7.2 Benefits of Clinical Supervision as outlined by Care Quality Commission:**

#### 7.2.1 Benefits for staff:

- It can help staff to manage the personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work.
- It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations.
- It can be one part of their professional development, and also help to identify developmental needs. It can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development (where applicable).

#### 7.2.2 Benefits for service users and carers:

- Clinical supervision can help ensure that people who use services and their carers receive high quality care at all times from staff that are able to manage the personal and emotional impact of their practice.

## 8.0 CLINICAL SUPERVISION PROCESS

### 8.1 Types of Supervision

#### 8.1.1 Informal Supervision

Whilst this policy focuses on the provision of supervision in a formal setting, it is acknowledged that some staff participate in informal supervision with colleagues outside the work setting. This can be a valuable learning experience; however, PC24 requires staff to engage in formal supervision to ensure that it remains a meaningful

And constructive process and to gain maximum benefit for patient care. Episodes of informal supervision will not be recorded as supervision activity.

#### 8.1.2 One to one Group Supervision (suggested models to support supervision)

Supervision can be undertaken as an individual practitioner or with a

group of practitioners. A group can consist of singular or mixed professional/occupational Groups. The principles of group supervision are the same as that of individual supervision. However, greater consideration needs to be made to the establishment

Of ground rules at the start of the process and there should be a shared common purpose between the group members.

Reflective 1:1 supervision will involve a clinical supervisor of your choice and a framework of our choice such as Driscoll model of reflection (2007). See Appendix 1.

Professional Supervision 1:1. Supervision with an experienced practitioner in order to reflect on individual cases management and treatment plans and receive coaching to improve practice and professional development.

Multi-Disciplinary Team (MDT) group supervisors to discuss clinical cases/sharing best practice focusing on MDT approach.

### **8.1.3 Supervision for Nurses**

The Nursing and Midwifery Strategy 2013 encourages the participation of all nurses in clinical supervision. However, it identifies a mandatory requirement for all nurses and midwives at a Senior Level that deliver direct patient care should participate in clinical supervision. Clinical Supervision can be used as evidence as part of Continuing Professional Development (CPD), as this includes coaching/mentoring, but may also be used in individual evidence for practice related development (five pieces of evidence over a three year period) in order to support nurse revalidation.

It is the responsibility of each individual nurse to make arrangements for their supervision which can be undertaken on an individual basis or as part of a group. (See Appendix 2a). Nurses who are undertaking a coaching programme do not need to participate in additional clinical supervision unless they specifically choose to do so. Nurses are expected to undertake a minimum of four clinical supervision sessions per year.

An initial supervision session must be obtained by all clinical staff to ensure a basic understanding of the process, skills and knowledge required. This can be used to develop a plan of action for ongoing reflection. This will be provided by the clinical professional leads

within PC24.

#### **8.1.4 Process for Requesting Supervision**

The process for requesting supervision is outlined in a flow chart in appendix 2a.

### **9.0 CONFIDENTIALITY**

The supervision process is confidential between the supervisor and the practitioner. Any discussion of the content of a supervision session should not be discussed outside of the session without the agreement of both parties. However, should a situation arise where maintaining confidentiality would put patients or others at risk of harm, the supervisor is required to take appropriate action. A contract should be signed by both parties (Appendix2b).

### **10.0 RECORD KEEPING**

Ground rules must be agreed and understood as part of the supervision contract. A record will be kept of the date, time and attendees of each clinical supervision session (Appendix 2c). This will be held by the supervisor and supervisee. The Supervision record and record of activity template in Appendix 2 and 2d are a tool for staff to use. Supervision records may be handwritten or kept electronically and services may devise record templates to suit local needs.

### **11.0 MONITORING AND COMPLIANCE**

All clinical staff:

- Will have participated in clinical supervision within the previous quarter.
- Will have discussed / escalated all safety and safeguarding concerns where appropriate.

An annual audit (See Appendix 4a) will be undertaken on behalf of PC24 board to monitor compliance with this policy and elicit outcomes in relation to clinical supervision performance.

Essential standards of quality and safety – guidance about compliance: what providers should do to comply with Section 20 regulations of the Health & Social Care Act 2008 (CQC 2009) is as follows:

- Supervisory or peer group support arrangements are in place, monitored and reviewed for all staff involved in delivering care, treatment and



support. This is in line with relevant national guidance from professional regulators/bodies, and is monitored and reviewed.

- A support structure is in place for supervision which includes one-to-one or group sessions undertaken at a time and frequency agreed through line management.
- Audit of the Clinic Supervision Process.
- Clinical Supervision compliance and quality will be monitored within the Annual Audit Programme by the Governance and Quality Team.

## **12.0 TRAINING REQUIREMENTS (Refer to Appendix 3 - Training Needs Analysis)**

All staff with a professional registration are responsible for maintaining their own professional competence, according to their own professional accountability.

Clinical staff must maintain a portfolio of clinical practice, this includes evidence of attendance at clinical supervision sessions.

It is the responsibility of UC24 to ensure that training is provided to equip supervisees and supervisors with an understanding of the supervision process and supervisors with the necessary competencies to provide effective clinical supervision.

## **13.0 SUPERVISION AND DEVELOPMENT FOR SUPERVISORS**

Supervisors for registered professionals will have a minimum of two years post registration experience and will undertake a form of taught preparation for their role. This could be a coaching course (or equivalent) with external accreditation but may also be an internal preparatory programme.

- 13.1 Supervisors are accountable for their own development and support. However, they are advised to meet formally with a fellow supervisor at least once yearly for personal development and reflection upon their supervisory skills. Supervisors should hold a personal record of this meeting.

## **14.0 EQUALITIES AND HEALTH INEQUALITIES STATEMENT**

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response

to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. UC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

## **15.0 PERSONAL INFORMATION STATEMENT**

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

## **16.0 REFERENCES**

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## **17.0 APPENDICES**

### **Appendix 1**

#### **Driscoll (1994) Model of reflection.**

##### **WHAT (Returning to the situation)**

- Is the purpose of returning to this situation?
- Exactly occurred in your words?
- Did you see? Did you do?
- Was your reaction?
- Did other people do? e.g. colleague, patient, visitor
- Do you see as key aspects of this situation?

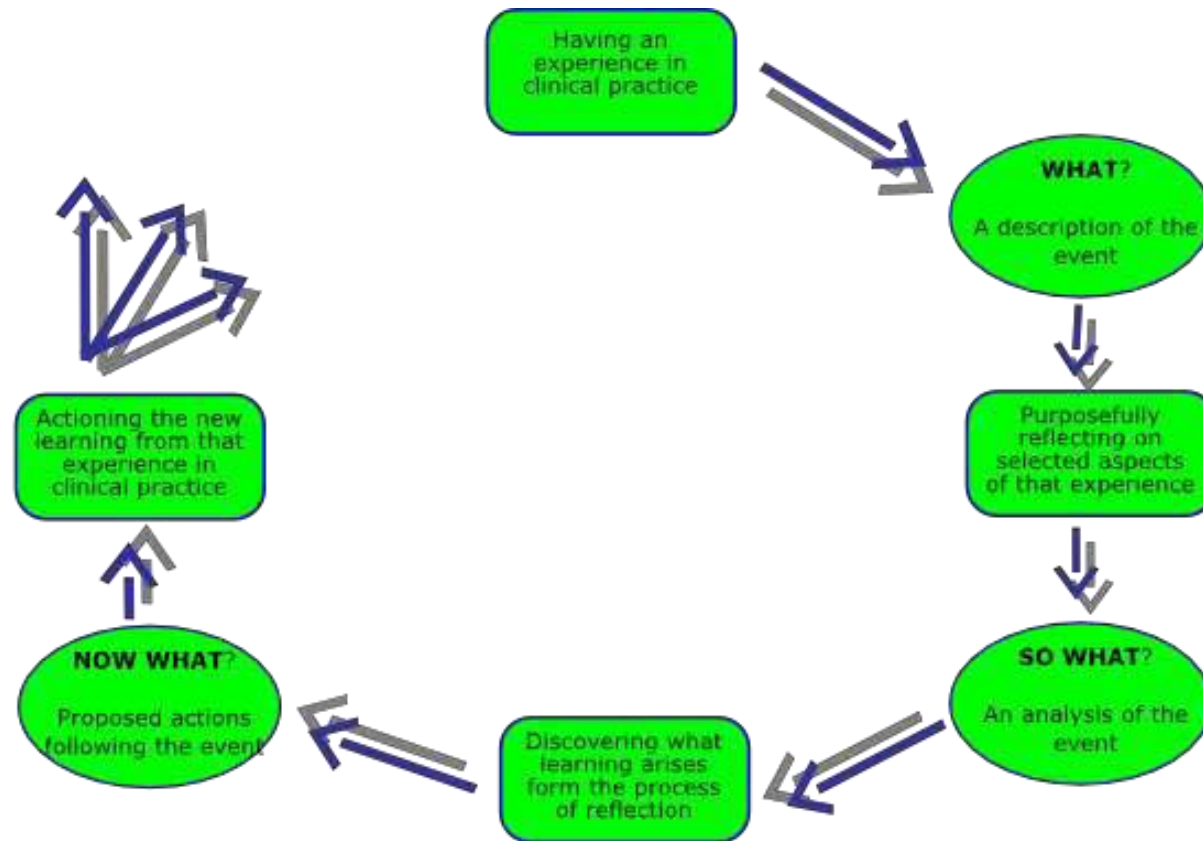
##### **SO WHAT (Understanding the context)**

- Were your feelings at the time?
- Are your feelings now? Are there any differences? Why?
- Were the effects of what you did (or did not do)?
- “Good” emerged from the situation, e.g. for self / others?
- Troubles you, if anything?
- Were your experiences in comparison to your colleagues etc?
- Are the main reasons for feeling differently from your colleagues etc?

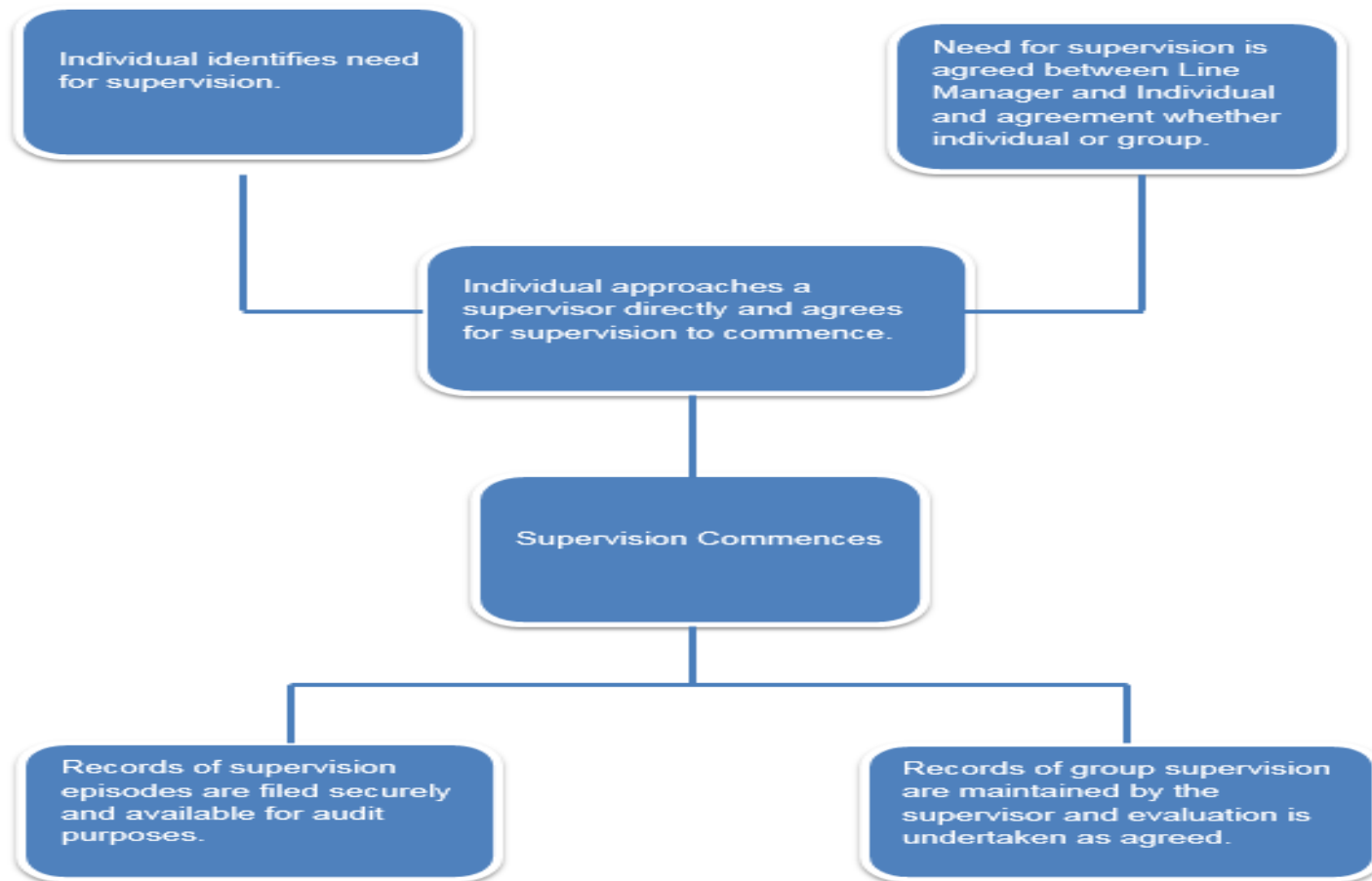
##### **NOW WHAT (Modifying future outcomes)**

- Are the implications for you, your colleagues, the patient etc?
- Needs to happen to alter the situation?
- Are you going to do about the situation?
- Happens if you decide not to alter anything?
- Might you do differently if faced with a similar situation again Information do you need to face a similar situation again?
- Are your best ways of getting further information about the situation should it arise again?

### Driscoll Model of Reflection



Taken from Driscoll (2007), p.44



## **Appendix 2b. Clinical Supervision Contract**

### **SUPERVISOR**

As a supervisor, I take responsibility for:

1. Ensuring a safe environment for the supervisee to discuss their practice in their own way.
2. Helping the supervisee explore, clarify and learn from their own thinking, feelings and perspectives regarding their practice.
3. Giving and receiving open, honest and constructive feedback.
4. Sharing with the supervisee information, experiences and skills appropriately.
5. Challenging professional practice in an open and honest manner.

Signed.....Supervisor. Date.....

### **SUPERVISEE**

As a supervisee, I take responsibility for:

1. Identifying issues for which I need help and asking for time in which to deal with them.
2. Becoming increasingly able to share these issues freely and honestly.
3. Identifying and communicating the type of response, which is useful to me.
4. Becoming aware of my own role and scope and its implications to myself and the organisation and profession for which I work
5. Being open to others feedback.
6. Noticing when I justify, explain or defend before listening to feedback.
7. Informing my line manager of my supervision arrangements.

Signed.....Supervisee. Date.....

## **SUPERVISEE & SUPERVISOR**

We shall take shared responsibility for:

1. Arranging when, where and how long each ensuing supervision session will take place.
2. The frequency of supervision session
3. The limits to and maintenance of confidentiality.
4. Reviewing regularly the usefulness of supervision at agreed and predetermined intervals.
5. Knowing the boundaries of the clinical supervision process
6. Our responsibilities should the boundaries be infringed

Signed.....Supervisee. Date.....



**Appendix 2c Clinical Supervision Record**

<b>Date:</b>	<b>Time:</b>
<b>Name of Attendee:</b>	<b>Name of Group or individual supervisor:</b>

What?	So What?	Now what?
Description of the event or issue	Analysis of the event or issue	Proposed actions and any learning that took place

**Signed:**

<b>Name:</b>	<b>Job Title:</b>	<b>Year:</b>
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**Please record all sessions as they occur, or are cancelled and forward copy to locality manager**

Date	Time	Group	Name	*Reason for cancellation

Type of Training	Target Audience (by division/directorate)	Frequency	Length	Delivery Method	Trainer	Recording attendance	Strategic responsibility	Operational responsibility
What type of training is required?	Identify specific staff groups who need to attend from each Business Unit see below for examples	How often will staff need to attend?	How long will the training take	How will the training be delivered?	Who will deliver the training?	Where are they held, who records attendance?	Who has ultimate responsibility for the Training?	Who makes it happen?
<b>Describe Subject:</b>  Solution Focused Model  Clinical Supervision Gibbs Driscoll reflective cycle  1:1 models of reflection	<b>Adult and Children :</b>  All Registered Nurses Allied Health Care Professionals Clinical support staff	Initial then as required	Half a day session	Group training	TBC	Training Department will hold the training records.  Line mangers keep records on the learning management system  Annual audit	ADoN & AD of HR	All clinical staff  Line Managers  Trainers

<b>Name of team:</b>	<b>Team leader:</b>	<b>Contact no:</b>
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<b>Name of staff in team.</b>	<b>Do you receive Group or Individual supervision or both?</b>	<b>How often do you have</b>	<b>Have you attended clinical supervision training?</b>	<b>Please give a brief description of the learning outcomes and changes in practice that have occurred from your groups.</b>  <b>Please do not use identifiable data.</b>
			Yes / No?	
			Yes / No?	
			Yes / No?	
			Yes / No?	
			Yes / No?	
			Yes / No?	

## Appendix 4b. Clinical Supervision Questionnaire

1. How would you rate the quality of the supervision you have received?			
4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of supervision you wanted?			
1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has this supervision fit your needs?			
4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of supervision, would you recommend this group to him or her?			
1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of supervision you have received?			
1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Has the supervision you received helped you to deal more effectively in your role as a practitioner?			
4	3	2	1
Yes, definitely	Yes, generally	No, not really	No, definitely

7. In an overall, general sense, how satisfied are you with the supervision you have received?			
4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek supervision again, would you come back to this group?			
1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

## Appendix 5. Equalities and Health Inequalities Screening



# Equalities and Health Inequalities – Screening Tool

**Name of Policy: Clinical Supervision Policy For Registered General Nurses**

**Date of Ratification: 23.11.2017**

Version number: V1.0

First published: November 2016

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

Prepared by: Quality & Patient Safety Team.

## Introduction

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

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

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

1. **Age**
2. **Disability**
3. **Gender reassignment**
4. **Marriage and civil partnership**
5. **Pregnancy and maternity**
6. **Race**
7. **Religion and belief**
8. **Sex**
9. **Sexual orientation**

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

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

## Equality and Health Inequalities: Screening Tool

A	General information
A1	<b>What is the title of the activity, project or programme?</b> Clinical Supervision Policy For Registered General Nurses
	<b>What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives.</b> Clinical supervision is a core function that supports safe and effective care and has been recommended as highly important within ongoing NHS policy in documents such as the NHS Plan and Darzi: Next Stage Review (2008) and the Care Quality Commission (CQC) report 'supporting effective clinical supervision' (2013).
	<b>Who will be affected by this project, programme or work?</b>



	Please identify whether the project will affect staff, patients, service users, partner organisations or others.		
	ect equal impact on Registered General Nurses employed by UC24		
<b>B</b>	<b>The Public Sector Equality Duty</b>		
<b>B1</b>	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?		
	Yes	No	Do not know
	Summary response and your reasons: All Registered General Nurses employed by UC24 will have equal opportunities to participate in Clinical Supervision. Clinical supervision in the workplace is a way of using reflective practice and experiences as part of continuing professional development and improving care for patients		
<b>B2</b>	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: As above.		
<b>B3</b>	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: Policy impacts directly and equally on all registered General Nurses employed by UC24		
<b>B4</b>	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: Policy impacts directly and equally on all registered General Nurses employed by UC24		
<b>B5</b>	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: Policy impacts directly and equally on all Registered General Nurses regardless.		
<b>B6</b>	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: Policy impacts directly and equally on all UC24 employed Registered General Nurses regardless.		
<b>C</b>	<b>The duty to have regard to reduce health inequalities</b>		
<b>C1</b>	Will the initiative contribute to the duties to reduce health inequalities?		
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		

	Yes	No	Do not know
	Summary response and your reasons: Organisational policy with an equal direct impact on registered general nursing staff		
C2	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?		
	Yes	No	Do not know
	Summary response and your reasons Organisational policy with an equal direct impact on registered general nursing staff		
D	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?		
D1	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. <sup>1</sup> Please place an X below in the correct box below. Please then complete part E of this form.		
	Yes	Cannot decide	No
E	Action required and next steps		
E1	If a full EHIA is planned: Please state when the EHIA will be completed and by whom. Name: Date:		
E2	If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.  Summary reasons: Additional information required: When will it be possible to make a decision about an EHIA?		
E3	If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below. Summary reasons:		

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

<b>F</b>	<i>Record Keeping</i>		
<b>Lead originator:</b>	Carol Rogers	Date:	19.10.,17
<b>Director signing off screening:</b>	Helen Leyden, Director of Nursing.	Date:	19.10.17
<b>Directorate:</b>	Quality & Patient Safety	Date:	
<b>Screening published:</b>		Date:	

**END OF POLICY**

<b>Title:</b> Report from Quality & Workforce	<b>Meeting Date:</b> 26 September 2019	<b>Agenda item no:</b> 11.1
<b>Prepared and presented by:</b> Paula Grey	<b>Discussed by:</b> Quality & Workforce Committee	
<b>Link to PC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li>✓ Safe</li> <li>✓ Effective</li> <li>✓ Caring</li> <li>✓ Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>✓ Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li>✓ Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• Be assured that the Committee is giving due scrutiny to the information presented to it</li> <li>• Note the main issues from the meeting.</li> </ul>	

### 1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on key matters discussed at the Quality & Workforce Committee meeting held on 18 September 2019.

### 2.0 Matters for Report:

- 2.1 The Committee discussed the development of clinical audit and agreed to collect activity that demonstrate scrutiny of clinical practice and dissemination of learning across the organisation. Internal and external data would be used to develop relevant topics for audit across the organisation.
- 2.2 The Committee received the attached presentation on organisational development and noted the developments which had taken place over the last year. HR would lead the development of an Organisational Development Plan. The presentation given to the Committee is attached for the benefit of those who do not regularly attend the Committee meetings.

### 3.0 Recommendations:

The meeting is invited to:

- Be assured that the Committee is giving due scrutiny to the information presented to it
- Note the main issues from the meeting.

**PrimaryCare:24** 

**HR Team Away Day**  
**12<sup>th</sup> September 19**

- 81% of team new into role in last 12m
- 4 discrete teams, now 1 team
- HR purpose & reputation
- Need organisation People Strategy

# Team Development

- First team event
- Have some fun!
- Purpose / ownership
- Develop HR mission statement
- Skills audit of team



# People Strategy Development

- Health & social care agenda – workforce implications
- NHS Long Term Plan
- NHS Interim People Plan
- PC24 Strategic Business Plan 2019 – 2021 (employer of choice)
- Golden thread / line of sight - patients

# Key Themes Identified

- Inclusion, engagement and involvement
- Leadership and management development
- Health and wellbeing
- Influence and impact on Community
- Overall aim - attract, develop and retain great people

# Inclusion, engagement and involvement

- Develop and embed values
- Develop Staff Forum - People Champions
- Staff surveys
- Inclusion programme
- Fair & Just Culture runs throughout

# Leadership and management development

- Executive and Board development
- Develop senior management development programmes
- Review & re-launch PDR process
- Undertake organisation learning needs analysis

# Health and wellbeing

- Develop a calendar of events
- Develop programme to support mental health
- Develop resilience of staff
- Reward and recognition practices and schemes

# Influence and impact on Community

- Develop work experience programmes
- Career development with schools & under-represented groups
- Volunteering – in / out

# Next Steps

- September & October - engagement with key stakeholders
- October - draft People Strategy & 12m workplans
- November – present to Q&W Committee and Board
- November – all HR team PDR's completed (line of sight)
- December – launch Strategy
- Strategy live 2020 - 2023

<b>Title:</b> Report from Finance and Performance	<b>Meeting Date:</b> 18.9.2019	<b>Agenda item no:</b> 11.2
<b>Prepared and presented by:</b> Paul Cummins / Jay Carr	<b>Discussed by:</b> Finance and Performance Committee	
<b>Link to UC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li>✓ Safe</li> <li>✓ Effective</li> <li>✓ Caring</li> <li>✓ Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>✓ Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li>✓ Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• be assured that the Committee is giving due scrutiny to the information presented to it;</li> <li>• note the main issues from the meeting.</li> </ul>	

## 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 September 18<sup>th</sup> which the Committee agreed should be brought to the Board's attention.

## 2.0 Matters for Report

- 2.1 The Committee noted the good and consistent OOHs performance for the months of August with five areas of partial compliance;
- 2.2 The Committee noted the continued increase in OOHs activity in August and some areas of pressure noted around weekends;
- 2.3 The Committee noted the continuing delivery of Extended Access services in Liverpool and St. Helens;



**2.4** The Committee were reassured by the continued presentation of accurate information relating to service delivery and finance.

### **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.

<b>Title:</b> Report from Audit Committee	<b>Meeting Date:</b> 26 September 2019	<b>Agenda item no:</b> 11.3
<b>Prepared and presented by:</b> Kathryn Foreman	<b>Discussed by:</b> Audit Committee	
<b>Link to PC24 Values:</b> <ul style="list-style-type: none"> <li>✓ Providing quality patient services</li> <li>✓ Being an excellent employer</li> <li>✓ Working collaboration to achieve positive system change.</li> </ul> <b>CQC Domain References</b> <ul style="list-style-type: none"> <li>✓ Safe</li> <li>✓ Effective</li> <li>✓ Caring</li> <li>✓ Responsive</li> <li>✓ Well-led</li> </ul>	<b>Resource implications:</b>	
	<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>✓ Assurance</li> <li><input type="checkbox"/> Decision</li> <li><input type="checkbox"/> Discussion</li> <li>✓ Noting</li> </ul>	
	<b>Decisions to be taken:</b> The meeting is invited to: <ul style="list-style-type: none"> <li>• Be assured that the Committee is giving due scrutiny to the information presented to it</li> <li>• Note the main issues from the meeting.</li> </ul>	

## 1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on key matters discussed at the Audit Committee meeting held on 6 September 2019.

## 2.0 Matters for Report:

- 2.1 The Committee met with external auditors to discuss the Financial Accounts and associated documents. This will be a separate item on the Board agenda.

## 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.