

PRIMARY CARE 24 (MERSEYSIDE) BOARD MEETING (OPEN)

DATE: 25 July 2019

TIME: 10.30am

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:	CR	Verbal
4.	Minutes of the meeting held on 30 May 2019		1 – 7
5.	Matters arising, action list progress and Corporate Risk Register		8 – 9
6.	Chairman and Non-Executives' Report		
6.1	Chairman's Report	SH	Verbal
6.2	Nomination & Remuneration Committee report	SH	Verbal
7.	Chief Executive		
7.1	Chief Executive's Report	MR	10 – 11
8.	Performance		
8.1	Integrated Performance Report	Executive Team	12 – 34
9.	Strategy		
9.1	Board Assurance Framework	PKF	35 – 70
10.	Governance		
10.1	Policy for approval	MS	71 – 119
10.2	Updated Terms of Reference	MS	120 – 122

11. Committee Reports

11.1	Quality & Workforce 17 May 2019	PG	123 – 124
11.2	Finance & Performance 17 May 2019	PC	125
11.3	Audit Committee 5 June 2019	KF	126 – 127

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: **26 September 2019**
Time: **10am**
Venue: **Primary Care 24 Board Room**

Board Meeting:	Open Session		
Venue:	Boyd Room, PC24		
Date:	28 March 2019		
Time:	10.00am		
Attendees:	Apologies:	Date of Next Meeting:	
Executives (EDs) 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> Non-Executive Directors (NEDs) Steve Hawkins (SH) – <i>Chairman</i> Paula Grey (PG) Kathryn Foreman (KF) Paul Cummins (PC) In attendance: Margaret Swinson (MS) – <i>Company Secretary</i> <i>V indicates a voting member of the Board</i>		25 July 2019	

Item		Action
1.	Welcome, apologies for absence and opening comments SH opened the meeting, thanking everybody for attending, there were no apologies.	
2.	New declarations of interest There were no new Declarations of Interest to note.	
3.	Patient Story PC presented an anonymised patient story about an 8 year old child. The story demonstrated the complexity of the population using the Asylum Service and highlighted the issues being handled by front line staff. It also resulted in a change of process at PC24 which has improved the service. Other areas had now come under review including the use of the telephone interpreting service, the need for awareness of traditional treatment methods and the influence of family members present during consultations involving a child. As a result of case PKF and SO, along with Sarah Wilks (Safeguarding GP), had arranged to lead a training event in September.	
4.	Minutes of the meeting held on 31 January 2019 The minutes were agreed as an accurate record with the following amendments: <ol style="list-style-type: none"> SO should be titled Medical Director, not <i>Interim</i> Medical Director Under Para 8.1 – Operations - JC reported <u>we</u> services. Remove 'we'. 	

	<p>3. Para 11.1 – The vacancies in the HR team <u>has</u> been – Amend to ‘have’.</p> <p>4. Para 8.2 – 4th paragraph “KF commended the finance team”, KF would like to add “their rigour which picked up all the recommendations from the internal audit report into budget setting”.</p>	
5.	<p>Matters arising and Action Log progress</p> <p>Action 1: Migrant Health Campaign Support: A letter has been drafted and sent. The representatives at Migrant Health Campaign fed back they were grateful for our organisations involvement.</p> <p>Action 2: ‘How we do things’ This document has been rebranded. MS informed the Board further changes may be required to the Board Terms of Reference pending work around staff representation.</p>	
6.	<p>Chairman and Non-Executives’ Report</p> <p>6.1 Chairman’s Report</p> <p>The Chairman reported he had a meeting scheduled with Beatrice Fraenkel, Chair of Mersey Care, and would update the Board at its meeting in July.</p> <p>He had visited the Sefton Practices with PC who added that PC24 staff appeared well integrated with other organisations with whom they shared centres.</p> <p>The Chairman suggested that PC24’s outward facing work needed to be prioritised and where possible consistent attendance. MR explained that this task had been allocated to the Communications Manager as a priority and differences would be seen over the next few months.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the Chairman’s report. 	
7.	<p>Chief Executive’s Report</p> <p>7.1 Chief Executives Report</p> <p>MR reported that:</p> <ul style="list-style-type: none"> Since the Board meeting in March, demand and performance had remained steady. The system experienced an increase in demand - between 7% and 9% across all A&Es, but staffing had not been increased. Members of the Executive Team had been attending the Capability Workshops run by the CCG and mandated by the centre. MR and JC met with Mersey Care and Dr Rob Barnett from the Liverpool Local Medical Committee to discuss the possibility of working together to deliver Urgent Treatment Centres. The Children’s Transformation Board had also been included in an offer sent by letter to the Responsible Officers of Liverpool, Knowsley and Sefton. Sefton had replied positively and no response had been received from Liverpool or Knowsley. Phase 2 of the UTC development process would be the narrowing down of the current options appraisal. The first Sefton Implementation Board meeting had taken place chaired by PC. This Board provided direction and scrutiny to the Sefton Implementation Team. Since the last Board PC24 had been informed that it was not successful in its bid for the APMS practices in Liverpool. MR and the HC had met with Tony Leo, NHSE. Although there was, as yet, nothing to report from that meeting, MR was pleased to report that the funds for the 2018/19 financial year had been received. 2 successful Start of the Year events had taken place on 15 May and were well attended and appreciated. Links with the Merseyside Society for Deaf People would continue. 	

	<ul style="list-style-type: none"> MR formally welcomed Susan Westbury as the new Associate Director HR and OD. <p>The following points were made in discussion:</p> <ul style="list-style-type: none"> The Start of the Year Events had provided a good opportunity to meet people from across the organisation and to relay thanks to those delivering front line services. The subject matter had been appropriate, good and inspiring. With the transfer from NHSE to South Sefton CCG and the potential merger of CCGs, strategic relationships remained important. Mike Palin (CEO for St Helens) had been appointed City Region lead for Health and Wellbeing. Attempts to harmonise as much as possible across Knowsley, Sefton and Liverpool had cooled off. <p>The Board:</p> <ul style="list-style-type: none"> Noted the Chief Executive's Report and the input from Board members. 	
8.	<p>Performance</p> <p>8.1 Integrated Performance Report</p> <p>Operations: JC reported</p> <ul style="list-style-type: none"> Out of Hours continued to perform well. Extended Access fill rates in St Helen's were lower than Liverpool and needed to be increased in order to avoid financial penalties. Primary Care Streaming continued to show non-compliance but this was expected. The reduction in appointment utilisation at Alder Hey was expected during these months. Primary Care IUC performance reflected the ongoing work on the implementation plan. A work-stream on branding and signage was underway. <p>In discussion:</p> <ul style="list-style-type: none"> PG drew the Board's attention to the ongoing lack of a salaried GP at Maghull. Work on recruitment was ongoing but this did present a risk for the practice in respect of the immanent re-inspection of the practice by CQC. KF asked that an email be sent outlining the recent appointments and, if possible, providing an updated organogram. <p>Governance: PKF reported</p> <ul style="list-style-type: none"> A new Quality Governance Dashboard had been introduced at the recent meeting of the Quality & Workforce Committee. The web based server for Datix had gone live and was available to all sites. The Quality Governance Group and sub groups had now met. A regular report would be made to the Q&W Committee. 	

The Chairman thanked PKF for the Café Workshop he attended recently which had been both interesting and enjoyable. He also thanked PKF for his leadership in the department.

Finance & HR

Finance: HC reported

- As was customary, there was no Month 1 finance report due to the focus on the year end and 2019/20 budgets. Budgets were being presented differently this year and accountability forms had been sent to budget holders. The process had been helpful in increasing understanding the budget setting process and highlighting discrepancies.
- On the draft year end position which showed a surplus of £169k subject to the audit which was in progress.
- Main items of spend in month 12 were one off items which had been planned for in IT, office refurbishment and training.
- The final position for Sefton showed a £729k overspend, however, after further analysis and the removal of premises costs and prior year items the adjusted figure was £680k overspent.
- Out of Hours closed the year with a £421k surplus, £200k behind plan. Savings plans had been put in place for the 2019/20 year.
- The planned £263k efficiency target had been overtaken by the generation of new income and achievement closed at £1.3m – not all recurrent.
- A Senior Project Manager role had been advertised and a Project Management Team structure would be reintroduced.
- Longer term considerations depended on the outcome of the IUC bidding process which would be undertaken in 2020.

MR commented that attempts had been made to have Out of Hours considered the 13th Neighbourhood but the 12th Network now appeared to be the appropriate terminology. She had been in contact with Cheryl Mould about the lack of interest in collaborative night working. Future proposals might also include the Local Solutions night service.

HR: SW reported

- Obtaining reliable sickness absence statistics remained a challenge
- Turnover remained consistent over the last 8-10 months
- Mandatory training was below target with 84% compliant. The new training team had introduced a more responsive monitoring system
- The PDR/appraisal process required a review and would then be relaunched
- One employee relations matter had been identified as a potential Employment Tribunal risk. An early conciliation request had been received from ACAS and an update would be provided through the Quality & Workforce report to the next Board meeting
- The review of Terms and Conditions, Pay, Job Evaluation, staff engagement and a people strategy were the priorities for the next 12 months. There was currently no mechanism for assessing staff engagement but a staff survey was planned.

	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the reports from the Executive Team • Thanked them for their updates 	
9.	<p>Strategy</p> <p>9.1 Board Assurance Framework</p> <p>PKF introduced the Board Assurance Framework (BAF). Currently the Board received the detailed information included in the Integrated Performance Report but this was not aligned to the strategic plan or the risk registers.</p> <p>The BAF would direct the Board's attention to the risks which were key to the achievement of the strategic objectives. This facilitated the development of a risk based audit work cycle and ensured an appropriately high level appreciation of organisational risk.</p> <p>PKF circulated a self-assessment tool which members were encouraged to complete. This would come to the Board in July together with the first draft of the proposal.</p> <p>In discussion, the Board noted that this approach generated a mature discussion and wove the themes from both corporate and operational teams together.</p> <p>The Board affirmed the plan and agreed to have a more in depth discussion at the July meeting.</p>	
10.	<p>Governance</p> <p>10.1 Policies for Approval</p> <p>Overpayments</p> <p>The Board considered the Overpayments Policy which set out the process already being applied in relation to any cases where an employee received more through payroll than was their entitlement. One minor amendment would be made to reflect the particular rules regarding underpaid National Insurance.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the policy and • took assurance that the Policy Group was monitoring progress in relation to the existing policies. <p>Controlled Drugs Policy</p> <p>The Controlled drugs policy had been a major undertaking and the Board thanked Sarah McParland, PC24 Medicines management lead, for her work on the policy, and also Carol Rogers for the support given to Sarah for this and the Non-Medical Prescribing Policy.</p> <p>The Board noted that the policy was supported by a number of SOPs, drafts of which were included at the back of the policy for indicative purposes only.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the policy. <p>Non-Medical Prescribing</p>	

	<p>The Non-Medical Prescribing policy had been prepared in readiness for PC24 engaging a cohort of prescribers who were not GPs. The processes and checks were required in order to comply with legislative and professional requirements.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the policy. <p>10.2 Terms of Reference</p> <p>MS reminded the Board that it was good practice to review the TOR on a regular basis. An updated set of TORs was attached which incorporated the changes necessitated by the adoption of the new Rules and the change of name.</p> <p>MS suggested that the TORs be amended to remove individual Executive Director job titles and, instead, to refer to the 'Executive Directors duly appointed'. She also indicated that the section on staff representation needed review as different mechanisms had been tried but had not been successful. This might be linked to the work on staff engagement more broadly.</p> <p>KF highlighted under the duties and responsibilities of the Board, that there was no mention of being an employer of choice, as set out in the organisation's values. She suggested amendment was needed in this regard.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Agreed to review the TOR regularly; • Agreed to amend as per the recommendation above. 	
11.	<p>Committee Reports</p> <p>11.1 Quality & Workforce</p> <p>PG presented the report highlighting:</p> <ul style="list-style-type: none"> • Implementation of the Datix cloud upgrade which enabled access from all sites. • Progress against the Sefton CQC action plan, and in particular the ongoing need for a salaried GP in Maghull. • Achievement of the CQUIN in relation to Safeguarding. • That the implementation of the recommendations Core Review B report from Audit South West would be monitored through the Committee. • The recommendation of two policies to the Board for approval. <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it; • Noted the main issues from the meeting. <p>11.2 Finance and Performance Committee Report</p> <p>PC presented the report highlighting:</p> <ul style="list-style-type: none"> • The commencement of work on a specification for out-sourced payroll provision which would feed into the procurement of a new payroll provider. • The recommendation of the Overpayments Policy to the Board for approval. 	

	<p>The Board:</p> <ul style="list-style-type: none"> Was assured that the Committee was giving due scrutiny to the information presented to it Noted the main issues from the meeting. 	
12.	<p>Any Other Business</p> <p>There being no other business, the meeting concluded.</p>	

Date of next meeting: 25 July 2019

Time: 10am

Venue: The Boyd Room at PC24

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

Action No.	Board Meeting reference	Action Required:	Due From:	Required by:	Comments
1.	28.3.19 Item 10.3	Regulations 'How we do things here' document to be re-branded and updated	MS	July Board	Completed pending work on staff engagement and Board attendance
2.	30.5.19 Item 8.1	Comms to go to NEDs with the new appointments made	Admin	Asap	Completed
3.	30.5.19 Item 10.2	Terms of Reference: MS to update the TORs and bring to the Board for approval	MS	July	On the agenda

Corporate Risk Register Part 1 - Open

Title	Ref	Local Risk Register	Handler	Description	Consequence (initial)	Likelihood (initial)	Rating (initial)	Controls	Consequence (current)	Likelihood (current)	Rating (current)	Gaps in controls	Level of assurance	Opened	Review date
Risk Type: Corporate Risk															
OOH	CR17	IUC	Dir SD	Fulfilment of GP rotas for all services not achievable	Major	Possible	12	Robust rota management by IUC & PCS teams to enusre rotas filled Ongoing recruitment of GPs Focus on multidisiplinary working in all areas, where possible State 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	Major	Unlikely	8	Lack of GPs nationally continue to impact Continued agency usage risks last minute cancellations	High	27/04/2017	Reviewed 18/7/2019
Finance	CR23	Corporate risk	DoF	Potential impact of IR35 inclusion of Associate workforce could lead to significant financial pressure on UC24	Major	Possible	12	Staying close to local decision making for England / OOH providers	Major	Possible	12	HMRC have yet to make a decision on England though some nearby providers have been incorporated into IR35	Low	22/11/2018	Reviewed 18/7/2019
Corporate	CR31	Corporate risk	CEO	Re-configuration of Urgent Care services across C&M could lead to loss of business and / or independence for PC24	Major	Possible	12	Present at Provider Alliance, which is likely to be delivery method of choice Continued relationship building with Merseycare Visiable in Urgent Care space Members of LPA working group on Urgent Care delivery	Major	Possible	12	No specification yet issued for new configuration Public consultation will be required	Medium	23/11/2018	Reviewed 18/7/2019
Corporate	CR33	Corporate risk	CEO	Creation of Primary Care Networks and moves towards preferential contract allocation to them may impact on current PC24 business, our potential to bid for work and finanical stability	Major	Possible	12	Medical Director has become Clinical Director of a PCN, allowing intelligence and decisions to be communicated early. Ongoing monitoring of NHSE / I communication relating to Networks.	Moderate	Unlikely	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	18/07/2019
Wider NHS environment	CR30	Corporate Risk	Board	Introduction of ICS working makes PC24 independence more difficult and risks financial sustainability	Moderate	Possible	9	PC24 members of Liverpool Provider Alliance PC24 members of Integrated Care Partnership Boards	Moderate	Possible	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	Reviewed 18/07/2019

Title: Chief Executive's report	Meeting Date: 25 th July 2019	Agenda item no: 7.1
Prepared and presented by: Dr Mary Ryan	Discussed by: Executive Team	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • note the Chief Executive's Report. 	

1.0 Purpose

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

2.0 Matters for report










































- 2.1 Since my last report in May, we have noted an overall increase in demand across our OOH service compared to last year. This appears to mirror the same increase across the acute system. To date, we have managed within current staffing and without any significant deterioration in NQRs, but this situation will be kept under review.
- 2.2 The North Mersey Urgent Care review has completed its initial work and is now progressing to a) developing a clinical model and b) consulting with the public. The plan is to commission Urgent Treatment Centres by the end of the year. PC24 representatives are staying close to this work.
- 2.3 There was also a positive response from the Accountable Officers of local CCGs to our offer (with MerseyCare and Primary Care Networks) to provide the UTC work. Despite this positive response, the exact method of commissioning for UTCs has yet to be decided. We await further information.

- 2.4** Sefton Transformation is continuing and overall the plan is GREEN for progress.
- 2.5** Our new service in St Helens was mobilised successfully and is not proving difficult so far. Commissioners have been positive and we will continue to stay close to further opportunities in this area.
- 2.6** We have issued formal notice to St Joseph's Hospice in Sefton, via the CCG, that we will not be able to register their patients at our Thornton practice. This is due to significant safety concerns. The CCG and NHSE are fully aware of this decision and we are working closely with them.
- 2.7** We have been commissioned by Liverpool CCG to lead on a piece of work relating to options for providing a primary care service in Liverpool for refugees and asylum seekers. This will be done in collaboration with Doctors of the World. We are hoping to recruit a post graduate student for this work, in conjunction with the University of Liverpool.
- 2.8** I attended the annual UHUK CEO meeting and workshop in Cumbria in June. This was a useful networking opportunity and some good ideas were noted, including an opportunity for us to develop our home working offer.
- 2.9** The executive team held a 2nd development day with an external facilitator in June. Again, this was helpful in crystallising thoughts and ideas and solidifying the team.

3.0 Recommendations

The meeting is invited to:

- note the Chief Executive's report.

Service Delivery	App. ref	Target	YTD (from Apr)	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Trend	Jul-19 Forecast	Exception Report Number
Integrated Urgent Care																		
OOH NQR 8 Calls answered in 60secs	1	95%	95.2%	94.5%	96.4%	90.3%	89.1%	92.3%	88.3%	91.7%	92.1%	94.4%	94.5%	94.7%	96.4%		97.9%	IUC001
OOH NQR 9 - Urgent DCA 20mins	1	95%	94.7%	94.6%	94.9%	97.4%	94.1%	94.2%	92.7%	91.5%	93.0%	94.2%	94.8%	95.3%	93.9%		97.0%	IUC002
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	85.5%	88.5%	92.4%	93.8%	89.8%	83.7%	68.9%	75.5%	81.4%	89.1%	87.5%	84.7%	84.4%		93.5%	IUC003
OOH NQR 12 - Home Visits - Total	1	95%	90.3%	90.7%	92.9%	95.2%	92.5%	90.0%	76.6%	81.2%	89.6%	93.9%	93.6%	89.6%	87.8%		96.2%	IUC004
OOH NQR 12 - UCCs - Total	1	95%	99.0%	99.8%	99.9%	99.4%	99.5%	99.3%	98.1%	99.3%	99.6%	99.1%	99.1%	98.7%	99.3%		99.3%	
OOH activity	1	n/a	20,126	5,294	5,247	5,528	5,584	5,681	7,854	6,633	6,018	6,547	6,800	6,975	6,351		5,929	
Alder Hey Primary Care Streaming - appointment utilisation	2	50%	45.3%	52.9%	41.0%	52.3%	57.7%	71.0%	54.4%	64.5%	64.1%	63.9%	47.9%	47.9%	40.2%		45.3%	IUC005
Alder Hey Primary Care Streaming - average consultation length	2	15mins	17:39	15:16	14:14	15:00	16:09	14:01	15:34	14:42	16:26	16:25	19:07	17:17	16:33		17:39	IUC006
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	69.1%	60.9%	46.2%	43.8%	67.1%	77.7%	66.4%	70.9%	70.3%	57.3%	74.9%	62.3%	70.1%		69.1%	IUC007
Aintree Primary Care Streaming - appointment utilisation	3	50%	39.1%	45.7%	36.9%	36.4%	36.3%	34.9%	35.1%	37.7%	39.3%	40.1%	34.2%	41.8%	41.2%		39.1%	IUC008
Aintree Primary Care Streaming - average consultation length	3	15mins	16:49	16:54	16:43	21:23	16:27	16:45	16:27	16:02	16:58	17:49	17:50	16:56	15:41		16:49	IUC009
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	85.5%	70.4%	68.4%	87.5%	91.6%	91.6%	89.1%	93.9%	88.3%	96.8%	87.6%	88.6%	80.2%		85.5%	IUC010
RLUH Primary Care Streaming - appointment utilisation	4	50%	56.7%	57.0%	49.2%	58.8%	54.3%	56.9%	56.3%	57.5%	55.0%	62.4%	55.1%	56.9%	58.1%		56.7%	
RLUH Primary Care Streaming - average consultation length	4	15mins	19:34	18:59	19:23	17:57	20:05	17:38	18:17	18:42	18:24	19:27	19:34	19:14	19:55		19:34	IUC011
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	82.4%	85.8%	76.9%	93.9%	83.1%	91.0%	81.1%	84.5%	91.4%	86.0%	83.5%	88.9%	74.7%		82.4%	IUC012
Knowsley Services - Home visits in 1, 2 and 6 hours	5	95%	99.7%	99.3%	100.0%	100.0%	97.1%	99.4%	99.1%	100.0%	99.1%	98.3%	100.0%	99.1%	100.0%		100%	
Knowsley Services - patients seen within 30 minutes of scheduled appt	5	95%	98.9%	99.0%	98.1%	97.8%	98.8%	99.2%	98.1%	98.6%	98.8%	99.4%	98.9%	98.8%	98.9%		99%	
Intermediate Care Service - consistent medical provision	6	90%	99.8%	100.0%	100.0%	100.0%	100.0%	98.5%	97.2%	91.0%	100.0%	99.5%	99.5%	100.0%	100.0%		100%	
Liverpool Extended Access - utilisation rate of available appointments	7		68.1%				42.9%	58.0%	72.6%	77.5%	75.7%	64.3%	70.2%	69.1%	64.9%		72%	
Liverpool Extended Access - DNA rate of booked appointments	7		7.9%				9.3%	8.4%	7.4%	8.9%	9.1%	8.2%	7.7%	7.5%	8.4%		6%	
Liverpool Extended Access - Clinical rota shift fulfilment	7		92%				77%	86%	82%	76%	92%	80%	94%	78%	102.9%		92%	
St Helens Extended Access - utilisation rate of available appointments	7		71.8%				32.4%	43.6%	68.3%	78.3%	75.8%	72.8%	65.1%	74.1%	76.1%		83%	
St Helens Extended Access - DNA rate of booked appointments	7		14.4%				6.3%	9.1%	13.2%	13.0%	15.0%	14.1%	14.4%	14.6%	14.3%		11%	
St Helens Extended Access - Clinical rota shift fulfilment	7		65%				87%	75%	50%	78%	70%	78%	71%	61%	63.9%		65%	
Primary and Community Services																		
Asylum service - number of arrivals in month (EMIS reporting from Apr 2018)	8	n/a	1,117	453	457	418	533	531	444	494	452	482	358	379	380		372	
Finance																		
Income variance against plan (£000's)	9	0	-18	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	21	-22	-16		-6	FIN001
Cost variance against plan (£000's)	9	0	188	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	3	39	146		21	
Net variance against plan (£000's)	9	0	171	-65	-80	-51	73	-7	39	31	52	-600	23	17	130		20	
Net income/(deficit) (£000's)	9	170	297	-54	-97	-47	194	109	155	147	169	-403	41	80	176		61	
Total cash (£000's)	10	1,500	2804	923	1,360	978	1,156	955	1,245	766	948	1,433	1,544	1,810	2,804		1,800	
Efficiency programme vs target	11	95%	3%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	3%		0%	FIN002
Quality and Patient Safety																		
Friends and Family - likely / extremely likely to recommend (includes paper surveys at Knowsley in-hours services from June 2018; 3 Sefton practices from March 2019)	12	85%	88.6%	89.4%	92.5%	89.4%	85.7%	88.3%	86.5%	89.4%	85.8%	87.2%	89.3%	89.9%	86.6%		84%	
Compliments received in month	12	n/a	17	1	3	2	10	8	1	1	3	3	3	10	4		6	
Complaints received in month	13	n/a	22	7	10	6	11	2	5	10	6	8	8	6	8		7	
Complaints not resolved within 25 working days	12		13	7	9	3	10	9	5	17	7	7	5	6	2		4	
Incidents recorded in month	12	n/a	219	79	72	66	86	87	81	90	65	74	95	74	50		73	
Safeguarding incidents recorded	12	n/a	25	0	1	1	4	4	4	6	9	6	15	2	8		8	
Workforce																		
Sickness rate	14	5% annually	Data not available	Reliable data not yet available from RotaMaster													Reliable data not yet available	
Staff turnover rate	14	20% annually	16.2%	20.0%	16.6%	15.2%	16.0%	17.2%	15.5%	14.8%	15.4%	16.4%	16.0%	16.6%	15.8%		16%	
Mandatory training compliance (employed staff only) (new reporting method in use from April 2019)	14	95%	90.0%	87.7%	86.3%	87.7%	88.9%	88.2%	Not supplied	Not supplied	Not supplied	Not supplied	84.2%	91.6%	94.2%		95%	WOR001
Appraisal compliance	14	95%	3.3%	31.9%	32.2%	33.8%	34.0%	35.5%	34.5%	32.0%	47.5%	50.0%	0.0%	1.1%	8.7%		12%	WOR002

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Partial and full compliance against NQR 8 - Calls answered within 60 secs	May's performance consistent with previous month. New staff have now commenced in post which has seen an improvement in this area throughout June.	Head of Service	July 2019
IUC002	Full and non-compliance against NQR 9 - Urgent DCA	Activity levels have decreased throughout June. 2 Challenging weekends throughout the month have impacted on NQR performance. Month to date NQRs for July are demonstrating a significant improvement across all areas.	Head of Service	July 2019
IUC003	Non-compliance against NQR 9 - Less urgent DCA	See IUC002	Head of Service	July 2019
IUC004	Non-compliance against NQR 12 - Home visits	See IUC002	Head of Service	July 2019
IUC005	Non-compliance against Alder Hey Primary Care Streaming appointment utilisation	Continued decrease in appointment utilisation, Exclusion criteria has been highlighted as a limitation. This is being investigated jointly between PC24 and AHCH.	Head of Service	July 2019
IUC006	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.	Head of Service	July 2019
IUC007	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	Salaried GP has resigned from their post impacting on shift fulfilment. Ongoing recruitment in place to backfill this post.	Head of Service	Aug-19
IUC008	Non-compliance against Aintree Primary Care Streaming appointment utilisation	Low utilisation rates continue, however remains consistent with previous months. Aintree ED are reviewing their front door triage process in an attempt to increase the amount that can be streamed to PC24.	Head of Service	July 2019
IUC009	Partial compliance against Aintree Primary Care Streaming average consultation length	See IUC006	Head of Service	July 2019
IUC010	Non-compliance against Aintree Primary Care Streaming shift fulfilment rate	Monday - Friday have 95%+ coverage with GPs however the gaps in service are at the weekend. Further work is underway to recruit further clinicians.	Head of Service	July 2019
IUC011	Non-compliance against The Royal Primary Care Streaming average consultation length	Following discussions with the RLUH appointment times were extended to 20 minutes. This has since been changed back to 15 minutes. Meeting arranged with the RLUH to discuss further due to concerns to clinical safety.	Head of Service	Aug-19
IUC012	Non-compliance against The Royal Primary Care Streaming shift fulfilment rate	Monday - Thursday have 100% coverage with salaried GPs following a successful recruitment campaign. Areas of pressure remain weekends.	Head of Service	July 2019
FIN001	Negative Variance against plan for year to date budget position.	The year to date income position is behind plan by £18k. Plan includes an estimate for contract inflation which has yet to be agreed with commissioners.	Head of Finance	Ongoing
FIN002	Efficiency programme below target	The efficiency plan has been set, but as yet limited achievements have been reported. The majority of the plan relates to a reduction in Agency GP usage and Sefton Transformation.	Head of Finance	Ongoing
WOR001	Non-compliance against PC24 staff mandatory training compliance	A piece of work has taken place to fully review the recording, monitoring and prompting process around staff training modules. As a result the reported information is now considered robust and the compliance levels are expected to rise over the next few months as the new process fully embeds into the organisation.	Associate Director of HR	July 2019
WOR002	Non-compliance against PC24 appraisal target	Appraisal completion has been agreed at operational level. OOH's have scheduled a deadline for end of July 2019 for all operational staff appraisals; Primary Care have given assurances that only a minimal number of appraisals are outstanding and will be completed by end of September. The records held on RotaMaster will be updated to reflect completion	Associate Director of HR	July 2019

IPR Narrative report - 2019/20 as at Month 3 (June)

Service Delivery	Integrated Urgent Care	<ul style="list-style-type: none"> • OOH: Activity levels have decreased throughout June. St Helens OOHs went live 1st July, this has supported an improvement in NQR performance for July.
		<ul style="list-style-type: none"> • Extended Access: Liverpool – Shift Fulfilment at 101%, utilisation remains consistent at 64%. All unused appointments for weekends are being made available for NHS 111 Direct Booking. St Helens – Shift fulfilment and utilisation remains consistent. Ongoing discussions with commissioners in relation to DNA rates across the service. All unused appointments for weekends are being made available for NHS 111 Direct Booking. Knowsley – Continued strong performance with fully compliant KPIs.
	Primary and Community Services	<ul style="list-style-type: none"> • Asylum practice: Activity levels have increased slightly throughout June. Activity levels are 9.5% higher than the same period the previous year. • Sefton GP practices: Overall performance remains consistent across the practices. QoF position for the first quarter is ahead of plan. Care Navigator training for all reception staff has now been completed in line with the TU plan.
Finance		<ul style="list-style-type: none"> • The year to date position at the end of month 3 is a surplus of £298k, against a planned surplus of £126k, which is £172k ahead of plan. The in-month position is reporting a surplus of £176k, which is £130k ahead of plan. During the month a refund of corporation tax was received in relation to the R&D claim for the 16/17 financial year. After deducting associated professional fees, the position has benefited by a net £97k. The year to date position has been further benefited by £70k of QoF achievement income relating to the 18/19 year which had not been included. The combined impact of these items is £167k YTD.
		<ul style="list-style-type: none"> • Sefton Practices: Total income is £26k ahead of plan YTD and £10k ahead of plan for the current month. Income from the Local Quality Contract and Enhanced Services is ahead of plan by £23k YTD and £10k ahead of plan for the current month. In relation to pay costs there is a £52k underspend year to date, in-month there is a £1k overspend. A review of GP costs during M1 & M2 is required due to some salaried GPs working across multiple services. This may result in a reallocation of costs from other services to Sefton. In relation to non pay costs there is a £9k overspend year to date, in-month there is a £4k overspend. Following receipt of the annual charging schedules from NHS Property Services, an additional £6k of estate related costs has been accrued YTD. Overall Sefton Practices are reporting a YTD deficit of £173k (excluding any allocation of overheads) against a planned deficit of £243k, which is £70k ahead of plan. The in-month position is reporting a deficit of £76k, which is £5k ahead of plan. The initial plan is based on a deficit similar to 18/19, which is expected to reduce as the year progresses under the transformation plan.
		<ul style="list-style-type: none"> • Out of Hours: Total income is £12k behind plan YTD and £6k behind plan for the current month. Income from Primary Care Streaming activity is ahead of plan by £5k YTD and behind plan by £1k this month. Clinical pay is over budget by £94k YTD, in-month it was £40k over budget. Pressures in the GP workforce continue to result in significant agency requirements. A review of GP costs during M1 & M2 is required due to some salaried GPs working across multiple services. This may result in a reallocation of costs from OOH to other services. • Liverpool EAS is reporting a YTD surplus of £276k (including overheads), which is £1k ahead of plan. The in-month position reported a surplus of £74k, which was £22k behind the plan. • Cash balances at month 3 were £2,804k. • The efficiency plan has been set, but as yet limited achievements have been reported.
Quality		<ul style="list-style-type: none"> • At the end of June 2019 there were 10 open complaints in Datix • There were 10 compliments received in May 2019, and 4 compliments received in June 2019
Workforce		<ul style="list-style-type: none"> • 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.
		<ul style="list-style-type: none"> • A People Strategy will be developed during 2019/2020 with an engagement process with staff.

Appendices

App 1 OOH reporting template

National and Local Quality Requirements reporting template							
Reporting time period: Saturday 01/06/19 08:00 - Monday 01/07/19 07:59 - Halton, Knowsley and Liverpool CCGs							
Ref	NQR / LQR	Target description	Total volume	Compliant	Patient choice	Non-compliant	% compliance
1	NQR 2	Case details sent by 8am	6351	6330	1	20	99.7%
2	NQR 8	<0.1% calls engaged	2111	2111		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	2111	2085		26	1.2%
4	NQR 8	Calls answered <60 seconds	2038	1965		73	96.4%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	0	0	0	0	
6	NQR 9	Urgent cases DCA <20 minutes	1138	986	83	69	93.9%
7	NQR 9	All other cases DCA <60 minutes	3516	2704	265	547	84.4%
8	LQR 1	NHS 111 6 hour priority <6 hours	1175	1058	48	69	94.1%
9	LQR 2	Repeat prescription requests <6 hours	12	11	0	1	91.7%
a		Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)	5841				
b		Total cases requiring action (6)+(7)+(8)+(9)	5841				
Following priority determined by Definitive Clinical Assessment (DCA)							
10	NQR 12	UCC Emergency <1 hour	2	2	0	0	100.0%
11	NQR 12	UCC Urgent <2 hours	366	348	6	12	96.7%
12	NQR 12	UCC Less urgent <6 hours	1492	1489	2	1	99.9%
c	Total	Urgent Care Centre cases	1860	1839	8	13	99.3%
13	LQR 3	Telephone Advice Emergency <1 hour	17	15	0	2	88.2%
14	LQR 3	Telephone Advice Urgent <2 hours	428	384	24	20	95.3%
15	LQR 3	Telephone Advice Less Urgent <6 hours	3200	2982	123	95	97.0%
d	Total	Telephone Advice cases	3645	3381	147	117	96.8%
16	NQR 12	Home visit Emergency <1 hour	4	4	0	0	100.0%
17	NQR 12	Home visit Urgent <2 hours	296	274	0	22	92.6%
18	NQR 12	Home visit Less urgent <6 hours	534	454	0	80	85.0%
e	Total	Home Visit cases	834	732	0	102	87.8%
f		Total telephone and face-to-face consultations (c)+(d)+(e)	6339	5952	155	232	
Information section							
No Definitive Clinical Assessment (DCA)			Urgent Care Centres				
19	Cases not requiring DCA; triaged by other clinician	306	Emergency	1 hour total	Pat. choice	Compliant	% result
20	Patient episode continued, service provided	203	Aintree	0	0	0	
21	Patient episode ended, no service provided	1	Garston	0	0	0	
Repeat prescription cases outcomes			Huyton	1	0	1	100.0%
22	Repeat prescription requests (6 hour advice)	11	Kirkby	0	0	0	
23	Repeat prescription requests forwarded to UCC	1	Old Swan	1	0	1	100.0%
24	Repeat prescription requests forwarded for visit	0	Runcorn	0	0	0	
Final case-type totals			The Royal	0	0	0	
25	Total Ambulance cases	0	Widnes	0	0	0	
26	Total Telephone Advice cases	3645	Total	2	0	2	100.0%
27	Total UCC attendances	1860	Urgent	2 hour total	Pat. choice	Compliant	% result
28	Total Home Visits	834	Aintree	26	1	25	100.0%
29	Total Repeat prescription requests	11	Garston	53	1	50	96.2%
g	Total cases completed (=a+19+20+21)	6351	Huyton	40	0	39	97.5%
Referrals to secondary care			Kirkby	2	0	2	100.0%
30	Hospital referred (referred for admission / advised A&E)	607	Old Swan	125	2	116	94.4%
Compliance levels			Runcorn	92	0	90	97.8%
31	Fully compliant (95-100%) - except ref 2 & 5		The Royal	11	0	11	100.0%
32	Partially compliant (90-94.9%) - except ref 2 & 5		Widnes	17	2	15	100.0%
33	Non-compliant (89.9% and under) - except ref 2 & 5		Total	366	6	348	96.7%
Comments:			Less urgent	6 hour total	Pat. choice	Compliant	% result
			Aintree	121	0	121	100.0%
			Garston	218	0	218	100.0%
			Huyton	151	1	149	99.3%
			Kirkby	49	1	48	100.0%
			Old Swan	593	0	593	100.0%
			Runcorn	225	0	225	100.0%
			The Royal	67	0	67	100.0%
			Widnes	68	0	68	100.0%
			Total	1492	2	1489	99.9%
			Grand total	1860	8	1839	
Template property of Liverpool CCG							

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (CS)

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)
Jul-18	961	375	586	310	276	52.9%	2.05	22	7.1%	0	61.0%
Aug-18	961	517	444	182	262	41.0%	1.60	8	4.4%	0	46.2%
Sep-18	930	523	407	213	194	52.3%	2.19	15	7.0%	0	43.8%
Oct-18	961	316	645	372	273	57.7%	2.37	24	6.5%	0	67.1%
Nov-18	930	207	723	513	210	71.0%	2.84	25	4.9%	0	77.7%
Dec-18	966	325	641	349	292	54.4%	2.28	23	6.6%	0	66.4%
Jan-19	961	280	681	439	242	64.5%	2.70	14	3.2%	0	70.9%
Feb-19	868	258	610	391	219	64.1%	2.70	22	5.6%	0	70.3%
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%

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

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)
Jul-18	1140	365	775	354	421	45.7%	1.35	45	12.7%	0	68.0%
Aug-18	1140	360	780	288	492	36.9%	1.09	43	14.9%	0	68.4%
Sep-18	1080	135	945	344	601	36.4%	1.16	43	12.5%	0	87.5%
Oct-18	1158	97	1061	385	676	36.3%	1.24	50	13.0%	0	91.6%
Nov-18	1116	94	1022	339	683	33.2%	1.10	75	22.1%	0	91.6%
Dec-18	1086	118	968	340	628	35.1%	1.09	55	16.2%	0	89.1%
Jan-19	1140	70	1070	403	667	37.7%	1.24	80	19.9%	0	93.9%
Feb-19	1032	121	911	358	553	39.3%	1.29	47	13.1%	0	88.3%
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%

Month	Average consultation length (minutes) per month
Jul-18	16:54
Aug-18	16:43
Sep-18	21:23
Oct-18	16:27
Nov-18	16:45
Dec-18	16:27
Jan-19	16:02
Feb-19	16:58
Mar-19	17:49
Apr-19	17:50
May-19	16:56
Jun-19	15:41

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)
Jul-18	874	132	742	423	319	57.0%	1.71	42	9.9%	0	84.9%
Aug-18	830	192	638	314	324	49.2%	1.45	44	14.0%	0	76.9%
Sep-18	824	50	774	455	319	58.8%	1.84	54	11.9%	0	93.9%
Oct-18	892	151	741	402	339	54.3%	1.72	42	10.4%	0	83.1%
Nov-18	824	74	750	398	352	53.1%	1.75	37	9.3%	0	91.0%
Dec-18	852	161	691	389	302	56.3%	1.80	47	12.1%	0	81.1%
Jan-19	904	140	764	439	325	57.5%	1.85	43	9.8%	0	84.5%
Feb-19	776	67	709	390	319	55.0%	1.85	28	7.2%	0	91.4%
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%

Month	Average consultation length (minutes) per month
Jul-18	18:59
Aug-18	19:23
Sep-18	17:57
Oct-18	20:05
Nov-18	17:38
Dec-18	18:17
Jan-19	18:42
Feb-19	18:24
Mar-19	19:27
Apr-19	19:34
May-19	19:14
Jun-19	19:55

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

App 5 Knowsley PCS

Key Performance Indicators (monthly) – June 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	39	39		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		0			
	5	Number of incidents reported		1			
	6	Number of post event messages sent from Adastra within 24 hours	100%	179	179	0	100.0%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	58	57	0	98.3%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	25	21	3	96.0%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	1	1	0	100.0%
	7d	Number of cases triaged via surgery referral in 60 minutes	95%	0	0	0	
Home visits	8a	Number of patients visited within 1 hour of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8b	Number of patients visited within 2 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	13	13	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	95	95	0	100.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1181	1021	160	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	195	136	59	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	21	21	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1021	994	14	98.7%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	136	134	2	100.0%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	0	0	0	
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	12	12	0	100.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	9	9	0	100.0%
Doctor advice (stand-downs)	11a	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 1 hour (Halton & Knowsley)	95%	0	0	0	
	11b	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 2 hours (Halton & Knowsley)	95%	0	0	0	
	11c	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 6 hours (Halton & Knowsley)	95%	5	5	0	100.0%

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

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

Source: Adastra/EMIS/Business Intelligence team

Author: Performance Improvement Analyst (CS)

App 6 Intermediate Care

Month	Total Time (hours)	Allocated Time (hours)	Unallocated Time (hours)	% hours filled
July 2018 – Knowsley GP	172	172	0	
July 2018 – Knowsley GP Standby	27	27	0	
				100.0%
August 2018 – Knowsley GP	187.5	187.5	0	
August 2018 – Knowsley GP Standby	19.5	19.5	0	
				100.0%
September 2018 – Knowsley GP	158.5	158.5	0	
September 2018 – Knowsley GP Standby	21.5	21.5	0	
				100.0%
October 2018 – Knowsley GP	180.5	180.5	0	
October 2018 – Knowsley GP Standby	26.5	26.5	0	
				100.0%
November 2018 – Knowsley GP	163	163	0	
November 2018 – Knowsley GP Standby	38	35	3	
				98.5%
December 2018 – Knowsley GP	167.5	163.5	4	
December 2018 – Knowsley GP Standby	27	25.5	1.5	
				97.2%
January 2019 – Knowsley GP	192	172	20	
January 2019 – Knowsley GP Standby	30.5	30.5	0	
				91.0%
February 2019 – Knowsley GP	140	140	0	
February 2019 – Knowsley GP Standby	40	40	0	
				100.0%
March 2019 – Knowsley GP	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	172	172	0	
July 2019 – Knowsley GP Standby	35	35	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%

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%

Source: RotaMaster / EMIS / Adastra

Author: Business Intelligence Lead / Service Delivery Administrator (LF) / Deputy Director of Urgent Care

App 8 Asylum service

Current year				Previous year			EMIS results
Month	Arrivals (current year)	Health Assessments done in month (current year) - from Mar 2018 for arrivals in month	GP Appts (current year)	Arrivals (previous year)	Health Assessments done in month (previous year)	GP Appts (previous year)	Arrivals (EMIS report)
Jul 18	460	258	44	403	109	58	453
Aug 18	450	307	53	309	299	27	457
Sep 18	403	177	61	314	318	52	418
Oct 18	517	243	53	341	231	52	533
Nov 18	506	159	73	451	345	67	531
Dec 18	421	108	49	386	144	30	444
Jan 19	426	197	<i>Not reported</i>	367	227	47	494
Feb 19	500	265	<i>Not reported</i>	316	290	45	452
Mar 19	404	161	<i>Not reported</i>	372	250	33	482
Apr 19	333	184	<i>Not reported</i>	338	206	47	358
May 19	367	211	<i>Not reported</i>	284	192	52	379
Jun 19	393	217	<i>Not reported</i>	359	208	42	380

Source: PC24 Asylum service Practice Manager / EMIS

Author: Business Intelligence Lead/Primary Care Administrator

App 9 Finance Position

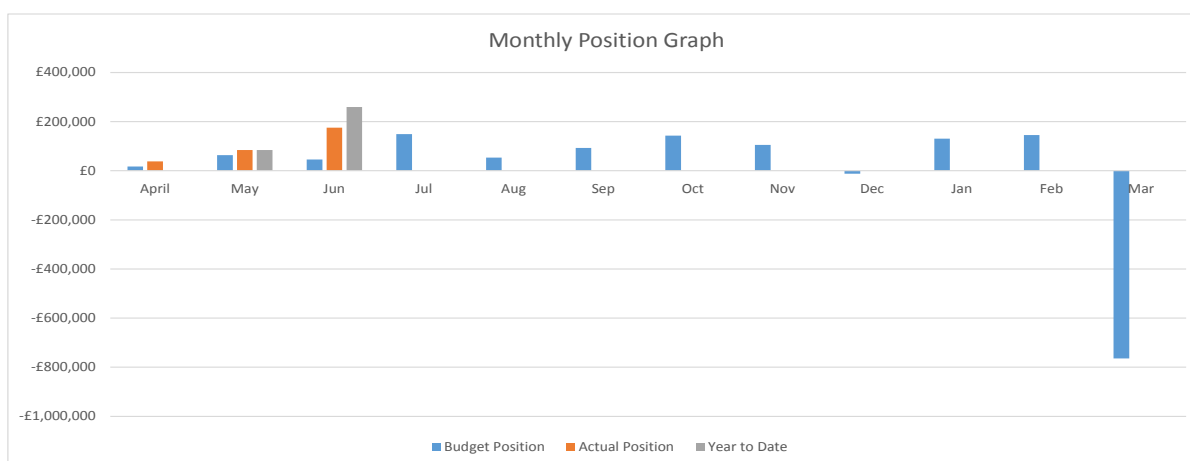
Service Line Reports as at 30 June 2019						Period Budget	Period Actuals	Period Variance
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance			
IUC	Income	(14,551,490)	(3,656,623)	(3,609,488)	(47,134)	(1,210,541)	(1,192,027)	(18,514)
IUC	Pay	8,158,381	2,080,733	2,127,118	(46,385)	665,806	707,546	(41,740)
IUC	Non Pay	449,473	112,368	111,499	869	37,456	28,420	9,036
IUC	Overheads	3,902,629	807,290	682,910	124,380	281,594	157,215	124,379
IUC Total		(2,041,007)	(656,232)	(687,961)	31,729	(225,684)	(298,846)	73,162
Primary & Community Services	Income	(2,606,248)	(546,137)	(575,499)	29,362	(178,993)	(181,505)	2,512
Primary & Community Services	Pay	2,984,148	745,532	698,168	47,363	245,288	246,771	(1,483)
Primary & Community Services	Non Pay	389,297	97,324	107,859	(10,535)	32,441	36,680	(4,239)
Primary & Community Services	Overheads	1,103,810	233,212	159,266	73,946	81,509	21,173	60,336
Primary & Community Services Total		1,871,007	529,931	389,794	140,136	180,245	123,120	57,125
Grand Total (Surplus) / Deficit		(170,000)	(126,301)	(298,167)	171,866	(45,439)	(175,726)	130,287

Management Accounts as at 30 June 2019						Period Budget	Period Actuals	Period Variance
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance			
IUC	Income	(14,551,490)	(3,656,623)	(3,609,488)	(47,134)	(1,210,541)	(1,192,027)	(18,514)
IUC	Pay	8,158,381	2,080,733	2,127,118	(46,385)	665,806	707,546	(41,740)
IUC	Non Pay	449,473	112,368	111,499	869	37,456	28,420	9,036
IUC Total		(5,943,636)	(1,463,521)	(1,370,871)	(92,650)	(507,279)	(456,061)	(51,218)
Primary & Community Services	Income	(2,606,248)	(546,137)	(575,499)	29,362	(178,993)	(181,505)	2,512
Primary & Community Services	Pay	2,984,148	745,532	698,168	47,363	245,288	246,771	(1,483)
Primary & Community Services	Non Pay	389,297	97,324	107,859	(10,535)	32,441	36,680	(4,239)
Primary & Community Services Total		767,197	296,719	230,528	66,191	98,736	101,947	(3,210)
Corporate Support	Income	0	0	(71,850)	71,850	0	(71,850)	71,850
Corporate Support	Pay	2,945,566	748,786	699,579	49,208	265,865	245,956	19,909
Corporate Support	Non Pay	2,060,873	291,715	214,447	77,268	97,238	4,281	92,956
Corporate Support Total		5,006,439	1,040,501	842,176	198,325	363,103	178,388	184,715
Grand Total (Surplus) / Deficit		(170,000)	(126,301)	(298,167)	171,866	(45,439)	(175,726)	130,287

Sefton Practices							
	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
Base Contract	(1,769,304)	(442,326)	(441,632)	(694)	(147,442)	(147,211)	(231)
QOF	(292,900)	(49,407)	(49,407)	0	(16,469)	(16,469)	0
LQC income (SSCCG)	(404,000)	(40,400)	(57,756)	17,356	(8,080)	(20,781)	12,701
CQRS income (NHSE)	(140,044)	(14,004)	(19,195)	5,190	(7,002)	(4,777)	(2,225)
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	(4,585)	4,585	0	206	(206)
Total Income	(2,606,248)	(546,137)	(572,574)	26,437	(178,993)	(189,031)	10,038
Pay	2,828,617	706,886	654,529	52,357	231,829	232,769	(940)
Non Pay	329,150	82,288	90,943	(8,656)	27,429	31,873	(4,444)
(Positive)/Negative Contribution to Overheads	551,519	243,037	172,898	70,138	80,265	75,611	4,654

Position Graph

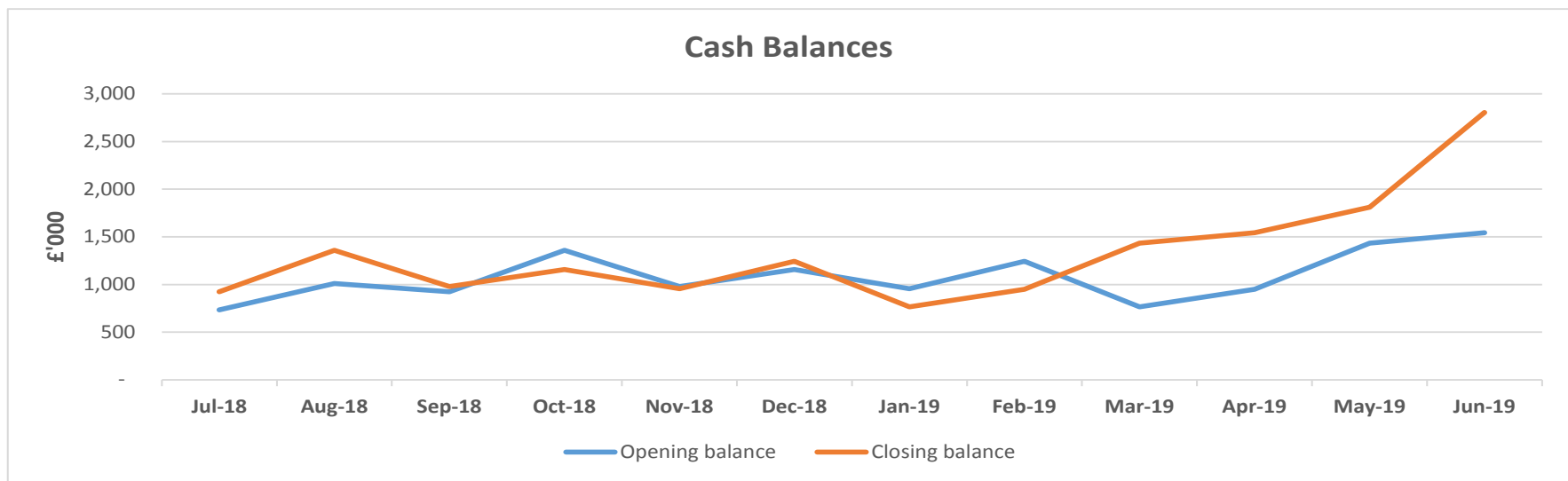
The below graph plots out the year to date actual positions, along with the planned position.



Source: E-Financials
Author: Head of Finance

App 10 Cash Position

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Opening balance	1,009	923	1,360	978	1,156	955	1,245	766	949	1,433	1,544	1,810
Closing balance	923	1,360	978	1,156	955	1,245	766	949	1,433	1,544	1,810	2,804



Source: Bank Statements

Author: Head of Finance

App 11 Efficiency Position

Efficiency Plans Summary

Monthly targets

Plans	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Full Year
Total	£ 33,542	£ 33,542	£ 34,542	£ 33,542	£ 33,542	£ 33,542	£ 34,292	£ 34,292	£ 34,292	£ 34,292	£ 34,292	£ 34,292	£ 408,000

	Plan	Actual	Variance	
YTD	101,625	1,000	- 100,625	1%
In Month	34,542	1,000	- 33,542	3%

Source: Efficiency Monitoring Tool

Author: Head of Finance

App 12 Quality and Patient Safety

Friends & Family Test

"How likely are you to recommend our service to friends and family if they needed similar care or treatment?"				
	Apr-19	May-19	Jun-19	Jul-19 MTD (to 15th)
Extremely Likely	67.9%	70.2%	65.6%	56.7%
Likely	21.4%	19.7%	21.0%	27.3%
Neither Likely or Unlikely	3.1%	2.8%	4.1%	6.2%
Unlikely	2.8%	2.8%	3.7%	3.3%
Extremely Unlikely	3.4%	3.6%	3.7%	4.0%
Don't know	1.3%	1.0%	1.9%	2.5%

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		
May-19	2	7	1	0	0
Jun-19	0	0	1	3	0

Source: Datix

Author: Governance Administrator (SD)

Incidents

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services (incl EAS)	GP Practices		
May-19	8	14	18	31	3
Jun-19	7	6	10	21	6

Source: Datix

Author: Governance Administrator (SD)

Complaints not resolved within 25 days

During the month of May 2019, 13 complaints were closed; of the 13 closed, there were 6 that were not closed within the 25 working day timeframe.

During the month of June 2019, 7 complaints were closed, of the 7 closed, there was 1 that was that was not closed within the 25 working day timeframe; this 1 complaint was closed 27 days from receipt of complaint.

Source: Datix

Author: Governance Administrator (SD)

Safeguarding reports

Total number of incidents reported during May 2019 was 74; of these, 2 were reported as safeguarding incidents and of the 2 incidents reported, 1 was reported to safeguarding.

Total number of incidents reported during June 2019 was 50; of these, 8 were reported as safeguarding incidents and of the 8 incidents reported, 3 was reported to safeguarding.

Source: Datix

Author: Governance Administrator (SD)

App 13 Complaints received

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
08.05.19	OOH - GP	Care & Treatment	Reviewed	Liverpool	Low	Not Upheld	30.05.19
13.05.19	OOH – Operations	Waiting Time	Reviewed	Halton	Moderate	Upheld	30.05.19
20.05.19	OOH – GP	Attitude & Behaviour	Under Review	Halton	Low	Upheld	11.06.19
21.05.19	PCS Seaforth Practice	Attitude & Behaviour	Reviewed	SS CCG	Low	Not Upheld	03.06.19
22.05.19	PCS - Litherland Practice	Waiting Times	Reviewed	SS CCG	Low	Not Upheld	30.05.19
24.05.19	OOH -GP	Communication	Reviewed	Knowsley	Low	Partly Upheld	05.06.19
28.06.19	Litherland Practice	Healthcare Records	Reviewed	SSECCG	Low	Not Upheld	08.07.19
24.06.19	OOH GPs	Waiting Times	Under review	Knowsley	Moderate	Upheld	16.07.19
22.06.19	OOH GP	Diagnosis & Treatment	Under review	Liverpool	Low	Rejected	16.07.19
21.06.19	Maghull Practice	Care & Treatment	Under review	SSECCG	Low	Under Review	Ongoing
20.06.19	Maghull Practice	Care & Treatment	Under review	SSECCG	Low	Not Upheld	17.07.19
19.06.19	PCS - Alder Hey	Diagnosis & Treatment	Reviewed	Liverpool	Low	Not Upheld	28.06.19
11.06.19	Netherton Practice	Behaviour & Attitude - GP	Under Review	SSECCG	Not graded - under Review	Under Review	Ongoing
03.06.19	St Helens EAS	Communication	Reviewed	St Helens	Low	Upheld	20.06.19

Source: Datix

Author: Governance Administrator (SD)

App 14 Workforce**Staff Turnover**

UC24	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Start of Month Staff Numbers	241	237	240	239	243	241	198	203	209	213	219	220
Starters	3	4	3	7	4	2	7	9	8	7	5	5
Leavers	7	1	4	3	6	0	2	3	4	1	4	1
TUPE												
Staff in probation period	25	23	19	24	27	23	27	32	37	37	38	41
Staff due to receive appraisal	216	214	221	215	214	220	171	177	176	182	182	183
End of Month Staff Numbers	237	240	239	243	241	243	203	209	213	219	220	224
Turnover Rate	2.93%	0.42%	1.67%	1.24%	2.48%	0.00%	1.00%	1.46%	1.90%	0.46%	1.82%	0.45%
Annualised rate	35.1%	5.0%	20.0%	14.9%	29.8%	0.0%	12.0%	17.5%	22.7%	5.6%	21.9%	5.4%
Rolling Annualised rate	20.0%	16.6%	15.2%	16.0%	17.2%	15.5%	14.8%	15.4%	16.4%	16.0%	16.6%	15.8%

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	69	69	72	73	76	76	48	84	88	0	2	16
Total staff requiring appraisal	216	214	213	215	214	220	150	177	176	182	182	183
	31.9%	32.2%	33.8%	34.0%	35.5%	34.5%	32.0%	47.5%	50.0%	0.0%	1.1%	8.7%

Source: Rotamaster

Author: HR Manager

Mandatory training compliance

	<i>New method in use</i>											
Courses due to be completed by end of working month	1687	1659	1680	1673	1701	Not supplied	Not supplied	Not supplied	Not supplied	2111	2168	2272
Courses completed by end of working month	1480	1432	1473	1488	1500	Not supplied	Not supplied	Not supplied	Not supplied	1778	1986	2140
	87.7%	86.3%	87.7%	88.9%	88.2%	Not supplied	Not supplied	Not supplied	Not supplied	84.2%	91.6%	94.2%

Source: Rotamaster/E-learning portal

Author: Training Manager / Trainer

Service Delivery	App. ref	Target	YTD (from Apr)	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Trend	Jul-19 Forecast	Exception Report Number
Sefton GP practices - cover of Clinical Sessions (GPs & ANPs)	2.1	100%	94.8%	93.4%	95.0%	98.9%	95.0%	106.2%	93.3%	101.3%	89.9%	94.9%	93.2%	96.1%	95.1%		95%	PCS001
Sefton GP practices - Salaried/Associate cover of clinical sessions (GPs & ANPs)	2.1	70%	40.6%	26.2%	21.4%	28.7%	25.5%	38.6%	35.0%	32.8%	35.1%	35.8%	49.6%	36.9%	35.4%		41%	PCS002
Sefton GP practices - Agency Cover (GP & ANP) cover of clinical sessions	2.1	30%	59.4%	67.2%	73.6%	70.3%	69.5%	67.7%	65.0%	67.2%	54.9%	64.2%	50.4%	63.1%	64.6%		59%	PCS002
Sefton GP practices - appointment utilisation	2.2	>90%	84.3%	79.2%	82.1%	83.2%	85.3%	86.2%	84.3%	87.1%	88.5%	88.5%	83.6%	85.1%	84.3%		84%	PCS003
Sefton GP practices - appointment DNA rate	2.2	<5%	6.3%	6.4%	5.1%	4.5%	5.1%	5.6%	6.3%	5.9%	5.1%	5.5%	6.9%	5.7%	6.3%		6%	PCS003

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
PCS001	Sefton GP Practices - % cover of clinical sessions	Number of clinical sessions covered remains consistent at over 95% with the level of salaried cover remaining consistent.	Head of Service	July 2019
PCS002	Sefton GP Practices - % of salaried vs agency cover	6 of 7 practices now have an element of salaried GP coverage. Recruitment is focused on the remaining practice. 1 GP resignation received effective from October 2019. Weekly recruitment meetings underway.	Head of Service	August 2019
PCS003	Sefton GP Practices appointment utilisation and 'did not attend' rate	Appointment utilisation and DNA rates remains consistent with previous months. Work on going with TU plan to review level of clinical cover required.	Primary Care Service Manager	September 2019

App 2.1

Sefton GP practices

Salaried v Agency clinicians utilisation

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Contracted May sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Total actual sessions	Salaried GP utilisation of clinical sessions (compared to actual)	Agency GP utilisation of clinical sessions (compared to actual)	Salaried ANP utilisation of clinical sessions (compared to actual)	Agency ANP utilisation of clinical sessions (compared to actual)	Total Coverage (actual compared to planned)	Total salaried cover (GPs & ANPs) (compared to actual)	Total Agency cover (GPs & ANPs) (compared to actual)	Comments
Crosby	14 sessions	60	22	21	0	8	51	43%	41%	0%	16%	85%	43%	57%	
Maghull	15 sessions	62	0	51	2	5	58	0%	88%	3%	9%	94%	3%	97%	
Crossways	13 sessions	46	35	6	0	5	46	76%	13%	0%	11%	100%	76%	24%	
Litherland	14 sessions	65	48	1	0	16	65	74%	2%	0%	25%	100%	74%	26%	
Seaforth	10 sessions	42	10	32	0	0	42	24%	76%	0%	0%	100%	24%	76%	
Thornton	13 sessions	56	0	43	0	11	54	0%	80%	0%	20%	96%	0%	100%	
Netherton	12 sessions	50	18	32	0	0	50	36%	64%	0%	0%	100%	36%	64%	
Totals		381	133	186	2	45	366	36.3%	50.8%	0.5%	12.3%	96.1%	36.9%	63.1%	

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Contracted June sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Totals	Salaried GP utilisation of clinical sessions (compared to actual)	Agency GP utilisation of clinical sessions (compared to actual)	Salaried ANP utilisation of clinical sessions (compared to actual)	Agency ANP utilisation of clinical sessions (compared to actual)	Total Coverage (actual compared to planned)	Total salaried cover (GPs & ANPs) (compared to actual)	Total Agency cover (GPs & ANPs) (compared to actual)	Comments
Crosby	14 sessions	56	27	16	0	14	57	47%	28%	0%	25%	102%	47%	53%	
Maghull	15 sessions	60	0	45	0	1	46	0%	98%	0%	2%	77%	0%	100%	
Crossways	13 sessions	52	24	13	0	8	45	53%	29%	0%	18%	87%	53%	47%	
Litherland	14 sessions	60	43	4	0	18	65	66%	6%	0%	28%	108%	66%	34%	
Seaforth	10 sessions	40	8	31	0	0	39	21%	79%	0%	0%	98%	21%	79%	
Thornton	13 sessions	52	0	45	0	7	52	0%	87%	0%	13%	100%	0%	100%	
Netherton	12 sessions	48	22	23	0	1	46	48%	50%	0%	2%	96%	48%	52%	
Totals		368	124	177	0	49	350	35.4%	50.6%	0.0%	14.0%	95.1%	35.4%	64.6%	

Source: Sefton practices Practice Managers

Author: Primary Care Administrator

App 2.2 Sefton GP practices

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

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

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

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

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

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

	Jan-19	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton		1446	1365	125	1240	94.4%	9.2%	85.8%

figures for Seaforth amended

Maghull	1334	1241	45	1198	93.0%	3.6%	89.8%
Crossways	1042	914	20	894	87.7%	2.2%	85.8%
Crosby	1033	998	59	939	96.6%	5.9%	90.9%
Netherton	1138	1006	68	938	88.4%	6.8%	82.4%
Seaforth	867	826	58	768	95.3%	7.0%	88.6%
Litherland	1485	1372	78	1294	92.4%	5.7%	87.1%
Totals	8345	7722	453	7271	92.5%	5.9%	87.1%

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

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

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Apr-19							
Thornton	882	844	78	766	95.7%	9.2%	86.8%
Maghull	943	913	27	886	96.8%	3.0%	94.0%
Crossways	861	701	21	680	81.4%	3.0%	79.0%
Crosby	993	928	46	882	93.5%	5.0%	88.8%
Netherton	994	908	60	848	91.3%	6.6%	85.3%
Seaforth	979	865	113	752	88.4%	13.1%	76.8%
Litherland	1340	1119	87	1032	83.5%	7.8%	77.0%
Totals	6992	6278	432	5846	89.8%	6.9%	83.6%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
May-19							
Thornton	1009	967	64	903	95.8%	6.6%	89.5%
Maghull	959	931	8	923	97.1%	0.9%	96.2%
Crossways	996	904	34	870	90.8%	3.8%	87.3%
Crosby	964	883	51	832	91.6%	5.8%	86.3%
Netherton	963	815	35	780	84.6%	4.3%	81.0%
Seaforth	979	865	113	752	88.4%	13.1%	76.8%
Litherland	1321	1124	67	1057	85.1%	6.0%	80.0%
Totals	7191	6489	372	6117	90.2%	5.7%	85.1%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Jun-19							
Thornton	1030	1018	71	947	98.8%	7.0%	91.9%
Maghull	841	811	38	773	96.4%	4.7%	91.9%
Crossways	1059	941	35	906	88.9%	3.7%	85.6%
Crosby	1089	973	47	926	89.3%	4.8%	85.0%
Netherton	914	756	34	722	82.7%	4.5%	79.0%
Seaforth	857	789	97	692	92.1%	12.3%	80.7%
Litherland	1359	1147	85	1062	84.4%	7.4%	78.1%
Totals	7149	6435	407	6028	90.0%	6.3%	84.3%

Source: Sefton practices Practice Managers
 Author: Primary Care Administrator

Title: Board Assurance Framework	Meeting Date: 25/07/2019	Agenda item no: 9.1
Prepared and presented by: Paul Kavanagh-Fields	Discussed by: PC24 Board	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance ✓ Decision ✓ Discussion <input type="checkbox"/> Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Discuss and Approve the paper 	

1.0 Purpose:

1.1 Primary Care 24 (PC24) Board must be able to assure itself that the organisation is operating effectively and meeting its strategic objectives. PC24 does this through its governance structures and internal management controls and by providing assurance which demonstrates these controls are operating as they should and objectives are being met.

1.2 These documents describe the integrated governance and internal controls processes within PC24 and the Board Assurance Framework processes by which the Board and the management of PC24 receives its assurance they are operating effectively. It takes account of Department of Health and other best practice guidance which are listed at the end of this document.

2.0 Papers:

2.1 Board assurance arrangement preparedness assessment feedback.

2.2 Board Assurance Process.

2.3 Board Assurance Framework.

3.0 Recommendations:

The meeting is invited to discuss papers and agree a way forward.

Board assurance arrangement preparedness assessment

1 = Not yet established/ fit
For purpose

2 = Exist, but further
improvement required

3 = Fully effective

		Assessment of preparedness		
Board assurance arrangements preparedness		1	2	3
1.	The organisations strategic plan objectives are clearly defined and understood?		x	
2.	The organisation has a clearly defined approach to the management of risk?		x	
3.	The organisation's approach to the management of risk ensures the focus is on those risks that will have a material impact on the achievement of its objectives?		x	
4.	The organisation has a clear understanding of risk mitigation, including existing controls and planned actions?		x	
5.	The organisation has clearly established risk management reporting and monitoring?		x	
6.	There is commitment to the development of board assurance arrangements from the top of the organisation and this is shared throughout?	x		
7.	The organisation has established a board assurance policy and plan that is integrated with its risk management and other management arrangements?	x		
8.	There is a clearly defined structure within the organisation that will support the development, establishment and embedding of the board assurance arrangements?	x		
9.	The organisation has clearly defined roles and specified responsibilities in connection with the application and operation of the board assurance arrangements?	x		
10.	The board assurance BAF monitoring and review arrangements have been defined for the purposes of ensuring the right information gets to the right place and people to aid risk management and assurance decision-making?	x		
11.	The board assurance framework BAF produces useful information?	x		
12.	The organisation has mechanisms in place to ensure communication of outcomes from the risk management and board assurance framework BAF to inform the organisation of issues arising?	x		
13.	The board is clear about its roles and responsibilities and feels that these are discharged effectively?		x	
14.	At least annually the board undertakes a review of its own effectiveness and this is used to inform a board improvement/ development plan?	x		



Board Assurance Process

Version: 1

Summary:	This document describes the integrated governance and internal controls processes within PC24 and the Board Assurance processes by which the Board and the management of PC24 receives its assurance they are operating effectively. It takes account of Department of Health and other best practice guidance which are listed at the end of this document.	
Keywords	Board assurance framework, quality governance, system of internal control, risk management.	
Target Audience:	All Staff employed by PC24.	
Next Review Date:	July 2020 (or sooner subject to system and process changes)	
Approved and ratified by:	PC24 Board.	Date of meeting: 25/07/2019
Date issued:	July 2019	
Author:	Paul Kavanagh-Fields, Executive Director of Nursing and Quality.	
Sponsor:	Dr Mary Ryan, Chief Executive Officer.	

Version Control

Change Record

Date	Author	Version	Page	Reason for Change

Reviewers/contributors

Name	Position	Version Reviewed & Date

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Board Assurance Framework Process and Standing Operating Procedure

1. Introduction

- 1.1 Primary Care 24 (PC24) Board must be able to assure itself that the organisation is operating effectively and meeting its strategic objectives. PC24 does this through its governance structures and internal management controls and by providing assurance which demonstrates these controls are operating as they should and objectives are being met.
- 1.2 Our internal Audit Committee will assess the effectiveness of PC24's internal controls and provide an annual report to Board. This will entail reviewing the way in which the Committees of the Board identify their objectives, risks, controls and sources of assurance.
- 1.3 It is ultimately the Board who requires assurance that the organisation is operating effectively. However, assurance must be provided at all levels, within both corporate and clinical services, of effective integrated governance and the effectiveness of internal controls so that onward assurance can be provided to the PC24 Board.

2. Purpose

- 2.1 This document describes the integrated governance and internal control processes within PC24 and the way the Board and the management of the organisation receive its assurance they are operating effectively. It takes account of Department of Health and other best practice guidance which are listed at the end of this document.

2.2 Purpose of the Board Assurance Framework

Board Assurance Framework is used by PC24 as:

- A strategic but comprehensive method for the effective and focused management of the principal risks to meeting an organisation's objectives. A structure for the evidence to support the Annual Governance Statement. A method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management.
- A document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.

3. Definitions

Definitions of the terms used throughout this document:

- 3.1 *Governance* - the management systems, processes and behaviours by which PC24 leads, directs and controls its functions to achieve its organisational objectives, safety and quality and the way in which it relates to patients and carers, the wider community and partner organisations.

- 3.2 *Integrated Governance* - the streamlined pulling together of intelligence of the competing pressures on the organisation and its staff, advisors, systems, and processes which enables PC24 to avoid the handling of issues in management silos.
- 3.3 *Board Assurance Framework (BAF)* - enables the Board to: identify and understand the principal risks to achieving its strategic objectives; receive assurance that suitable controls are in place to manage these risks and where improvements are needed, action plans are in place and are being delivered, and; provide an assessment of the risk to achieving the objectives based on the strength of controls and assurances in place (Risk Rating).
- 3.4 *Strategic/Corporate Risk Register* - enables the Board to: identify and understand the risks (internal and external) that are critical to the success and continuation of the organisation; agree acceptable levels of strategic/corporate risk and approve the actions required to mitigate risks to this level; monitor assurance mitigating actions are being taken and risks are being appropriately managed. The organisation has structured the BAF to contain the information that would typically constitute a strategic/corporate risk register.
- 3.5 *Risk Appetite* - The levels and types of risk the organisation is prepared to accept in pursuance of its objectives. This informs all planning and objective setting, as well as underpinning the threshold used when determining the tolerability of individual risks.
- 3.6 *Internal Controls* - The policies, procedures, practices and organisational structures put in place by the organisation to mitigate risks relating to the achievement of objectives. Gaps in the control framework should be identified and listed with actions to close.
- 3.7 *Assurance Measures* – Methods of measuring the effectiveness of controls in place, for example; monitoring incidents related to the risk, peer reviews, internal and external audits and regulatory reviews (CQC), etc.
- 3.8 *Gaps in Assurance Measures* - Where there are inadequate assurance measures or assurance measures are limited and cannot provide full assurance that controls are effectively mitigating the risk. Gaps should be identified and listed with actions to close.
- 3.9 *Risk Scoring/Rating* - A process by which risks are graded/scored based on the impact of their occurrence and the likelihood of their occurrence

Table 1 is used by PC24 for the purposes of determining scores for a risk's impact and likelihood. This table is further augmented by the PC24's Risk Matrix, which provides more specific interpretation of impact scoring. This can be found in the PC24 Risk Management Policy. To derive the risk's rating, the two scores are multiplied together.

Table 1

Risk Scoring				
Impact			Likelihood	
5	Catastrophic	An effect upon the objective that renders it unachievable.	5	Almost certain (> 80%)
4	Major	Significant effect upon the objective, thus making it extremely difficult/costly to achieve.	4	Likely (60%-80%)
3	Moderate	Evident and material effect upon the objective, thus making it achievable only with some moderate difficulty/cost.	3	Possible (40%-60%)
2	Minor	Small, but noticeable effect upon the objective, thus making it achievable with some minor difficulty/cost.	2	Unlikely (20%-40%)
1	Negligible	Insignificant effect upon achievement of the objective	1	Rare (< 20%)

4. The role of the Board Assurance Framework

- 4.1 The role of the BAF is to provide evidence and structure to support effective management of Risk within the organisation. The BAF provides evidence to support the Strategic Business Plan.
- 4.2 The BAF provides this totality of assurance and identifies which of the Organisation's strategic objectives are at risk of not being delivered. At the same time, it provides positive assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources and address the issues identified in order to deliver PC24's strategic objectives.
- 4.3 The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. The most objective assurances are derived from independent reviewers; these are supplemented by internal sources such as clinical audit, internal management representations, performance management and self-assessment reports.
- 4.4 The BAF template will be continuously adapted in line with organisational risk maturity development and risk system development improvements.

The Board Assurance Framework achieves the following:

- Draws together reporting on strategic risks identified in the Strategic Business Plan, key Board level assurances and controls, gaps in assurances and controls, key performance targets and corporate enabling projects.
- Provides high level reporting to the Board to indicate where there are gaps in controls and assurances and how these impact on the risk to achieving that objective.

5. Regulatory and good practice requirements for Board Assurance

5.1 PC24 Board will use the BAF as a dynamic tool to drive the board agenda through the following activities:-

- Bi-annual scrutiny via Audit Committee.
- The Board will review the BAF at each Board meeting.
- The format may vary but the framework must include:
 - Organisational objectives
 - Strategic risks
 - Key controls
 - Sources of assurance
 - Gaps in control/assurance, and action plans for addressing gaps
 - A full review of strategic objectives annually

6. PC24 Risk Appetite

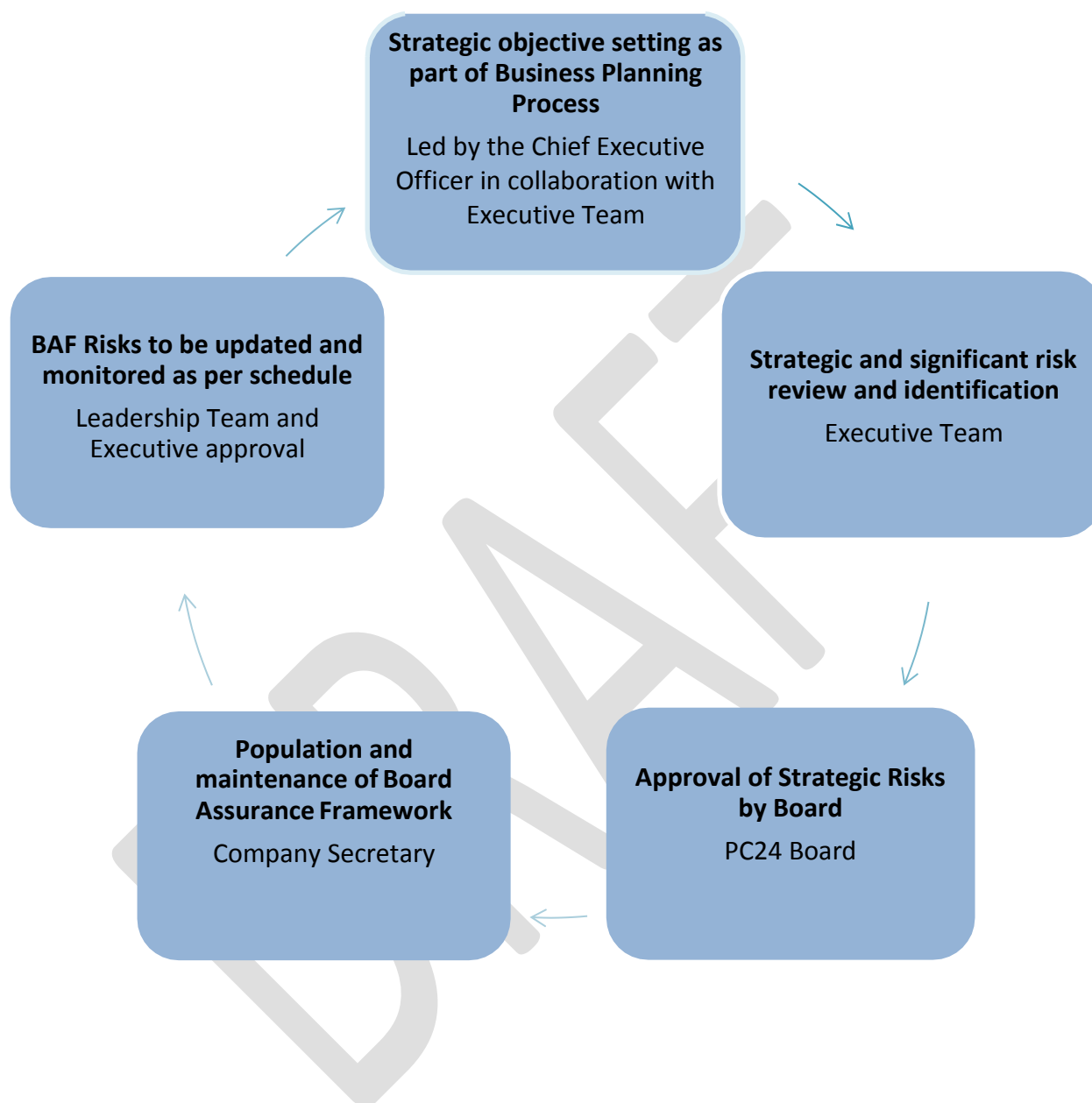
6.1 The organisation recognises it is impossible to deliver its services and achieve positive outcomes for its stakeholders without taking risks. Indeed, only by taking risks can the organisation realise its aims. It must, however, take risks in a controlled manner, thus reducing its exposure to a level deemed acceptable from time to time by the Board and, by extension, external inspectors/regulators and relevant legislation.

6.2 Methods of controlling risks must be balanced in order to support innovation and the imaginative use of resources when it is to achieve substantial benefit. In addition, the organisation may accept some high risks because of the cost of controlling them. As a general principle the organisation has a low tolerance for, and will therefore seek to control, all risks which have the potential to:

- Cause harm to patients, staff, visitors, contractors and other stakeholders;
- Endanger the reputation of the organisation;
- Have severe financial consequences which could jeopardise the organisation's viability;
- Jeopardise the organisation's ability to carry out its normal operational activities;
- Threaten the organisation's compliance with law and regulation.

7. PC24 Assurance Process and Infrastructure

The annual cycle of the Board Assurance process is shown below.



- 7.1 The key components of the assurance process are as follows and are shown diagrammatically below:



7.2 **Step 1 – Strategic Objectives:**

The first step in designing the assurance process is for the Board to identify its strategic objectives, e.g. clinical, financial, workforce, commercial and other objectives, focusing on those which are crucial to the achievement of its aims and values. Objective setting and review in PC24 is aligned to the annual business planning cycle and takes place in Quarters 3 and 4 (October to March) each year.

7.3 **Step 2 – Strategic Risks:**

These are risks which threaten the achievement of the PC24's objectives. Strategic risks should be identified through Board workshops and seminars where the strategic objectives that these risks relate to are identified and debated.

As part of the identification of strategic risks the level and type of risk the organisation is prepared to accept, or its appetite, should also be reviewed.

7.4 **Step 3 – Key Controls:**

These are the management systems and processes that PC24 has in place to manage its strategic risks. Controls will be scrutinised internally and externally e.g. by independent reviewers, which includes internal auditors, CQC and external audit in conjunction with clinicians and other specialists where necessary.

Key controls will also be mapped to the strategic risks. When assessments are made about controls, consideration will be given not only to the design but also their effectiveness in light of the governance and risk management framework within which they will operate.

Examples of controls in place at PC24 include:

- Staff Training Programmes.
- IT systems and management information (e.g. Data Warehouse, HPD, e-Rostering).
- Policy and procedure guidance (Policy Group).
- Board, Committee and sub group structure (**Appendix 1**).
- Leadership infrastructure.
- PC24-wide, Corporate and Operational Risk Registers.
- Strategies, for example; Risk Management, Audit and Compliance, Workforce, etc.
- Incident reporting and management arrangements (DATIX).

7.5 **Step 4 – Assurance on Controls:**

The Board must then gain assurance about the effectiveness of the controls in place to manage the principal risks. They not only need to ensure that controls are in place and effective, but to make use of the work of external reviewers and ensure that the control framework is proportionate to the associated risk. A system that provides good coordination and evaluation of the work of the auditors, inspectors and reviewers will bring increased benefits to both the organisation and the review bodies. It will help minimise the burden on the organisation by reducing overlap and allow potential gaps in assurance to be identified and addressed.

Examples of sources assurances in PC24 include:

- Reports e.g. Board, management, incident.
- Up to date policy documentation, approved by relevant committees.
- Clinical audit programme, internal and external audit.
- Regulator assessment e.g. CQC inspection.
- Commissioner contract monitoring meetings.
- Patient and Staff feedback.
- Comparative data, statistics, benchmarking e.g. UHUK.

A gap in assurance is deemed to exist where there is failure to gain evidence that controls are effective. Any gaps in either controls or assurance will be identified in the BAF, along with actions, action owners and timescales for implementation.

Scrutiny of assurance

During the course of its business members of the Board should continually ask questions to assess the strength of the internal controls and assurances being presented. Guidance on robust scrutiny on controls assurance, assurance data and triangulation detailing assurance questions for the board to ask can be found within **Appendix 2**.

7.6 **Step 5 Board Report & Actions:**

The BAF provides a framework for identifying which of the organisation's objectives is at risk because of inadequacies in controls or where the organisation has insufficient assurance about those controls. At the same time it provides structured assurances about risks which are being managed effectively and objectives that are on track to be delivered.

This allows the Board to determine where to make best use of its resources and address the issues identified in the delivery of strategic objectives.

8. Assurance Roles and Responsibilities

8.1 PC24 Board

- Ensuring the Organisation has sound and comprehensive governance and assurance arrangements in place that guarantee the resources vested are appropriately managed and deployed; key risks identified and managed; and the organisation fulfils its accountability requirements and delivers its strategic objectives.
- Ensuring the organisation complies with its governance and assurance obligations in the delivery of clinically effective, personal and safe care taking account of patient, user and carer experience.
- Using the Board Assurance Framework to drive the board agenda.
- Assuring itself that an efficient risk management approach is in operation within the organisation.

- Effective use of external and internal audit to provide assurance in internal controls (including clinical audit).
- Ensuring that controls and processes are reviewed and tested to ensure that they continue to be effective in dealing with risks as they change and evolve.

8.2 Board Committees

- Responsible for scrutinising PC24's systems for internal control and risk management:
 - Ensures the provision and maintenance of an effective system of risk identification and associated controls, reporting and governance.
 - Maintains an oversight of the organisations general risk management structures, processes and responsibilities, including the production and issues of any financial risk and control-related disclosure statements or reports (e.g. Annual Accounts).
 - Reviews the adequacy of underlying assurance processes that indicate the degree of achievement of corporate objectives and the effective management of principal risks.

This will lead to improvements in key controls to manage its risks and gain assurances where required. It will also provide opportunities to improve the effectiveness of management and will provide evidence to support the Quality Governance process.

8.3 Chief Executive

- Ensuring the organisation has a sound framework of controls and systems of risk management and governance in place to enable the organisation to deliver its strategic objectives.
- Ensuring the Executive Team provides reports to the Board in relation to delivery of the strategic objectives and operates within the management controls/ risk management systems.

8.4 All Executive Directors

- Ensuring they and their Service Delivery Units operate within the organisational management controls and risk management systems, policies and procedures of the organisation.
- Presenting to the Board accurate, clear and timely information regarding the delivery of the organisations strategic objectives and portfolio areas.

8.5 Non-Executive Directors

- Satisfy themselves that management controls and systems of risk management and governance are sound and are used effectively.

8.6 Executive Director of Nursing & Quality (Executive lead for Risk Management)

- Ensuring PC24 has a sound and effective clinical risk management process in place and that it is being operated effectively.
- Joint responsibility and accountability with Executive Team for the Board Assurance Framework and associated processes, and ensuring these are fit for purpose.
- Proposing the organisational assurance process and infrastructure for Board approval and monitoring and reporting upon its effectiveness.
- Ensures the provision and maintenance of an effective system of quality and clinical risk identification and associated controls, reporting and governance.
- To maintain an oversight of PC24's clinical and quality risk management structures, processes and responsibilities, including the production and issues of any clinical risk and control-related disclosure statements or reports (e.g. Annual Quality Reporting to commissioners and PC24's Annual Report).

8.7 Company Secretary

- Coordinates the Executive review / population and update of BAF risks.
- Document preparation for Committee and Board presentation and scrutiny.

8.8 Executive Support for Risks on the Board Assurance Framework

- To ensure that systems are in place to identify, record, monitor, analyse and scrutinise strategic risks.
- Responsible for the day to day implementation of the strategic risk and clinical risk components of the PC24 Risk Management Policy.
- Ensure all appropriate strategic risk training is commissioned and delivered.
- Support staff in day to day management of strategic risks and associated controls and actions.
- Ensure that relevant legislation is incorporated into policy documents.
- Ensure that strategic and clinical risks are reported via appropriate routes and gaps in assurance highlighted.

9 Annual Board Assurance Schedule

9.1 The PC24 annual board assurance schedule will be as follows:

Action	Executive Lead	Management Lead	Date
Strategic objective setting to be undertaken as part of the annual business planning cycle	Chief Executive Officer	N/A	Quarters 3 and 4 (October to March each year)
Strategic and significant risk review and identification to be undertaken as part of business planning process	Chief Executive Officer	Executive Directors	Quarter 1 (March each year)
Approval of Strategic Risks	Chief Executive Officer	Board of Directors	End April each year
Population of Board Assurance Framework	Company Secretary	Coordinated and prepared by Board Administrator	Quarter 1 April and May each year
BAF Risks to be updated in line with the Risk Management Policy, along with an action plan progress update	Executive Directors	Corporate and Operational Managers	Bi-monthly / as required
Sections of the BAF to be monitored by relevant Board committees to ensure risk management of the delivery of the strategic objectives	Board Committee Chairs	Presented by Lead Executive and or nominated Senior Manager Timetable scheduled by Company Secretary and Lead Executives	Prior to scheduled Committee's
Presentation to Board a minimum of six times a year	Executive Directors	Timetable scheduled annually by Company Secretary.	Following Committee's. To include presentation at year end; March.

10 Bibliography:

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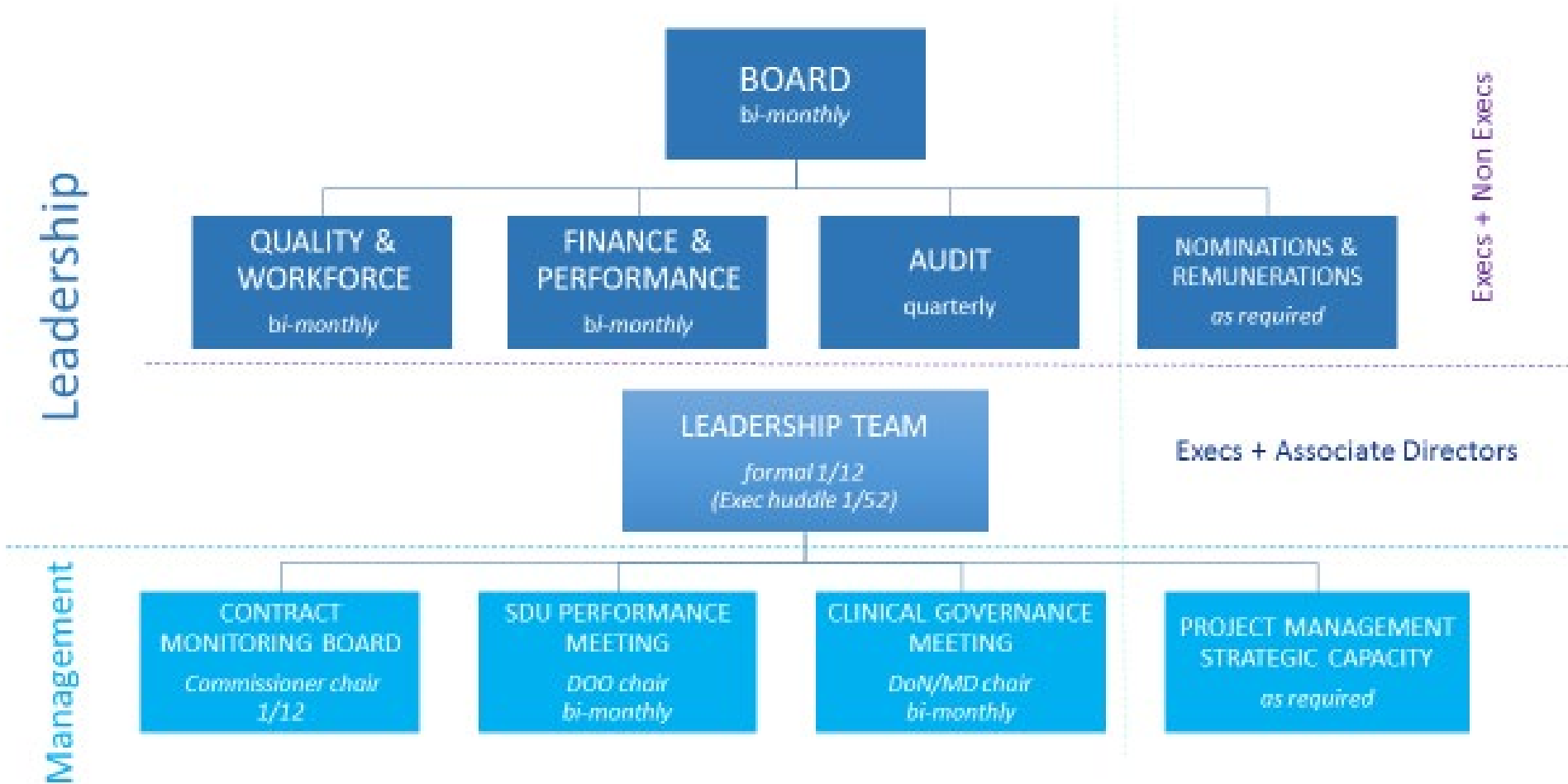
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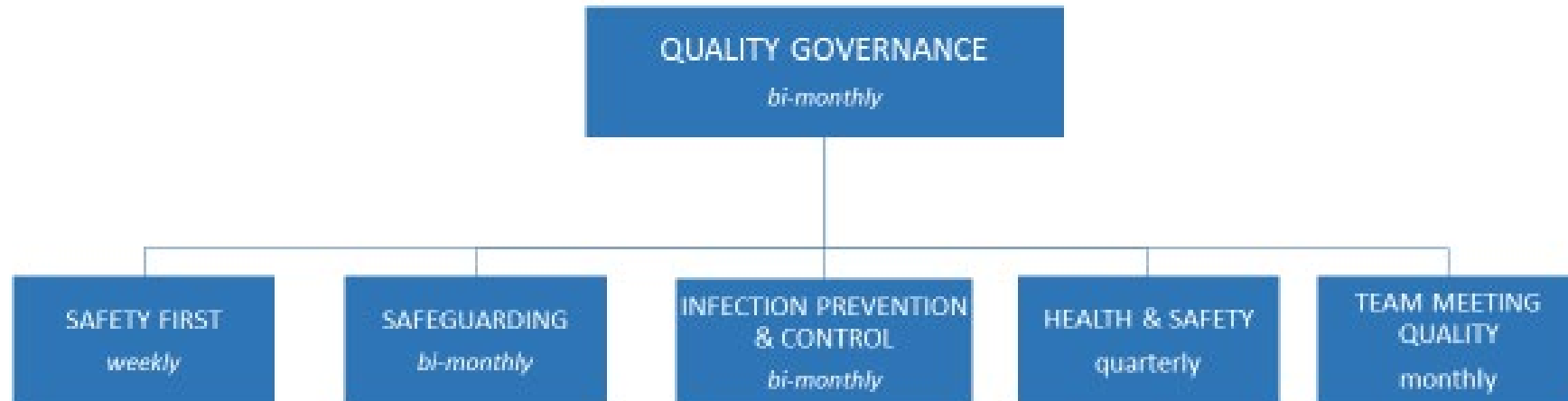
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PC24 Meetings Chart



Quality Governance Meetings



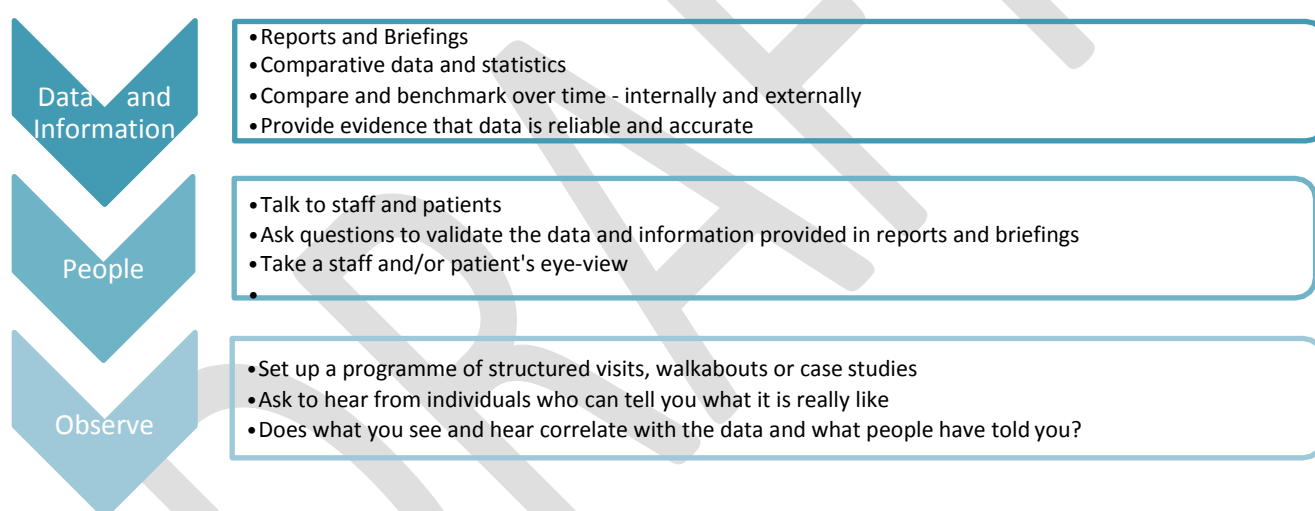
Appendix 2: Guidance on testing controls, Assurance Sources, Scrutiny and Questions to Ask

1. Testing the Controls

- Prior to presenting reports and information about key controls to the Board, the Leadership Team (Executive Directors and senior managers of the organisation) must satisfy themselves the arrangements in place are robust and will enable reasonable assurance to be provided.
- The Service Delivery Unit performance reports each month will provide an indication of the level of risk within each service in relation to quality and safety issues (such as medication, infection control and CQC registration), operational issues and financial risks.

Example Sources and levels of Assurance:

Sources of Assurance



Strength of assurance: “Three Lines of Defence”



2. Assurance Triangulation

- It is considered best practice for organisations to adopt a triangulation approach to gain their assurance; this consists of looking for three distinct sources of information and comparing them. If those three sources coincide then reasonable assurance can be taken.
- *Data & Information* – formal board and sub-committee reports and briefings. These will provide comparative information to show performance against other similar organisations and within the organisation over time. Dashboards / traffic light / heat map and other representations may be used. Performance which falls outside acceptable (and Board defined) parameters will be accompanied by an exception report and actions tracked and reported to the Board. The Board should seek evidence of the quality and reliability of data presented in reports e.g. that it is accurate.
- *People* – the Board should talk to relevant managers and frontline staff who can add insight into data and information presented.
- *Observation* – taking a patients-eye view such as a Board programme of site and service visits, participation in internal inspections, structured walkabout programs and requesting reports include patient case studies or request to hear from individual patients at Board meetings.
- The BAF requires the organisation to consider the effectiveness of each control during the process of gaining assurance. The Board will take all reasonable steps to ensure it looks at the right data, and verifies the data by talking to the right staff and verifies both through direct observations of patient care and treatment. Through this process the Board will ensure it gains all of the three key assurance levels of self-assurance, internal oversight, and external / independent assurance.

Board Assurance Framework (BAF): 2019/20 (July 2019)

Introduction




This draft Board Assurance Framework (BAF) 2019/20 has been prepared to allow the Board of PC24 to consider a proposed BAF for implementation from July 2019. This proposed BAF includes the following Principal Risks (PRs) to PC24’s core objectives:

- PR1: Over the next 12 months, we will consolidate our business and demonstrate success in each services line.**
- PR2: Over the next 6 months, we will review and reshape our organisational governance process and structures, to reflect our current business and demands.**
- PR3: We will be the employer we wish to be at all levels of the organisation.**
- PR4: We will develop our corporate functions from transactional to transformational.**
- PR5: We will embed a communications and marketing strategy.**

The key elements in this design for the Board to consider are as follows:

- A simplified description of each Principal (strategic) Risk, which forms the basis of PC24’s risk framework (with corresponding corporate and operational risks defined at organisational and service levels).
- A simplified way of displaying the risk rating.
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk within a 5 year horizon, along with the anticipated proximity within which they are expected to materialise and the degree of certainty that the level of risk will change (**High certainty** = change in likelihood is expected; **Uncertain** = unable to predict change; **Stable** = likelihood not expected to change).
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits).
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key).
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk & compliance** functions (internal but independent of the area reported on); and (3) **Internal audit** (independent).
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales.
- Relevant Key Risk Indicators (KRIs) for each strategic risk.

Key to lead committee assurance ratings:

-  Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk management strategy in addressing the threat or opportunity
-  Amber = Inconclusive assurance: the Committee has not received sufficient evidence to be able to make a judgement as to the appropriateness of the current risk management strategy
-  Red = Negative assurance: the Committee has received reliable evidence that the current risk management strategy is not appropriate to the nature and / or scale of the threat or opportunity

Implementation of this approach should then inform the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	1: Over the next 12 months, we will consolidate our business and demonstrate success in each services line.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 1: Services not breaking even or contributing to overheads or generating surplus.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of Finance		

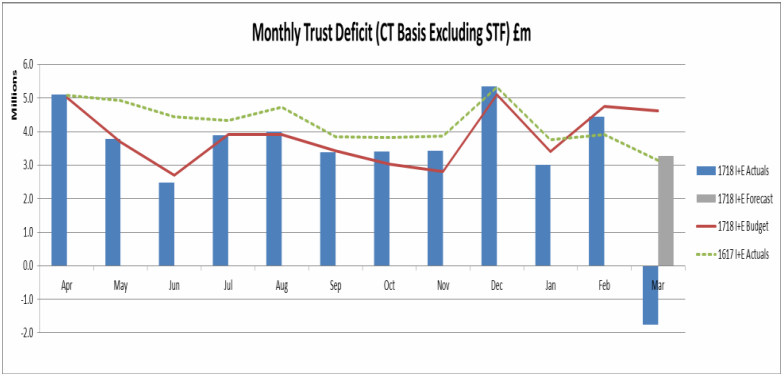
Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Key risk indicators (KRIs)

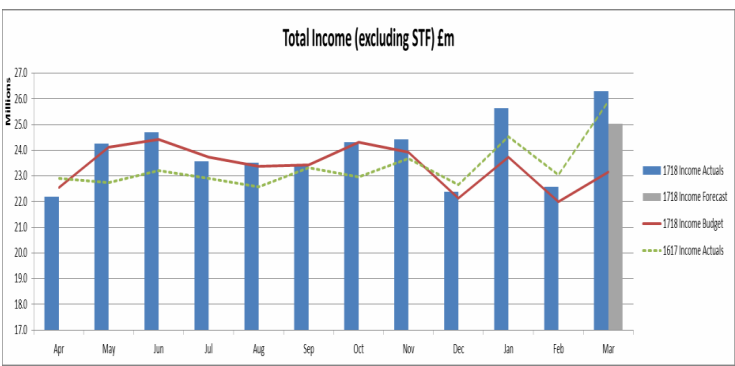
Commented [PK1]: Heledd these are a few examples, not sure what if anything you would like to include?

Financial position against annual control total



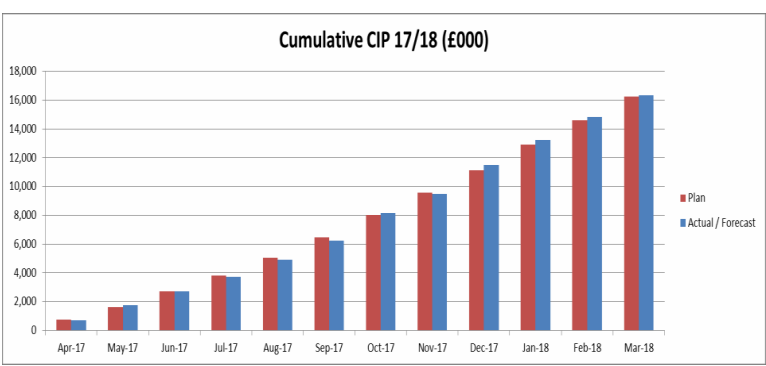
Against control total excluding STF the Trust was £6.4m better than plan in M12 and cumulatively £5.9m better than plan.

Income against plan



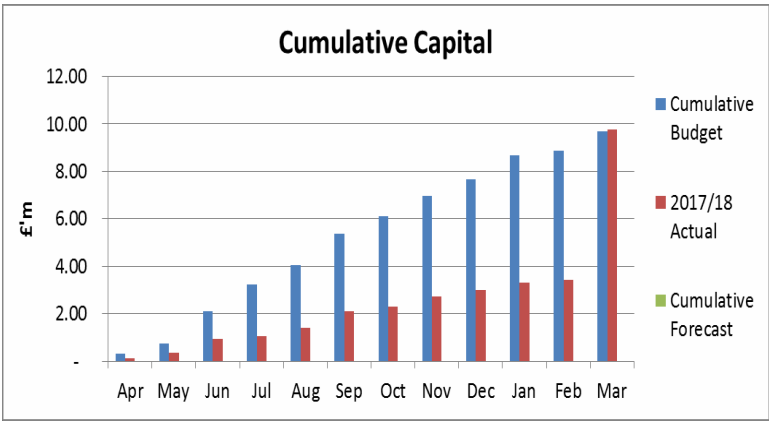
Total income (exc. STF) is £3.1m better than plan in M12 and cumulatively £6.3m better than plan.

Cost Improvement Plan (CIP) delivery against plan



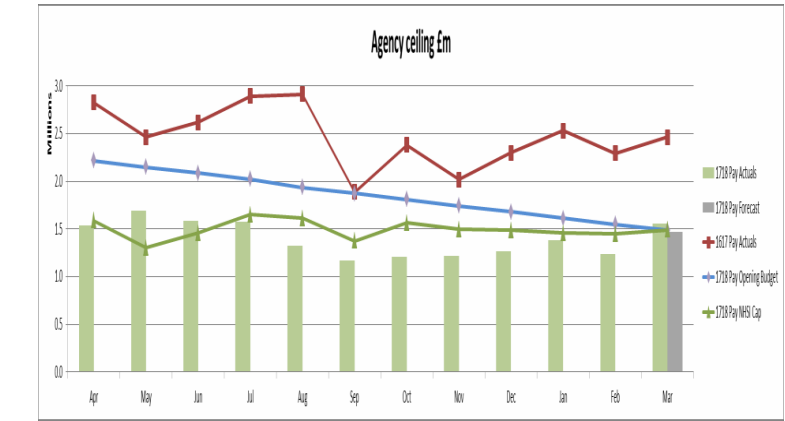
Cumulative CIP delivery was above the plan of £16.26m by £0.1m at year end.

CAPEX expenditure against plan



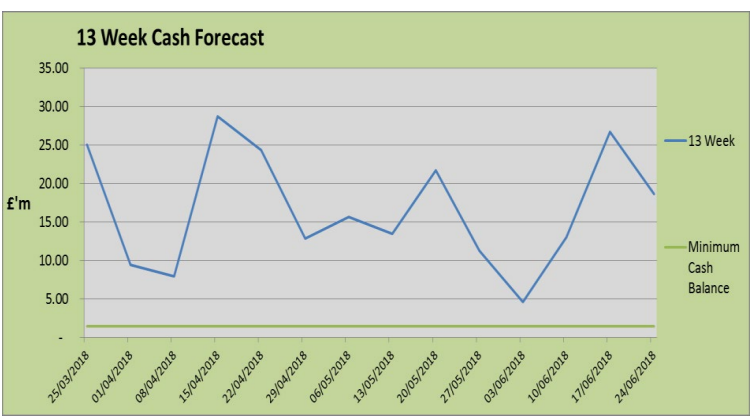
M12 Capex expenditure position was £9.77m, £0.1m above its capital plan of £9.67m (Excluding donated assets), due to additional PDC funded expenditure.

Agency spend against NHSI ceiling



Agency spend for the year totalled £16.7m against the NHSI ceiling of £17.9m.

Closing cash against plan



Closing cash at 31st March 2018 was £8.90m above the plan of £1.45m.

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	1: Over the next 12 months, we will consolidate our business and demonstrate success in each services line.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 2: Services are not meeting their workforce KPI’s and teams are disengaged.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee’s Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of HR & OD		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
▪ i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	1: Over the next 12 months, we will consolidate our business and demonstrate success in each services line.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 3: Services are not safe, effective or caring. We are not meeting regulatory requirements, i.e. CQC rankings.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of Nursing & Medical Director		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Key risk indicators (KRIs)		
CQC Rating – Asylum	CQC Rating – OOHs	CQC Rating – Sefton Practices
<div>March 2016:</div> <div><div>Overall Good</div><div><div>Safe</div><div>Requires improvement</div></div><div><div>Effective</div><div>Good</div></div><div><div>Caring</div><div>Good</div></div><div><div>Responsive</div><div>Good</div></div><div><div>Well-led</div><div>Outstanding</div></div></div>	<div>February 2018:</div> <div><div>Overall Good</div><div><div>Safe</div><div>Requires improvement</div></div><div><div>Effective</div><div>Good</div></div><div><div>Caring</div><div>Good</div></div><div><div>Responsive</div><div>Good</div></div><div><div>Well-led</div><div>Good</div></div></div>	<div>March 2017:</div> <div><div>Overall Outstanding</div><div><div>Safe</div><div>Good</div></div><div><div>Effective</div><div>Good</div></div><div><div>Caring</div><div>Outstanding</div></div><div><div>Responsive</div><div>Good</div></div><div><div>Well-led</div><div>Outstanding</div></div></div>

Commented [PK2]: These are just a few examples.

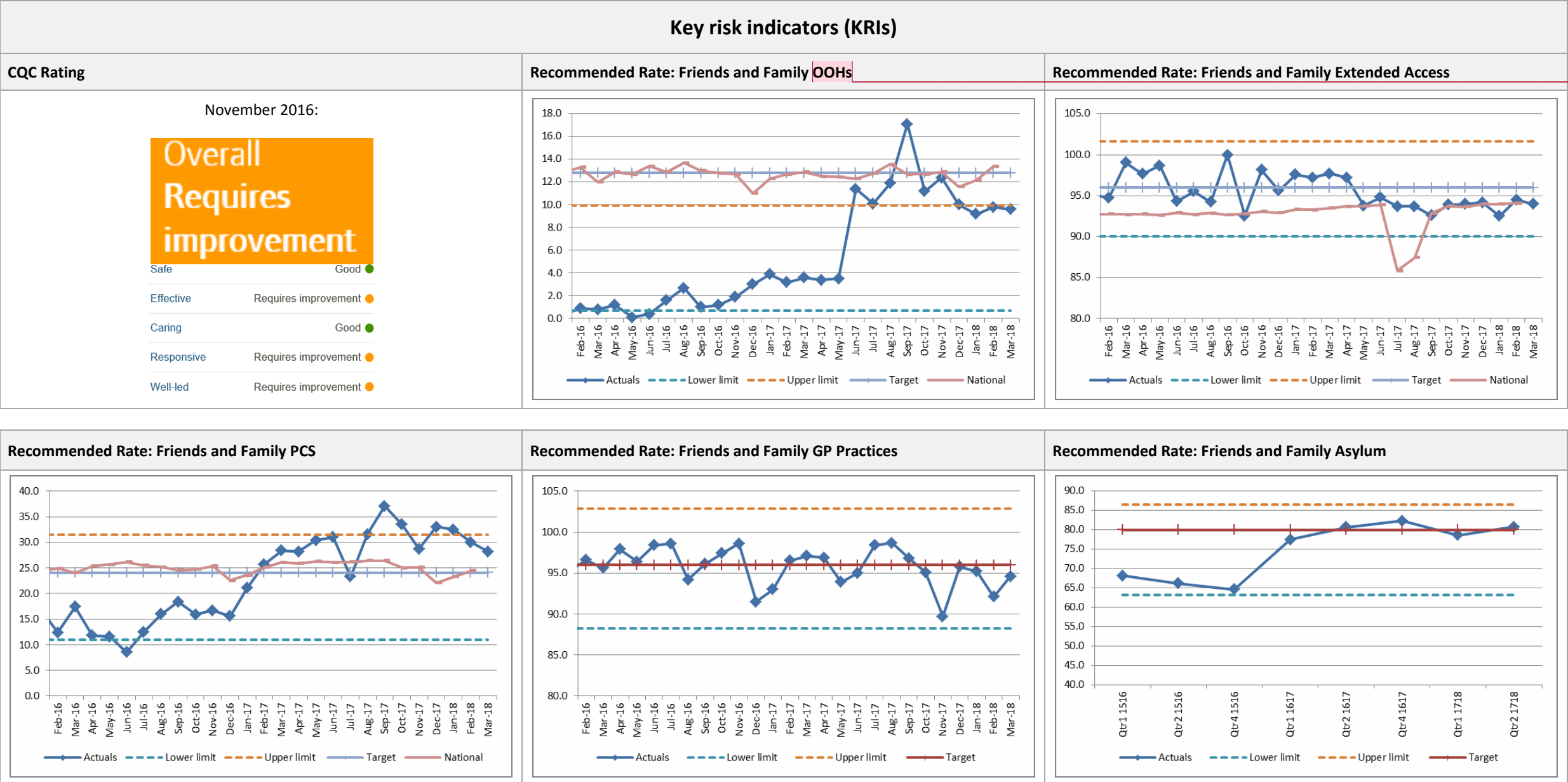
Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	1: Over the next 12 months, we will consolidate our business and demonstrate success in each services line.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 4: Lack of patient engagement and inappropriate use of secondary care services.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of Finance		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)



Commented [PK3]: Not all services have FFT so I would need to amend this to reflect the different patient experience tools.

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	2: Over the next 6 months we will review and reshape our organisational governance process and structures, to reflect our current business and demands.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 1: Lack of risk management processes which are centred on risk registers.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Commented [PK4]: Could we insert the corporate risk register as an appendix to this section?

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of Nursing		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	2: Over the next 6 months we will review and reshape our organisational governance process and structures, to reflect our current business and demands.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 2: Governance not robust and lack of a Board Assurance Framework.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of Nursing & Chief Executive		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	2: Over the next 6 months we will review and reshape our organisational governance process and structures, to reflect our current business and demands.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 3: Lack of robust policy management processes.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Company Secretary		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

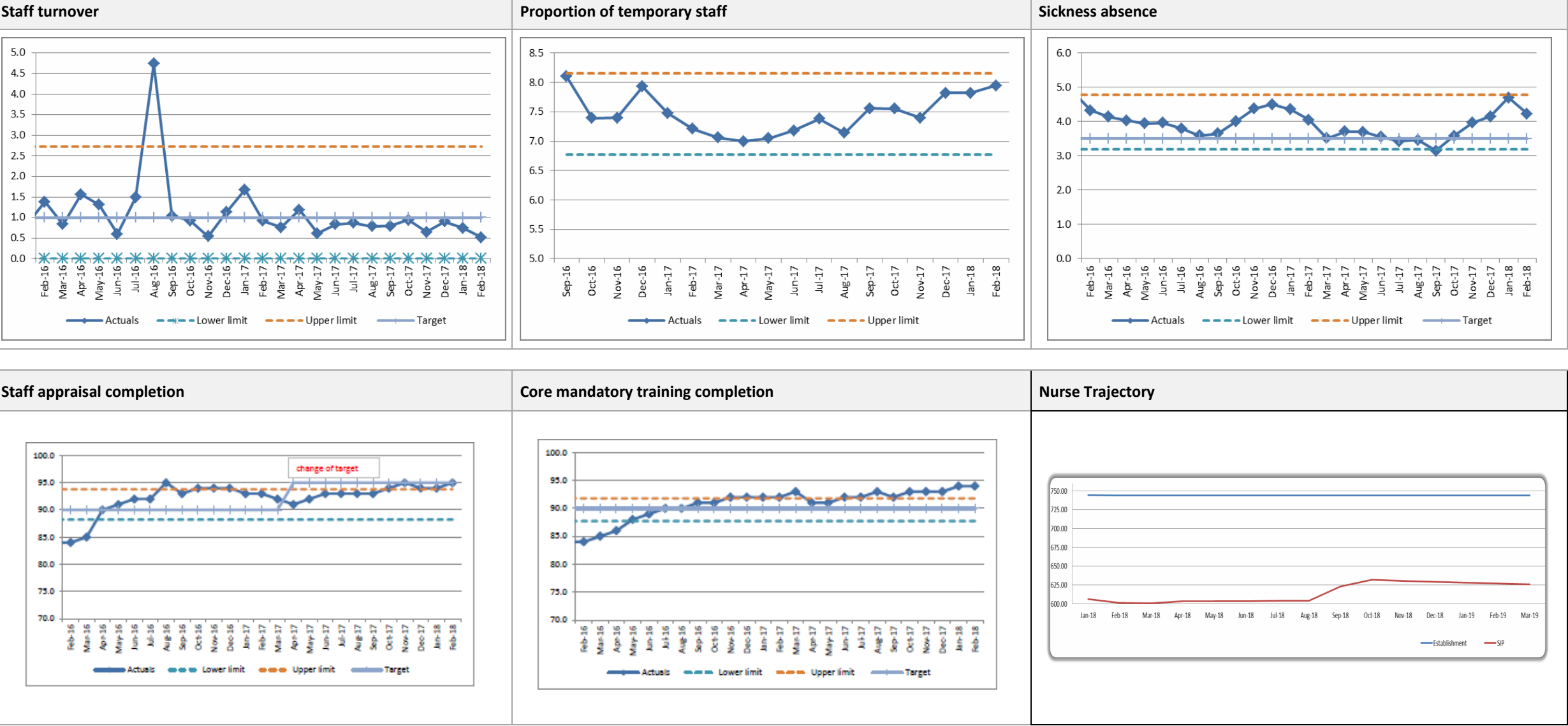
Strategic priority	3: We will be the employer we wish to be at all levels of the organisation.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 1: Lack of a People Strategy.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									All Executive Directors		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Key risk indicators (KRIs)



Commented [PK5]: Susan these are a few examples we could use; unsure though if this level of business intelligence is available?

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	4: We will develop our corporate functions from transactional to transformational.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 1: Lack of robust management of Health and Safety agenda. Sub-optimal payroll provider. Poor IMT infrastructure and planning. Lack of a people strategy.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of Nursing, Director of Finance, Director of Service Delivery and Director of HR & OD.		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
▪ i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Strategic priority	5: We will embed a communications and marketing strategy.	Current risk exposure	Tolerable risk	Lead Committee	Finance and Performance
Principal risk (in the next 2 years)	PR 1: Lack of a robust communication plan. Absence of a marketing strategy.	Likelihood		Last reviewed	
		Severity		Last changed	
		Risk rating		Details of change	

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21						
									Director of Finance and Director of HR & OD		

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none">i.e. monthly meetings, committees, contract monitoring boards, audit.				

Board Assurance Framework (BAF): 2019/20 (July 2019)

Title: Policies for approval	Meeting Date: 30 May 2019	Agenda item no: 10.1
Prepared and presented by: Margaret Swinson	Discussed by: Quality & Workforce, Policy Group	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance ✓ Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Approve the Maternity, Paternity and Adoption Leave and Pay Policy • Endorse the updates processed to the Recruitment and Selection Policy • Endorse the updates processed to the Alcohol and Substance Misuse Policy. 	

1.0 Purpose:

- 1.1 The purpose of this report is to present the Maternity, Paternity and Adoption Leave and Pay Policy for approval. The policy has been through the required scrutiny by the Policy Group and has been recommended for approval by the Quality & Workforce Committee.
- 1.2 Board is also invited to endorse updates which have been processed to the Recruitment and Selection Policy and the Alcohol and Substance Misuse Policy. The updates are set out below but in both cases did not require substantial changes to the policies concerned and were therefore considered by the Policy Group and then presented to the Quality & Workforce Committee which agreed that they should be presented to the Board for endorsement. These policies are not, therefore, reproduced in full.

2.0 Policy Updates:

2.1 Recruitment and Selection

The policy was updated to incorporate the following:

- Recommendations from the Audit South West Core Review report in order to make explicit the minimum requirements and acceptable forms of documentation for the verification of identity and to incorporate a process for checking compliance with the requirement to be on the GP Performers List which was not previously in the policy.
- Changes in the provision of indemnity insurance for clinicians which took effect on 1 April 2019
- The introduction of a Vacancy Control process

2.2 Alcohol and Substance Misuse

The policy was updated to make appropriate reference to the Psychoactive Substances Act and to reflect the support offered to employees by the through PC24 eg Occupational Health.

3.0 Recommendations:

The meeting is invited to:

- Approve the Maternity, Paternity and Adoption Leave and Pay Policy
- Endorse the updates processed to the Recruitment and Selection Policy
- Endorse the updates processed to the Alcohol and Substance Misuse Policy.

Maternity, Paternity, and Adoption Leave and Pay Policy and Procedure

Version	V2
Supersedes:	V1
Date Ratified by Board:	
Reference Number:	PC24POL47
Title & Department of originator:	Human Resources Department
Title of responsible committee/department:	Associate Director of Human Resources
Effective Date:	
Next Review date:	3 years from Effective Date
Target audience:	All Staff
Impact Assessment Date:	31.05.2019
Summary	This policy governs the rules and procedures relating to maternity, paternity and adoption arrangements

Version	Date	Control Reason	Title of Accountable Person for this Version
V1		Change in entitlements	Alison Hughes
Reference Documents		Electronic Locations (Controlled Copy)	Location for Hard Copies
Consultation: Committees / Groups / Individual			Date

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1.0 PURPOSE

Primary Care 24 is fully committed to helping working parents balance work and family life. Primary Care 24 will make any reasonable adjustments to accommodate employee needs in respect of reasonable time off for maternity, paternity or adoption purposes whilst ensuring it provides a smooth and continuous quality service.

Primary Care 24 recognises the many types of families our staff may be part of. This policy applies to all types of family units, e.g. same sex and different sex couples (whether civil partners, married or not) and single parent families. It applies to all staff whether heterosexual, lesbian, gay, or bisexual.

In implementing this policy, Primary Care 24 will ensure that employees:

- as far as reasonably possible, are able to combine their work and family responsibilities,
- will not be subject to any detriment because they took, or sought to take family-related leave,
- will not be disadvantaged in terms of their work based development needs or career development for having taken family-related leave and
- are aware of the family-related entitlements available to them and their responsibilities within those entitlements.

The Maternity, Paternity and Adoption procedures contain information for employees who are planning to become a parent, are a parent or have parental responsibility.

To briefly outline the difference between the types of family-related leave; maternity leave is for the expectant mother; adoption leave is for the lead adopter and paternity leave is for the expectant father, guardian, heterosexual or same sex partner (who is not taking adoption) whether lesbian, gay, bisexual or heterosexual.

The policy and procedure provides information for managers on Primary Care 24's legal responsibility, i.e. Health & Safety risk assessments, and outlines steps for processing maternity, adoption, paternity or parental leave.

2.0 SCOPE OF THE POLICY

This policy applies to all Primary Care 24 employees. The procedures do not apply to agency or casual workers, self-employed or those subcontracted to provide services to Primary Care 24.

3.0 RESPONSIBILITIES

3.1 EMPLOYEE RESPONSIBILITIES

Employees:

- must take responsibility for looking after their own well-being whilst pregnant and voluntarily seek advice from their doctor or midwife.
- are responsible for being aware of the procedures underpinning this policy and reasonably following the expectations set-out within the procedures.
- are responsible for fulfilling their contracted hours and whilst Primary Care 24 will allow reasonable time off work to attend appointments, employees should attempt to make all appointments, where possible outside of their normal working hours. Where this is not feasible, as much notice as possible should be given to the line manager.
- Maintain communication with their line manager before and during periods of absence as agreed

3.2 MANAGER RESPONSIBILITIES

Line managers:

- should ensure that they understand the Maternity, Paternity and Adoption leave and Pay Policy and supporting procedures.
- are responsible for supporting the employee in preparation for and during their leave through meetings and communication. They will also take appropriate

action to maintain smooth and effective service before and during the period of leave.

- must ensure that leave is accurately recorded and that all appropriate correspondence is given to the employee and filed on their HR file in a timely manner.
- must preserve the confidentiality of any family related information they receive, agreeing with the employee any communication across their teams.

3.3 ROLE OF HUMAN RESOURCES

HR will:

- develop and provide clear policies and procedures for line managers and employees to refer to.
- ensure that policies and procedures are accessible on the intranet for easy access.
- assist line managers and employees by providing forms and letter templates to fulfil the necessary statutory obligations related to preparing for or taking family-related leave. ensure line managers receive training/coaching on how to handle and manage family-related absence.
- provide additional guidance to line managers on implementing the procedures during complex, exceptional or unusual circumstances.
- implement pay instructions regarding the identified family-related entitlements and deductions, upon receipt of the required paperwork.

4.0 POLICY PROCEDURES

4.1 MATERNITY

The Maternity Leave Procedure provides employees who are about to become new mothers with information on their entitlements.

Both the expectant mother and the line manager should be familiar with the content of the Maternity Leave Procedure as statutory and procedural requirements are non-

negotiable.

Primary Care 24 has an obligation under the Management of Health and Safety at Work Regulations 1999 (MHSW), and the Employment Rights Act 1996 to ensure that it protects the health and safety of its pregnant workers and breastfeeding mothers and, under the Equality Act 2010, that it does not discriminate against pregnant employees or those on maternity leave. This document sets out Primary Care 24's current maternity guidance which is intended, as a minimum, to reflect the statutory provisions. If there is any conflict between this procedure and the statutory provisions, the latter will prevail.

i. Notification of Pregnancy & H&S Risk Assessment

Expectant mothers should notify their line manager of their pregnancy as soon as practically possible to ensure that an initial Health and Safety Risk Assessment is completed at the earliest opportunity. Arrangements should also be put in place for a review.

Information and guidance on how to complete the Risk Assessment of a Pregnant Worker can be found as part of the Risk Assessment Standards and Guidance for New and Expectant Mothers (Appendix 1).

Expectant mothers are asked to discuss the risks associated with her particular job or discipline with her GP/doctor/midwife or other registered practitioner and to discuss these with their line manager in order that an appropriate risk assessment can be carried out. If a risk is identified this may require an alteration in the employee's working conditions or hours of work. In extreme circumstances, where the risk to the un-born baby cannot be avoided, then steps must be taken to find suitable alternative employment in another role.

If suitable alternative employment cannot be identified, a pregnant staff member may be suspended on full pay and benefits. This is known as "maternity suspension" and may be considered in conjunction with advice from Occupational Health, the employee's own GP or midwife and HR.

A further risk assessment is required for employees returning to work who are breastfeeding to ensure that reasonable practicable steps are taken to control the risks to which the mother may be exposed.

ii. Right to Time Off for Ante-Natal Care

All expectant mothers are entitled to reasonable paid time off during working hours to attend appointments for antenatal care based on the advice of a registered medical practitioner, midwife or health visitor.

Such appointments are usually directly related to the health and wellbeing of the pregnant women and/or the unborn child. Where possible, the pregnant employee should arrange appointments at either end of the working day so as to cause minimum disruption to the smooth running of the workplace.

Employees may be required to provide evidence of appointments and are required to give as much notice as possible of the appointments.

iii. Meaning of Childbirth

The definition of childbirth, for the purpose of determining eligibility for both the maternity pay and leave, means the birth of a live child, or a still birth after a pregnancy lasting at least 24 weeks.

iv. Sickness Absence during Pregnancy

If an expectant mother is sick during her pregnancy with an illness unrelated to her pregnancy, her sickness absence will be treated as normal sickness absence and the Absence Management Policy will apply.

All pregnancy related sickness absence will be counted against her occupational sickness entitlement but will be discounted for absence monitoring purposes, as outlined in the Absence Management Policy.

Where an expectant mother is absent wholly or partly because of her pregnancy at any time after the start of the 4th-week before the expected week of Childbirth (EWC) the expectant mother's maternity entitlement will commence automatically.

v. Premature or Stillbirth

Where an employee's baby is born alive but prematurely i.e. at least 11 weeks before the due date, the employee can agree with the line manager for the Maternity, taking a minimum of two weeks leave immediately after the childbirth and the rest of the leave when the baby is discharged from Hospital.

In the event of a stillbirth occurring after the 24th week of pregnancy, the employee will be entitled to the same amount of Maternity Leave and pay as if her baby was born alive.

Where an employee has a miscarriage before the end of the 24th week of pregnancy, normal sick leave provisions will apply

vi. Maternity Leave Eligibility & Entitlement

All expectant mothers who meet the requirements are entitled to take up to 52 weeks maternity leave which comprises of 26 weeks' Ordinary Maternity Leave (OML) and 26 weeks' Additional Maternity Leave (AML) which is a combination of paid and unpaid leave.

All expectant mothers must take a period of "compulsory maternity leave", which is a minimum of two weeks commencing with the day the child is born (or stillborn if that occurs any time after 24 weeks of pregnancy).

The maternity entitlements are unchanged in the event of a multiple birth.

vii. Shared Parental Leave and Pay

For couples who meet the requirements, Shared Parental Leave enables sharing of the care of a child during the first year following birth or adoption. Please refer to section 4.4 for more information.

viii. Notification requirements for Maternity Leave

By the end of the 15th week before the expected week of childbirth (EWC), or as soon as reasonably practical, an employee should notify their line manager in writing of the following:-

- That she is pregnant.
- The Expected Week of Childbirth (EWC).
- The date on which she intends to commence her maternity leave which can start on any date within the 11th weeks before the EWC.

Written notification must be supported with a medical certificate (MATB1). This is issued by the employee's GP or midwife around the 26th week of pregnancy and confirms the expected week of childbirth. Payroll cannot process any maternity pay without a MATB1 so this must be provided before maternity commences.

Following written notification from the employee, the line manager should discuss maternity leave arrangements with the employee and confirm details of the discussion in writing.

Primary Care 24 will assume that the employee will take the full entitlement of 52 weeks unless stated otherwise.

An employee can bring forward or postpone the maternity leave start date as long as 28 days notification is provided unless this is not reasonably practicable.

ix. Starting Maternity Leave

Maternity leave can commence no earlier than the 11th week before the EWC and can start on any day of the week.

If an expectant mother is absent from work due to a pregnancy related sickness within four weeks of the EWC or if childbirth occurs earlier than anticipated, maternity leave will start automatically. In light of this the line manager will notify HR and Payroll and amend records where possible so that the maternity leave pay is calculated.

4.1.1 Entitlements during Maternity Leave

The employee is entitled to take up to a maximum of 52 weeks Maternity/Adoption Leave. This is made up of two parts;

1. Ordinary Maternity and Adoption Leave (OML) - the first 26 weeks of Leave is referred to as Ordinary Maternity / Adoption Leave. Employees are entitled to take 26 weeks ordinary Maternity or Adoption leave irrespective of their length of service or the number of hours worked each week, provided they comply with certain notification requirements.
2. Additional Maternity and Adoption Leave (AML) - employees who qualify for ordinary Maternity or Adoption leave will also qualify for Additional Maternity Leave (AML). This is a further 26 week period that starts the day after the OML ends.

Compulsory Maternity Leave - legislation prohibits mothers from returning to work during the two week period immediately after the birth of their child.

Commencement of Maternity Leave - The employee may commence maternity leave at any time from 11th week before the expected week of confinement up to the date of birth, provided that the notification procedures have been complied with. Maternity leave will automatically commence in the event of absence from work for any pregnancy related illness during the four weeks prior to the commencement of the EWC, regardless of when maternity leave was actually planned to begin. Maternity leave will begin automatically on the day after the first day of the employee's absence from work in such cases.

If an employee gives birth before the employee's maternity leave period was due to commence, she must notify the organisation in writing as soon as is reasonably

practicable of the date on which she gave birth. In this instance, the maternity leave period will commence automatically on the day after the date of birth.

Once the organisation has been notified of the date on which the Maternity or Adoption leave is due to commence (see below), it is still possible to vary this date provided notification of the variation is given to their manager at least 28 days before the new date, (unless this is not reasonably practicable).

4.1.2 Maternity and Adoption Pay

Rates of pay for Maternity/Adoption Leave will be dependent upon the employee's individual situation.

Statutory Pay - if an employee has at least 26 weeks' continuous service at the start of the 15th week before their child is born, they will normally be entitled to receive Statutory Maternity and Adoption Pay (SMP & SAP) whether or not they intend to return to work.

Statutory Maternity and Adoption pay is payable at two rates for a maximum of 39 weeks. For the first six weeks the higher rate of either Statutory Maternity pay or 90% of salary will be paid.

After this time employees will be paid at the rate of Statutory Maternity Pay or 90% of their earnings, whichever is less. Statutory pay rates can be found on the HM Revenues and Custom website [here](#).

Occupational Pay - those staff that have 12 months continuous service with the organisation at the beginning of the 11th week before the expected week of childbirth and intend to return to work for a minimum of 6 months after their leave are also entitled to Occupational Maternity and Adoption Pay. This is paid at 8 weeks full pay inclusive of Maternity and Adoption Allowance or Statutory Maternity and Adoption Pay, 18 weeks half pay plus Maternity and Adoption Allowance or Statutory Maternity and Adoption Pay.

Full pay is calculated by taking the average over the eight week period prior to the qualifying week. For monthly paid staff this will include all the pay the employee received in the 2 months up to and including the last normal pay day before the end of the qualifying week. The qualifying week is 15 weeks before the expected week of childbirth.

Should the employee opt to receive Occupational Maternity/Adoption pay and then not return to undertake the 6 months of work required within this policy, they may be liable to repay the difference between Statutory Pay and the Occupational Pay received.

Maternity and Adoption pay will be paid into the employee's bank account on the same date that they would have received their salary and will be subject to the usual deductions for tax, National Insurance (NI) and pension contributions.

Maternity/Adoption Allowance - those who have less than 26 weeks continuous service at the start of the 15th week before their child is born/adopted will need to contact the Department for Work and Pensions to apply for payment of Maternity/Adoption Allowance. The Department for Work and Pensions website is:- www.dwp.gov.uk

If an employee is not eligible for Maternity or Adoption pay they may be entitled to claim Maternity Allowance direct from the Department for Work and Pensions by completing an SMP1 form, which, the payroll department will provide if the employee is not eligible for any maternity pay scheme.

If an employee is unsure as to what maternity/adoption leave they are entitled to it is their responsibility to contact the Department for Work and Pensions.

4.1.3 Terms and Conditions during Maternity Leave

During the full maternity leave period, the expectant mother remains an employee of Primary Care 24, unless her contract expires. Entitlements to maternity pay replace

contractual entitlements to remuneration. The employee must therefore continue to abide by their contractual obligations.

During maternity leave, all employees must maintain a duty of good faith and abide by any terms relating to notice on termination, redundancy pay, disclosure of confidential information, the acceptance of gifts or other benefits, and involvement in any other business. Disciplinary and grievance procedures also continue to apply.

i. Ordinary Maternity Leave (OML)

During OML all terms and conditions continue with the exception of remuneration: the employee will receive the rates of pay set out in 4.1.2 above, provided she meets the qualifying requirements as set out above.

Employees continue to enjoy contractual benefits including the accrual of holiday entitlement.

ii. Additional Maternity Leave (AML)

During AML the contract of employment will continue unless either the mother or Primary Care 24 terminates the contract or it expires.

Primary Care 24's pension contributions towards the mother's pension will continue during AML however Primary Care 24 will be unable to make any employee pension deductions for that time. Employees will be required to make up outstanding contributions upon return to work in line with NHS Superannuation Regulations. Please see Finance for more details.

4.1.4 Annual Leave entitlements

Employees maintain their entitlement to contractual annual leave including bank and public holidays during Maternity Leave.

In the event that an employee's maternity leave straddles two leave years,

particularly if the full 52 weeks is taken, expectant mothers should take all reasonable steps to use their current leave year entitlement prior to maternity leave. In addition expectant mothers should plan their leave entitlement prior to their return in conjunction with their line manager.

Unused holiday entitlement will usually be lost and no payment will be made for holiday entitlement not taken. In exceptional circumstances e.g. when the baby is born early (meaning maternity leave must commence) any outstanding leave would be carried forward.

4.1.5 Notice periods

Contractual notice periods remain during maternity leave and in the event of an employee being made redundant during their maternity leave the employee will be entitled to full contractual notice and any redundancy pay due.

4.1.6 Contact during Maternity Leave

Line managers may make reasonable contact with an employee during maternity leave. This may be to see how the employee is getting on; to discuss return to work plans including any training or special arrangements to ease their return to work or simply to update them on developments at work during their absence.

In the case of restructures or possible redundancies which may affect the employee on maternity leave, line managers must ensure that they are informed of and included in all consultations.

It is automatically unfair to make a woman redundant on the grounds that she is pregnant or absent from work due to OML/AML.

i. Keeping in Touch Days (KIT days)

An employee may work for Primary Care 24 (including training, team meetings/information sessions) for up to 10 days during the maternity leave period (but not during the period of compulsory leave), without bringing the period of maternity leave to an end and without losing a week's statutory pay.

These days are known as Keeping in Touch (KIT) days and may only be worked if both the employee and line manager agree in advance. Primary Care 24 does not have the right to require an employee to carry out work and the employee has no right to undertake any work during maternity leave.

For any work undertaken, the employee will receive payment for one day's work, at the normal contractual rate of pay, with any contractual or statutory entitlements offset against it (for example SMP).

Any KIT days worked do not extend the period of maternity leave. Once the KIT days have been used up, the employee will lose a week's SMP for any week in which she agrees to work. Such situations should be discussed with the HR representative.

4.1.7 Returning to work following Maternity Leave

An employee has the automatic right to return to work following maternity leave and it is assumed that she will return to the same post unless stated otherwise (see below). The expected return date will be outlined in the Maternity acknowledgement letter, in line with the information provided by the employee.

If the employee has taken Ordinary Maternity Leave (OML) only, she is entitled to return to her original job on the same terms and conditions. If her post is at risk of redundancy whilst on leave, the mother will be consulted in accordance with Primary Care 24's Organisational Change Policy and offered suitable alternative vacancies within Primary Care 24.

If the employee has taken Additional Maternity Leave (AML) she is entitled to return to the same job on the same terms and conditions, or if that is not reasonably practicable, then to another suitable and appropriate job on terms and conditions which are no less favourable to the previous job.

The employee should contact their line manager in advance to discuss their return to work. Alternatively, the line manager may telephone or invite the employee for an

informal meeting to discuss any material points concerning her return to work.

Where the employee decides not to return to work, she must notify her line manager of her decision immediately, giving written notice as per the terms of her contract.

4.1.8 Returning to work before the expected end date

An employee has the automatic right to return to work following maternity leave. The employee is required to give their line manager 8 weeks' notice of their intention to return to work.

An employee wishing to change her return date from her original intended date is required to give 8-weeks' notice prior the date she originally intended to return. If she changes the return date more than once, the notice period will be counted from the original return date.

If an employee attempts to return to work earlier than the end of the maternity leave period without giving the 8 weeks' notice, Primary Care 24 may postpone their return until the full 8 weeks' notice has been given. Primary Care 24 will not however, postpone the return to work date later than the end of the original 52 weeks.

4.1.9 Changing working conditions

If an employee returning from maternity leave wishes to request a change to their working conditions, e.g. reduced hours or specific working patterns, this should be done through a Flexible Working request.

4.1.10 Employees on Temporary Contracts

Under the provisions of the Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002 which came into force on 1 October 2002, employees on temporary contracts are, under normal circumstances, not to be treated less favourably than their permanent counterparts.

Accordingly, employees who are employed on temporary contracts will have the

above entitlements, which as outlined are still dependent on their length of continuous service with Primary Care 24.

They must however continue to be employed by Primary Care 24 at the start of the Maternity Pay Period. If their contract is due to expire whilst the staff member is on maternity leave, the contract will be terminated and the employment will end - unless there is a prior written agreement with Primary Care 24 that the contract is to be extended, and the employee should return to work at the end of her maternity leave.

4.1.11 Organisational Change

In the event that an employee is absent during any proposed organisational change that may have an impact on the employee, Primary Care 24's management will ensure that the employee is informed of the proposed changes and given opportunity to be meaningfully consulted during the formal consultation period. It may be necessary to arrange a Keeping in Touch day to inform and consult with the employee.

In the event that an employee has been provisionally selected for redundancy during her maternity leave she is entitled to be offered suitable alternative employment beginning on the day immediately following the day on which the employee's temporary contract came to an end. The new contract should be both suitable for the employee and appropriate for her to do in the circumstances.

The provisions of the new contract relating to the capacity and place in which the employee is to be employed, and the other terms and conditions of employment, would not be substantially less favourable to the employee than if she had continued to be employed under her previous contract.

In the event that an employee leaves Primary Care 24's employment due to redundancy before she is due to return to work following family-related leave, any statutory entitlement remaining will be paid in full on the usual pay date in the month that the redundancy is due to take effect, which will normally be when the notice period comes to an end.

4.2 PATERNITY/PARTNER LEAVE

The Paternity leave procedure provides employees who are about to become new parents or guardians with information on their entitlements. It applies equally to same sex and different sex couples.

The procedure applies to male and female staff whose partner is pregnant, or due to be the lead adoptive parent or guardian, who are employed by Primary Care 24.

4.2.1 Ante-natal Care

Spouses, partners and civil partners of a pregnant woman are entitled to unpaid time off during working hours to accompany her to 2 ante-natal appointments.

4.2.2 Eligibility for Paternity Pay

An employee will need to have been continuously employed by Primary Care 24 for at least 26-weeks ending with the week immediately preceding the 15th week (the qualifying week before the expected week of childbirth) or have 26 weeks continuous service by the week in which s/he is notified of being newly matched with a child for adoption and must meet the following criteria:

- Be either the biological father, or be the partner of the child's mother, or one of two parents jointly adopting a child (but not taking statutory adoption leave and pay)
- Have or expect to have responsibility for the upbringing of the child and, if not the child's biological father, the employee must have the main responsibility (alongside the mother/lead adopter).

In addition, the employee must have:

- Notified Primary Care 24 of their intention to take Paternity Leave

- Continued to work up to the date of birth or child placement
- Earn before tax at least an average of the lower earnings limit for National Insurance Contributions
- Been continuously employed by Primary Care 24 for at least 26 weeks up to any day in the 'qualifying week'
- Declared their eligibility for SPP (Statutory Paternity Pay) by completing a 'self-certificate' declaration form SC3 form (available from the [HMRC website](#)) at least 28 days before they want their SPP to start (or as soon as practicable)

4.2.3 Paternity Entitlements

If the above conditions have been satisfied an employee will be entitled to receive up to 2 weeks at full pay. The employee can choose to take either one week or two weeks. A "week" is the same amount of days you would usually work in a week.

Ordinary paternity leave must be taken within 56 days (8 weeks) of the birth/adoption placement and may start on any day of the week from the birth of the baby or the date of the child's placement.

4.2.4 Notification requirements for Paternity Leave

By the end of the 15th week before the expected week of childbirth (EWC) or no more than 7 days after notification of the match in the case of adoptions, the expectant father, mother's partner, or second adopter should notify their line manager in writing that they wish to take Paternity Leave. The letter should include:

- The expected date of the baby's birth or in the case of adoptions - the date the child is expected to be placed for adoption as stated on the matching certificate & the date the adopter was notified that they had been matched to a child
- Whether they wish to take one or two weeks' Paternity Leave
- When they would like their Paternity Leave to start
- A copy of the MATB1 should be sent with the letter

4.2.5 Changing Paternity Leave start date

If an employee intends to change their paternity leave start date once it has been notified s/he should give their line manager 28 days' written notice or where this is not possible, as much notice as is reasonably practicable.

4.2.6 Multiple Births / Adopted Children

The paternity entitlements are unchanged in the event of multiple birth or adoption.

4.2.7 Terms and Conditions Paternity Leave

During the paternity leave period, the individual remains an employee of Primary Care 24 unless their contract expires. Entitlements to paternity pay replace contractual entitlements to remuneration.

During Paternity Leave all contractual benefits continue, provided he/she meets the qualifying requirements as set out above.

Examples of contractual benefits the employee is entitled to continue to benefit from include the accrual of holiday entitlement and continuation of contributions towards her/his pension plan.

During paternity leave, all employees must maintain a duty of good faith and abide by any terms relating to notice on termination, redundancy pay, disclosure of confidential information, the acceptance of gifts or other benefits, and involvement in any other business. Disciplinary and grievance procedures also continue to apply.

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4.2.8 Annual Leave

Employees continue to accrue annual leave including bank and public holiday entitlements throughout the duration of their paternity leave.

4.2.9 Contact during Paternity Leave

Line managers may make reasonable contact with an employee during paternity leave. This may be to see how the employee is getting on, to discuss return to work plans including any training or special arrangements to ease their return to work or simply to update them on developments at work during their absence.

4.2.10 Returning to work

An employee has the automatic right to return to work following paternity leave and it is assumed that s/he will return unless stated otherwise. The expected return date will be outlined in a letter from Primary Care 24 responding to the parent's notice to take paternity leave.

In terms of planning for an employee's return to work, s/he should contact their line manager in advance to discuss their return. Alternatively, the line manager may telephone or invite the employee for an informal meeting to discuss any material points concerning their return to work.

The employee is entitled to return to their original job. If the post is at risk of redundancy whilst on leave, the parent will be consulted in accordance with Primary Care 24's Change policy and offered any suitable alternatives.

4.2.11 Employees on Temporary Contracts

Under the provisions of the Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002 which came into force on 1 October 2002, employees on temporary contracts are, under normal circumstances, not to be treated less favourably than their permanent counterparts.

Accordingly, employees who are employed on temporary contracts will have the

above entitlements, which as outlined, are nevertheless still dependent on their length of continuous service with Primary Care 24.

They must however continue to be employed by Primary Care 24 at the start of the Paternity Pay Period. If the contract is due to expire whilst the staff member is on paternity leave, the contract will be terminated, and the employment will end - unless there is a prior written agreement with Primary Care 24 that the contract is to be extended, and the employee should return to work at the end of their paternity leave.

4.2.12 Changing working conditions

If an employee returning from paternity leave wishes to try and change their working conditions, e.g. reduced hours or specific working patterns, this must be done through a Flexible Working request.

4.2.13 Notice periods

Contractual notice periods remain during paternity leave.

4.3 ADOPTION

4.3.1 Introduction

The Adoption leave Procedure provides employees who are about to adopt with information on their entitlements. It applies equally to same sex and different sex couples.

Adoption leave and pay are only available where a child is newly matched via an approved agency. Adoption leave and pay are not applicable where a step parent is adopting a partner's child.

4.3.2 Entitlements for Adopters

All lead adopters are eligible for the same entitlements as in Section 4.1, Maternity, and are under the same conditions.

For couples who meet the requirements, Shared Parental Leave enables sharing of the care of a child during the first year following birth or adoption. Please refer to the Shared Parental Leave Policy for more information.

4.3.3 Multiple adopted children

Only one period of leave will be available irrespective of whether more than one child is placed for adoption as part of the same arrangement.

4.3.4 Notification requirements

An employee wishing to take adoption leave should inform their line manager in writing within 7 days of being notified by their adoption agency that they have been matched with a child for adoption.

The employee should provide a letter to their line manager confirming:

- When the child is expected to be placed with them.
- The date adoption leave should start
- The date adoption leave should end

The notification should be supported by a Matching Certificate from the adoption agency as evidence of their entitlement to statutory adoption leave and pay.

Following receipt of an Adoption Notification letter and matching certificate, the line manager is required to write to the employee within 28 days or as reasonably

practicable to confirm the adoption leave arrangements.

Line managers must ensure that the following are sent to Payroll and copies to employee's personnel file:

- Matching certificate
- Adoption notification letter
- Copy of Adoption Leave Confirmation letter

4.3.5 Starting Adoption Leave

Adoption leave may commence from the date of the child's placement (whether this is earlier or later than expected). If the placement is notified earlier than anticipated, and prior to the planned adoption leave period, the line manager should be informed as soon as possible.

4.3.6 Changing Adoption Leave start date

If an employee intends to change their adoption leave start date once it has been notified s/he should give their line manager 28 days' written notice or where this is not possible, as much notice as is reasonably practicable.

4.3.7 Adoption Eligibility and Pay

i. Statutory Adoption pay (SAP)

To qualify for Statutory Adoption Leave (SAL) and Pay (SAP), the lead adopter must have:

- 26 weeks continuous service with Primary Care 24 up to and including the week in which (s)he is notified of being newly matched with a child for adoption: and
- Average weekly earnings in the eight weeks ending before the relevant week (as appropriate) at or above the lower earnings limit for the payment of National Insurance Contributions (current rates are available from the [HMRC](#))

[website](#))

- Provided an Adoption Confirmation letter

In the case of where two people have been jointly matched with a child, they must choose which partner is to become the lead adopter for the purposes of adoption leave as only one can qualify, even when employed by different employers. The partner may qualify for paternity and/or parental leave.

To be eligible for adoption leave an employee must have notified the adoption agency that they agree to have the child placed with them and have agreed to the placement.

Adoption leave and pay are only available where a child is newly matched via an approved agency. Adoption leave and pay are not applicable where a step parent is adopting a partner's child.

Eligibility is the same whether the adoption is via a UK or overseas adoption agency, although there may be slight amendments to procedures when the adoption is from outside the UK.

If the above conditions have been satisfied, the lead adopter would be entitled to receive:

- 39 weeks at standard rate of SAP (rate set by Government or 90% of average weekly earnings if this is lower than the Government's set weekly rate).
- SAP rates are normally reviewed by the Government and apply from April each year.

4.3.8 Pre-adoption visits

Employees who have been notified that they have been matched with a child for adoption have the right to take time off before the placement to attend appointments arranged by the adoption agency for the purpose of having contact with the child or for any other purpose connected with the adoption.

An employee who is the main adopter will be able to take paid time off for up to five adoption appointments. The secondary adopter will be entitled to take unpaid time off for up to two appointments (the manager will require advance notice and evidence of appointments i.e. appointment card or letter).

4.3.9 Terms and Conditions during Adoption Leave

During the full adoption leave period, the individual remains an employee of Primary Care 24 unless the contract expires. Entitlements to adoption pay replace contractual entitlements to remuneration.

i. During Ordinary Adoption Leave (OAL)

During your OAL all contractual benefits would continue with the exception of remuneration: you will receive SAP instead, provided you meet the qualifying requirements as set out above.

Examples of contractual benefits you are entitled to continue to benefit from include the accrual of holiday entitlement and continuation of contributions towards your pension plan.

During adoption leave terms relating to Primary Care 24's duty of trust and confidence, and any terms that relate to notice of termination, redundancy pay, and grievance and disciplinary procedures continue to apply.

Employees must maintain their duty of good faith, abiding by terms relating to notice on termination, disclosure of confidential information, acceptance of gifts or benefits, and involvement in any other business as outlined in the Contract of Employment.

ii. During Additional Adoption Leave (AAL)

During AAL the contract of employment will continue unless either the parent or

Primary Care 24 terminates the contract or it expires.

Primary Care 24's pension contributions towards the mother's pension will continue during AML however Primary Care 24 will be unable to make any employee pension deductions for that time. Employees will be required to make up outstanding contributions upon return to work in line with NHS Superannuation Regulations.

4.3.10 Annual Leave

Employees continue to accrue annual leave including bank and public holiday entitlements throughout the whole duration of their adoption leave.

In the event that an employee's adoption leave straddles two leave years, particularly, if the full 52 weeks is taken, lead adopters should take all their current leave year entitlement prior to adoption leave. In addition lead adopters should plan their leave entitlement prior to their return in conjunction with their line manager.

4.3.11 Contact during Adoption Leave

Line managers may make reasonable contact with an employee during adoption leave. This may be to see how the employee is getting on; to discuss return to work plans including any training or special arrangements to ease their return to work or simply to update them on developments at work during their absence.

In the case of restructures or possible redundancies which may affect the employee on adoption leave, line managers must ensure that they are informed of and included in all consultations.

iii. Keeping in Touch Days (KIT days)

An employee may work for Primary Care 24 (including training, team meetings/information sessions) for up to 10 days during the adoption leave period, without bringing the period of adoption leave to an end and without losing pay.

These days are known as Keeping in Touch (KIT) days and may only be worked if both the employee and line manager agree in advance. Primary Care 24 does not

have the right to require an employee to carry out work and the employee has no right to undertake any work during adoption leave without agreement from Primary Care 24.

For any work undertaken the rate of pay is a matter for agreement between Primary Care 24 and the employee but would normally be the contractual rate of pay with any contractual or statutory entitlements set off against it.

Any KIT days worked do not extend the period of leave or pay. Once the KIT days have been used up, the employee will lose a week's SAP for any week in which they agree to work. Such situations should be discussed.

4.3.12 Returning to Work

An employee has the automatic right to return to work following adoption leave and it is assumed that s/he will return unless stated otherwise. The expected return date will be outlined in a letter from Primary Care 24 responding to the parent's notice to take adoption leave.

In terms of planning for an employee's return to work, s/he should contact their line manager in advance to discuss their return. Alternatively, the line manager may telephone or invite the employee for an informal meeting to discuss any material points concerning their return to work.

If the employee has taken Ordinary Adoption Leave (OAL) only, s/he is entitled to return to their original job. If their post is at risk of redundancy whilst on leave, the parent will be consulted in accordance with Primary Care 24's Organisational Change policy and offered suitable alternative vacancies within Primary Care 24.

If the employee has taken Additional Adoption Leave (AAL), s/he is entitled to return to the same job on the same terms and conditions, or if that is not reasonably practicable, then to another suitable and appropriate job on terms and conditions which are no less favourable to the previous job.

Where the employee decides not to return to work, s/he must notify their line

manager of their decision immediately, giving written notice in accordance with the terms of their contract.

4.3.13 Returning to Work Before the Expected End Date

An employee wishing to return to work before their leave entitlement has ended must give at least 8 weeks' notice prior to the date on which s/he intends to return.

An employee wishing to change their return date from her originally intended date is required to give 8-weeks' notice prior the date s/he originally intended to return. If s/he changes their return date more than once, the notice period will be counted from the original return date.

If an employee attempts to return to work earlier than the end of the adoption leave period without giving the 8 weeks' notice, Primary Care 24 may postpone their return until the full 8 weeks' notice has been given. Primary Care 24 will not however, postpone the return to work date later than the end of the original 52 weeks.

4.3.14 Employees on Temporary Contracts

Under the provisions of the Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002 which came into force on 1 October 2002, employees on temporary contracts are, under normal circumstances, not to be treated less favourably than their permanent counterparts.

Accordingly, employees who are employed on temporary contracts will have the above entitlements, which as outlined, are nevertheless still dependent on their length of continuous service with Primary Care 24.

They must however continue to be employed by Primary Care 24 at the start of the Adoption Pay Period. If the contract is due to expire whilst the staff member is on adoption leave, the contract will be terminated, and the employment will end - unless there is a prior written agreement with Primary Care 24 that the contract is to be extended, and the employee should return to work at the end of their adoption leave.

4.3.15 Changing working conditions

If an employee returning from maternity leave wishes to try and change their working conditions, e.g. reduced hours or specific working patterns, this must be done through a Flexible Working request.

4.3.16 Organisational Change

In the event that an employee is absent during any proposed organisational change that may have an impact on the employee, PC24's management will ensure that the employee is informed of the proposed changes and given opportunity to be meaningfully consulted during the formal consultation period. It may be necessary to arrange a Keeping in Touch day to inform and consult with the employee.

In the event that an employee has been provisionally selected for redundancy during his or her adopter leave he/she is entitled to be offered suitable alternative employment and this role would begin on the day immediately following the day on which the employee's previous contract came to an end. The work to be done under the new contract would be both suitable for the employee and appropriate for him or her to do in the circumstances.

The provisions of the new contract relating to the capacity and place in which the employee is to be employed, and the other terms and conditions of employment, would not be substantially less favourable to the employee than if he or she had continued to be employed under his or her previous contract.

In the event that an employee leaves Primary Care 24's employment due to redundancy before s/he is due to return to work following family-related leave, any statutory entitlement remaining will be paid in full on the usual pay date in the month that the redundancy is due to take effect, which will normally be when the notice period comes to an end.

4.3.17 Notice Periods

Contractual notice periods remain during adoption leave and in the event of an employee being made redundant during their adoption leave the employee will be entitled to full contractual notice.

4.4 SHARED PARENTAL LEAVE

Shared Parental Leave (SPL) is a legal entitlement for eligible parents of babies due, or children placed for adoption, on or after 5th April 2015. This replaces additional paternity leave, which applied in respect of a baby due on or after 3rd April 2011. Ordinary paternity leave still applies (as outlined in section 4.2). This is separate from the right to parental leave (see Special Leave Policy) and does not replace maternity and adoption leave and pay regimes. Parents are not obliged to take SPL and the default position on the birth of the child will be that both the compulsory maternity leave of 2 weeks and the further 50 weeks maternity leave will remain in place for the mother.

SPL provides eligible parents with the opportunity to consider the best arrangement to care for their child during the child's first year in their family. The parents can decide to be off work at the same time and/or take it in turns to have periods of leave to look after the child. The weeks taken would be added together and taken from the total available. The amount of SPL to which an individual is entitled will depend on when the mother/adopter brings her maternity/adoption leave period to an end and the amount of leave the other parent takes in relation to the child. The untaken weeks of maternity/adoption leave can be taken as shared parental leave if the mother/adopter or their partner is eligible for this. For example, if a mother ends her maternity leave after the 12 weeks following her child's birth then there are 40 weeks remaining. The mother may choose to take 30 weeks' leave and her partner 10 weeks' leave, or the couple could 'double up', taking 20 weeks of leave at the same

time or 20 weeks leave consecutively. Any SPL not taken by the first birthday of the child or the first anniversary of placement for adoption is lost.

For the purposes of Shared Parental Leave, the entitlements detailed for the “mother” and “lead adopter” will be the same.

The earliest that SPL can commence is two weeks after the date on which the child is born, or two weeks after the date of placement of the child for adoption. The maximum amount of leave that can be shared is 50 weeks. SPL is in addition to the statutory right to two weeks’ paternity leave for fathers or partners. Paternity leave must therefore be taken before employees taking any SPL.

4.4.1 Contact during Shared Parental Leave

Before a member of staff’s SPL begins, their manager will discuss the arrangements for them to keep in touch during their leave. The Organisation reserves the right in any event to maintain reasonable contact with staff from time to time during their SPL. This may be to discuss the member of staff’s plans to return to work, to ensure the individual is aware of any possible promotion opportunities, to discuss any special arrangements to be made or training to be given to ease their return to work or simply to update them on developments at work during their absence.

4.4.2 Eligibility criteria

To trigger the right to SPL for one or both parents, the mother must:

- Have a partner
- Be entitled to maternity/adoption leave; or to statutory maternity/adoption pay or maternity allowance (if not eligible for maternity/adoption leave)
- Have curtailed, or given notice to curtail, their maternity/adoption leave, or their pay/allowance (if not eligible for maternity/adoption leave)

A parent who intends to take SPL must:

- Be an employee
- Share the primary responsibility for the child with the other parent/partner at the time of the birth or placement for adoption
- Have properly notified the Organisation of their entitlement and have provided the necessary declarations and evidence

In addition, a parent wanting to take SPL is required to satisfy the 'continuity of employment test' and their partner must meet the 'employment and earnings test'.

- Continuity of employment test – the employee has worked for the Organisation for at least 26 weeks at the 15th week before the child's expected due date/matching date and is still working for the employer at the start of each period of leave.
- Employment and earnings test – In the 66 weeks up to the baby's expected due date/matching date, the individual has worked for at least 26 weeks and earned an average of at least the lower earnings limit for the payment of National Insurance Contributions (current rates are available from the [HMRC website](#))

It is the member of staff's responsibility to check that they are eligible for SPL and ShPP. Staff can assess their entitlement [here](#).

If both parents are employees and both meet the qualifying requirements then there will be a joint entitlement and the parents will have to determine how to divide the leave entitlement once the mother has decided to curtail their maternity/adoption leave.

The mother can share her leave with only one other person.

i. Shared Parental Pay (ShPP)

If all above eligibility criteria are met, ShPP will be enhanced to the same levels as occupational maternity / adoption pay.

ii. Procedure for Shared Parental Leave and Pay for the Mother/Prime Adopter

Please speak with a member of the HR team for all forms referring to Shared Parental Leave.

The mother must complete a Maternity Leave Curtailment Form 8 weeks before the expected start date of SPL, which can be given before or after the birth. If notice is given after the birth, the notice is binding. However, if notice is given before the birth, the mother is able to revoke the notice up to six weeks after the birth, in case an unplanned situation arises following the birth of the child.

Staff considering taking SPL are encouraged to discuss this with their manager as early as possible and ask their partners to do the same with their employer to agree a pattern before the formal notice of intention is submitted.

It is recommended that the Notice of Entitlement and Intention Form is completed at the same time and no later than 8 weeks before the expected start date of SPL. SPL can start on any day of the week. Each notice must be given at least 8 weeks before the start of a period of leave using the Notice of Entitlement and Intention Form.

iii. Procedure for Shared Parental Leave and Pay for the Partner

The Notice of Entitlement and Intention (Partner) Form must be completed 8 weeks before the expected start date of SPL.

iv. Blocks of Shared Parental Leave

The mother can return to work after maternity leave and take SPL at a later date, or dates. The father also can take SPL at any time after ordinary paternity leave, and it does not need to start as soon as the mother has given notice to curtail her entitlement to maternity leave or returned to work. Each notification may contain either a single period of weeks of leave or two or at least one week of discontinuous leave, where the member of staff intends to return to work between periods of leave.

SPL must be taken in blocks of at least one week and within a one year period beginning with the date of the baby's birth or the child's placement for adoption. Each eligible parent can request up to three periods of leave where the request is for discontinuous blocks, and parents can be on leave at the same time. Staff need to have their line manager's agreement to take discontinuous periods of leave.

The manager will discuss the request with the member of staff to determine if it can be accommodated although this request cannot be guaranteed. At the meeting the member of staff may, if they wish, be accompanied by a workplace colleague or trade union representative. A representative from HR may also attend the meeting. The purpose of the meeting is to discuss in detail the leave proposed and what will happen while the member of staff is away from work. Where there is a request for discontinuous leave the discussion may also focus on how the leave proposal could be agreed, whether a modified arrangement would be agreeable to the member of staff and the Organisation, and what the outcome may be if no agreement is reached.

The manager will then notify the member of staff in writing of the decision either to allow the leave requested, confirm an alternative pattern of leave which can be agreed, or refuse to allow the leave. All requests for discontinuous leave will be carefully considered, weighing up the potential benefits to the member of staff and to the operational needs of the Organisation. Each request for discontinuous leave will be considered on a case-by-case basis. Agreeing to one request will not set a

precedent or create the right for another member of staff to be granted a similar pattern of SPL.

The written response will be provided no later than the 14th day after the leave request was made.

If no agreement is reached within 2 weeks of the period of leave notice being submitted staff can:

- Take the discontinuous periods of leave requested in one continuous block, beginning on the original start date
- Take the continuous block starting on a new date, as long as this date is later than the original date, and staff notify the manager of the new date within 5 days of the 2 week period referred to above
- Withdraw the request at any time up to the 15th day after it was originally made. If the request is withdrawn in these circumstances it will not count as one of the three requests.
- The leave cannot start sooner than eight weeks from the date the original notification was submitted. If the member of staff does not choose a start date then the leave will begin on the first leave date requested in the original notification.

If a request for discontinuous leave is refused then the total amount of leave requested in the notice will automatically become a continuous block unless it is withdrawn.

Eligible parents can request to take one continuous block of SPL, and are entitled to take SPL on these dates as long as the notice requirements are adhered to. Staff will receive notification in writing of the Organisation's acceptance of the request for a single block of SPL.

v. Requesting further evidence of eligibility

The Organisation may, within 14 days of the SPL entitlement notification being given, request:

- The name and business address of the partner's employer (where the employee's partner is no longer employed or is self employed their contact details must be given instead)
- In the case of biological parents, a copy of the child's birth certificate (or, where one has not been issued, a declaration as to the time and place of the birth).
- In the case of an adopted child, documentary evidence of the name and address of the adoption agency, the date on which they were notified of having been matched with the child and the date on which the agency expects to place the child for adoption

In order to be entitled to SPL, the employee must produce this information within 14 days of the Organisation's request.

vi. Withdrawing Notice to End Maternity or Adoption Leave and Pay

Once the mother has given notice to end maternity/adoption leave and either parent has informed their employer of their entitlement to take SPL, then the notice to end maternity/adoption leave is binding and cannot be withdrawn unless:

- It transpires that neither the mother/adopter or their partner qualifies for SPL or ShPP
- If the notice was given before birth and the mother changes her mind up to 6 weeks after the birth (but she can opt back into SPL with the same partner at a later date if she wishes)
- In the event of the partner's death

vii. Variations to arranged Shared Parental Leave

The parents may vary the amount of SPL they intend to take by giving written notice to the Organisation. There is no limit on the number of times the parents may make a variation to a notice of entitlement, provided that they advise their manager in writing at least eight weeks before the date of any variation. Any new start date cannot be sooner than eight weeks from the date of the variation request.

Any variation or cancellation notification made by the member of staff, including notice to return to work early, will usually count as a new notification, reducing the staff's right to book/vary leave by one. However, a change as a result of a child being born early, or as a result of the Organisation requesting it be changed, and the member of staff being agreeable to the change, will not count as further notification. Any variation will be confirmed in writing.

Please speak to a member of the HR team if there are any queries about changes in staff circumstances in relation to SPL.

viii. Keeping in Touch – SPLIT days

SPLIT days are voluntary and can be taken to carry out normal work, attend any training or other activities which enable staff to keep in touch with the workplace, or to assist with a return to work without losing out on ShPP. Staff will be paid at their normal salary for the hours worked on SPLIT days. Any work carried out on a day or part of a day shall constitute a day's work for these purposes.

A maximum of 20 Shared Parental leave In Touch (SPLIT) days are available without bringing SPL to an end, which can be shared between the mother/adopter and the partner. SPLIT days will not extend the SPL period. The 20 SPLIT days available during SPL are in addition to the 10 KIT days available during maternity and adoption leave.

The manager must inform Payroll of the dates of any SPLIT days undertaken.

ix. Fraudulent claims

The Organisation may, where there is a suspicion that fraudulent information may have been provided or where the Organisation has been informed by the HMRC that a fraudulent claim has been made, investigate the matter further in relation to with the Disciplinary Policy & Procedure.

It is the responsibility of the member of staff to check if they are eligible for SPL and

ShPP. If it is found that staff do not meet the eligibility criteria after a declaration has been made, disciplinary action may be taken including dismissal. Staff can assess their entitlement at <https://www.gov.uk/pay-leave-for-parents>

5.0 RELATED POLICIES

Equality and Diversity Policy PC24POL11

Annual Leave Policy PC24POL69

Flexible Working Policy PC24POL75

Special Leave Policy PC24POL85

6.0 MONITORING COMPLIANCE

Compliance with this policy will be monitored via the application of payroll processes and management supervision to ensure that all applicable staff members receive the correct remuneration and leave allowance.

7.0 INFORMATION, INSTRUCTION AND TRAINING

This policy will be communicated via existing methods to all staff members and will be available on the organisation's intranet for reference. Human resources staff members will also be available for advice and guidance when needed.

8.0 EQUALITY AND HEALTH INEQUALITIES

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.

9.0 MAIN REFERENCES

Below is a list of the relevant statutory provisions which influence Primary Care 24's operation in relation to the policy/procedure:

Equality Act 2010.

Health & Social Care Act 2012.

Data Protection Act 2018.

Appendix 1: Risk Assessment Standards and Guidance for New and Expectant Mothers

Urgent Care 24 are committed to supporting the health and safety of all workers within the organisation. This policy document sets out the particular considerations relating to new and expectant mothers.

Health and safety requirements relating to new and expectant mothers at work are mainly contained in Regulations 16 to 18 of the Management of Health and Safety at Work (MHSW) Regulations 1999 (SI 1999/3242).

The phrase 'new or expectant mother' means a worker

- who is pregnant or
- who has given birth within the previous six months or
- who is breastfeeding

For the purpose of regulation and this policy the phrase 'Given birth' means having delivered a living child or, after 24 weeks of pregnancy, a stillborn child.

A pregnant worker is someone whom has given her line Manager a letter or MATB1 form from a doctor or midwife certifying pregnancy. Pregnant workers are a particularly sensitive risk group and should be protected against hazards at work. In particular, the impact on pregnancy of working activities regarding exposure to chemical, physical or biological agents should be evaluated.

In addition, for all new and expectant mothers, working hours and conditions, where the nature of the activity could endanger their health, safety and welfare should be adapted, without a reduction in pay or employment rights.

Workplace Regulations require employers to provide suitable rest facilities for

workers who are pregnant or breastfeeding. The facilities should be suitably located (e.g. near to toilets) and where necessary should provide appropriate facilities for the new or expectant mother to lie down.

Responsibilities

Managers

- Be aware of the policy and guidelines for new and expectant mothers
- Risk assess all new and expectant mothers in line with this policy
- Carry out regular reviews with all new and expectant mothers
- Seek specialist advice and guidance as and when required

Employee

- Advise manager of pregnancy (or the fact they have given birth within the past six month or are breast feeding) in line with Urgent Care 24 Policy
- Advise manager of any changes in circumstances including ant pregnancy related health issues

Human Resources

- Provide advice and specialist support as and when required

HSWS

- Provide advice and specialist support as and when required

Standards

When an employee provides written notification (regulation 18 of MHSW) to her employer stating that she is pregnant, or that she has given birth within the past six months or that she is breastfeeding, the employer should immediately take into account any risks identified in their workplace risk assessment. If that risk assessment has identified any risks to the health and safety of a new or expectant mother, or that of her baby, and these risks cannot be avoided by taking any necessary preventive and protective measures under other relevant health and safety

legislation, then employers must take action to remove, reduce or control the risk.

If the risk cannot be removed employers must take the following actions:

- Action 1 - Temporarily adjust her working conditions and/or hours of work; or if that is not possible
- Action 2 - Offer her suitable alternative work (at the same rate of pay) if available, or if that is not feasible;
- Action 3 - Suspend her from work on paid leave for as long as necessary, to protect her health and safety, and that of her child

All new and expectant mothers will have an individual risk assessment.

The risk assessment will be conducted in consultation with the New or Expectant Mother in private by the Manager within 21 days of being notified of pregnancy through receipt of the MATB1 Form

The manager will carry out regular reviews in consultation with the New or Expectant Mother

Additional advice can be obtained from Human Resources or HSWS.

Guidance

It is Urgent Care 24 policy that work involving new and expectant mothers is subject to an appropriate individual risk assessment. The objective of this procedure is to ensure a coherent approach to such work across Urgent Care 24 as a contribution to a culture of proactive protection.

The employee must be personally involved in the Risk Assessment/Review process.

Review Process- Initial Review

The first risk assessment will be carried out by the individual's line manager as

soon as practical and within 21 days of notification by the employee at the latest. This risk assessment involves a review of the specific work and processes carried out by the employee and an examination of the working environment. An electronic copy of the risk assessment is completed by the line manager. A copy will be printed out and signed by the employee and the line manager.

It is the employee's responsibility to raise any pregnancy related health issues with her line manager at all reviews. The manager must consider the information provided by the employee or her midwife/medical team as well as the workload and working environment of the employee.

The manager and the employee should review the employee's workload and make suitable adjustments if required.

Consideration must be given to the general work environment to take account of accessibility, comfort etc. particularly during pregnancy (e.g. work stations, chair types etc. to ensure the welfare of the expectant mother).

Additional rest periods should be agreed between the line manager and the employee.

Be aware that many employees feel guilty because they are not able to work as long without feeling tired. They may feel that they are letting their colleagues down. With good support from the manager this feeling of guilt should not happen. The tired feeling is the body's way of protecting the baby.

Review Process - Ongoing Review

A review of the initial assessment must be carried out on a regular basis. This review is generally monthly in the early stages of pregnancy changing to every two weeks or even weekly as the pregnancy progresses, around the 6 month stage.

More regular reviews in early pregnancy may be required if the employee has any medical problems or expresses concerns. The employee's medical team may advise

Urgent Care 24 that a particular activity should not be carried out i.e. the employee should not drive or work extended days. This advice will be in writing and usually comes on a form similar to a Statement of Fitness for Work. Where the manager is unsure of the medical advice given, further information should be obtained (with the employee's permission) from Urgent Care 24's occupational health providers.

The regular reviews continue until the employee commences maternity leave. This can be from 11 weeks prior to the expected date of delivery. If, when the employee returns to work after the birth, they are breast feeding the reviews will continue, assuming they inform Urgent Care 24 of this fact.

Any resultant additional risks are evaluated and additional levels of protection implemented as necessary.

Title: Revised Board Terms of Reference	Meeting Date: 25 July 2019	Agenda item no: 10.2
Prepared and presented by: Margaret Swinson	Discussed by:	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Agree the updated terms of reference. 	

1.0 Purpose & Background:

- 1.1 The Board reviewed its Terms of Reference at its May meeting and agreed some amendments which have been incorporated into the revised version attached.
- 1.2 No amendment has been made in respect of staff representative as the Terms of Reference do not stipulate how that Staff Representative is chosen. As discussed in May, staff representation is being considered as part of the wider work on staff engagement and representation.

2.0 Changes made

- 2.1 The following amendments have been made:
 - Organisation's values: A clause has been added as requested.
 - Employer of Choice: A clause has been added as requested. This includes how PC24 seeks to be an employer of choice.
 - Under 'Board Attendees' the Executive Director paragraph has been amended to remove specific titles.
 - Associate Director of HR: The Associate Director of HR is a member of the wider Executive Team and has therefore been explicitly included under 'Attendees' in the final bullet section of 'Board Attendees'.

- Deputy Company Secretary: This role did not exist at the time of the last meeting but a paragraph has been added in the final bullet point section on 'Attendees' to reflect the role and its relationship with the Board.

3.0 Recommendations:

The meeting is invited to:

- Agree the updated terms of reference.

Terms of Reference Board

Background
<ul style="list-style-type: none"> The Board is established under the Rules of Primary Care 24 (Merseyside) Ltd (PC24) (the Rules) and these Terms of Reference are presented under Rule 6.13 setting out the conduct of its meetings. Where these Terms of Reference are silent the provisions of section 6 of the Rules will govern proceedings at the Board.
Duties & Responsibilities
<ul style="list-style-type: none"> To set the strategic direction of PC24 within the overall purpose and commitments set out in the Rules of the Society and the policies and priorities set out for the NHS in the areas where it provides or seeks to provide services.
<ul style="list-style-type: none"> To set and monitor achievement of the key objectives for the organisation.
<ul style="list-style-type: none"> To support and promote the organisation's values.
<ul style="list-style-type: none"> To oversee the delivery of services by monitoring performance against objectives, key performance indicators and quality requirements, ensuring that appropriate corrective action is taken when necessary.
<ul style="list-style-type: none"> To ensure high standards of corporate governance and personal and professional behaviour are maintained in the conduct of the organisation's business.
<ul style="list-style-type: none"> To ensure effective financial and operational performance and oversee business planning and development within the overall organisational strategy.
<ul style="list-style-type: none"> To establish the committees required by the Rules or such other committees and working groups required for the good governance of the organisation.
<ul style="list-style-type: none"> To be an employer of choice, demonstrated through the organisation's Terms & Conditions of employment, training and development provision, working environment and staff wellbeing and support provision.
<ul style="list-style-type: none"> To identify areas of risk for the organisation and ensure that there is appropriate monitoring, and that corrective action is taken to mitigate and manage the risk.

<ul style="list-style-type: none"> To oversee the arrangements for patient engagement and to ensure that there is effective patient feedback on the services provided by the organisation.
<ul style="list-style-type: none"> To provide effective leadership to the organisation from both an internal and external perspective.

Meeting frequency

- Meetings normally to be held bi-monthly or at the discretion of the Chair.

Board Attendees

- The Non-Executive Chair of the Board, being the individual recruited to the role under Clause 7 of the Rules.
- The Non-Executive Directors appointed to the Board as required by the Rules of the Society.
- The duly appointed Executive Directors.
- The quorum is set out in Rule 6.9 and is the higher of
 - 3 (including at least 1 non-executive Director) and
 - half the number of directors (including at least half of the non-executive directors)

- Attendees:

The following shall also attend the non-confidential part of the Board meeting:

Staff Representative
Associate Director of HR
Company Secretary

The following shall attend the confidential part of the Board meeting:

Associate Director of HR
Company Secretary

The Deputy Company Secretary shall normally attend the Board and shall attend for the Company Secretary when required.

Other staff members may be invited or required to attend either the non-confidential or confidential parts of the Board meeting to present particular items of business at the request of the Chief Executive or the Chair.

Governance

- The Board will give account of its performance to the Annual Members Meeting

Confidentiality

The Board will aim to conduct its business in an open and transparent manner. However, there may be occasions when it is necessary for reasons of confidentiality, to discuss matters in the confidential part of the Board meeting. Such matters might cover areas of commercial sensitivity or patient/staff confidentiality.

Review

The effectiveness of the Board will be reviewed annually, benchmarking its work against the organisation's objectives.

The Terms of Reference will be reviewed annually.

Title: Quality & Workforce Committee report	Meeting Date: 30 May 2019	Agenda item no: 11.1
Prepared and presented by: Paula Grey	Discussed by: Quality & Workforce Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1** The purpose of this paper is to advise the Board on matters discussed at the Quality & Workforce Committee meeting held on Wednesday 17 July 2019 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- 2.1** The Committee noted that Datix was now accessible across the remote sites and Matt Lynas was receiving specialist training.
- 2.2** The Committee received a report from the Quality Governance Committee summarising its work and the work of those Committees reporting into it. Regular reporting from internal committees was commended.
- 2.3** The Committee considered the new Maternity, Paternity and Adoption Leave and Pay and commended it to the Board for approval. The Committee also noted updates to the Recruitment & Selection Policy and the Alcohol and Substance Misuse Policy and commended these for endorsement by the Board.

- 2.4** In relation to the Information Governance report made to the Information Commissioner in early May, the Committee noted that the Information Commissioner's Office had responded. No further action would be taken by the ICO but recommendations for good practice were made. These largely fell within the current SOP process. Compliance with the current SOP was being reviewed.

3.0 Recommendations:

The meeting is invited to:

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

Title: Finance & Performance Committee report	Meeting Date: 30 May 2019	Agenda item no: 11.2
Prepared and presented by: Paul Cummins	Discussed by: Finance & Performance Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1** The purpose of this paper is to advise the Board on matters discussed at the Finance & Performance Committee meeting held on Wednesday 17 July 2019 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 finance and operational performance in the months of May and June. The improvement in the financial position in Sefton was particularly commended, though further improvement was necessary.
- 2.2** The Committee received a report on the cash position which was healthy and noted that consideration was being given to the efficient use of reserves.
- 2.3** The Committee received a paper setting out the current position in relation to the re-procurement of payroll services, noting the timeline for completion of the project.

3.0 Recommendations:

The meeting is invited to:

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

Title: Audit Committee report	Meeting Date: 30 May 2019	Agenda item no: 11.3
Prepared and presented by: Kathryn Foreman	Discussed by: Audit Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on matters discussed at the Audit Committee meeting held on 5 June 2019.

2.0 Matters for Report

- 2.1 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.

- 2.2 The Committee's work had focussed on:

- taking forward the recommendations arising from the development session
- considering the action plans from previous internal audit reports, Audit South West's Core Review B and the IT Penetration Test
- the complete risk registers were opened for review by the Committee and would be so reviewed approximately 6 monthly
- embedding the recently approved policies
- raising awareness of counter fraud.

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.