

**Salford Primary Care Together
Board Meeting**

**Friday 19th February, 2021
10.00am – 1pm
ZOOM meeting**

MINUTES

Present:

Liz Cross (LC)	Chair of the Board
Lance Gardner (LG)	CEO
Alan Kershaw (AK)	CFO
Peta Stross (PS)	COO
Helena Leyden (HL)	Non-Executive Director
Ray Harding (RH)	Non-Executive Director
Dr Brian Hope BH	Non-Executive Director

Apologies:

None	
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In Attendance:

Dr Pete Budden	Clinical Lead, Eccles & Irlam PCN
Jane Ashworth (JA)	Minute Taker

No.	Agenda Item
1	<p>Welcome Introductions and Apologies for Absence</p> <p>The Chair welcomed Directors and thanked everyone for attending the meeting which was held virtually, via Zoom.</p> <p>This Board Meeting was to be a light touch governance meeting, to provide assurance around finance, governance, incidents and accidents. The main item of strategy will be focused on the future shape and 5 year offer.</p> <p>LC informed the Board that</p> <ul style="list-style-type: none"> we had set up a meeting for the same afternoon, and had asked the CCG to Chair. The purpose of the meeting was to enable us, the Clinical Directors of each PCN, and LMC to address historical issues of trust and to enable us to be in a better place as we move towards the ICS being at GM level the CCG is undertaking some Organisational Design work beginning in March to explore the place based infrastructure which will need to help hold all our place based work as commissioning moves to GM and the Salford CCG is closed in the meantime, the CD's contacted LG to inform him that they intended to bring a proposal to this meeting regarding potential changes to SPCTs governance <p>LG confirmed that</p> <ul style="list-style-type: none"> the proposal was more about how to support a more formal accountability to the GP practices and how to increase clarity about our role. The CDs were clear that they want to work with SPCT and make it work all round. SPCT is being asked to consider this proposal as a way of bridging the gap between us, the CDs and the membership. the Clinical Director is the representative of every practice in their neighbourhood and has

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	<p>been voted by every practice in to be their representative. The role of the CD is to feedback to practices and feed back into the system any issues.</p> <ul style="list-style-type: none"> • The CDs had been consulting with a lawyer (Hill Dickinson) who was advising them, and with whom LC and LG had also had discussions with. However, LG was clear that the CDs had not actively sought out legal advice but that this had arisen from other conversations • the CDs have taken an initiative to try and resolve structural problems as they see it. <p>LC confirmed that</p> <ul style="list-style-type: none"> • There has never been a forum that has enabled a collective voice from GPs, and we had previously suggested that a GP Advisory Group was created that could meet regularly with our Board • this could present an opportunity to look at a forum that was acceptable to SPCT and GP's <p>It was noted that</p> <ul style="list-style-type: none"> • the Board has consistently advocated for work to on a developing our communication and engagement practices • SPCT has not demonstrated to our GP practices what we do to benefit them and that . better communications are required, i.e. we've discussed a members area of the website detailing services available, annual plans, impact reports etc. • a major issue is the lack of understanding of what a CIC is and should deliver <p>PB advised that GPs don't feel they currently have any influence or any way of directing the company, and there is little understanding of what SPCT is doing. The GPs want representation and a voice in determining the direction of SPCT</p> <p>LC reiterated that SPCT has always wanted a mechanism that involves GPs in shaping the way forward – an advisory board that speaks directly to Board about choices and priorities</p> <p>The Board discussed the proposal and recognised</p> <ul style="list-style-type: none"> • any change should address the membership/shareholding issues – eg possibility of returning share capital and automatically enabling every GP practice to be a member of SPCT with one vote • that any proposal that makes SPCT Board a subsidiary/operational Board would present a problem to this Board as its responsibilities in law require us to act in line with our objects and as a ben com organisation • RH expressed deep concern that the proposal inferred the CD forum would operate as a supervisory Board <p>In summary the Board agreed it remained open to discussing</p> <ul style="list-style-type: none"> • opportunities for SPCT, CDs, GP practices to work collaboratively, to agree on what needs to be achieved and the way to get there. • ways to ensure we are open and transparent, and share SPCT's thoughts, ideas and views for the next 5 years with all our stakeholders • the potential for a Council that would enable all stakeholders to inform what we do and how we do it <p>PB emphasised it is key to ensure</p> <ul style="list-style-type: none"> • General Practice is involved in any decisions and to provide assurance • that we would never want to take away income from practices unless they want us to take it. 	

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	<ul style="list-style-type: none"> The CCG also need to sit down with the PCNs/CDs and explain finance in the system and money streams, as it is not always clear how things have been commissioned. <p>The Board agreed that these principles had been consistently part of our thinking and ways of working and that we see ourselves as</p> <ul style="list-style-type: none"> integrators - providing services which are not just primary care facing, but trying to bring the system together. open to co-creating something which is informed and having a more open dialogue, defining principles that guide and don't undermine the efficacy of the practices. Willing to ensure that our structures and communication processes deliver transparency to all our stakeholders and shareholders alike 	
Agenda Items		
2	<p>Draft Minutes of the previous meeting held on 16th December 2020 and any matters arising</p> <p>The minutes of 16/12/20 were agreed as a true and accurate record. There were no matters arising.</p> <p>To note – most important, the minutes from the conversation with the CCG.</p> <p>Timescales are critical – and should inform our planning .</p>	
3	<p>Action Log – review and update</p> <p>See Action Log for updates (additional document).</p> <ul style="list-style-type: none"> Re: Action 086 - RH informed the group that since the December Board meeting much work had been done relating to the BAF and Risk Register. The principles and template for the BAF have now been signed off, and more work will be done over the coming weeks. 	
4	<p>Minutes of the Away Day held on 22/01/21</p> <p>The slides from the Board away day in January were presented (see attached).</p> <ul style="list-style-type: none"> Lance – requested the word 'patients' was changed to people- the Board agreed this point was focused on current patients. Couple of typos pointed out - JA to amend. <p>The Board reflected on the day, all agreed that the slide presentation represented an accurate record.</p>	
5	<p>Monthly Performance Report - Finance</p> <p>The Board noted the reports by Alan Kershaw</p> <ul style="list-style-type: none"> Overall position is strong, with £300k profit and £ 1.2million in the bank <p>To note - in the month of December there was a loss of £7k primarily due to</p>	

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	<p>the loss making part of vaccination programme.</p> <ul style="list-style-type: none"> • There continues to be challenges around the funding of the vaccination programme. • Noted that the £300k profit is likely to go down as we get towards year end • AK explained that there is a request for us to look at where our funding comes from - this is a work in progress (AK to share). • The Board agreed that to provide a better understanding in real time of our accounting, this has to be contextualised in a narrative report. AK to provide this information <p>ACTION 087: AK to provide appropriate narrative report to accompany the accounting reports to share with PCN colleagues</p> <ul style="list-style-type: none"> • PB raised a query concerning the ownership of estate. AK/RH clarified that SPCT own 60% of the new Little Hulton Health Centre and the GM Pension Fund owns 40%. It is effectively held in trust for the occupants of the building, with no benefit to SPCT (it cannot be used to support other activities or be leveraged as an asset). There is also no risk to GPs or SPCT, as the CCG (and successor bodies) will underwrite the facility • The Board noted that this information needs to be clearly explained and shared with the CDs. • RH thanked AK for all his hard work on the Little Hulton project. <p>ACTION 088: To provide clarity to CDs regarding the ownership of Little Hulton Health Centre</p> <p>COO, Peta Stross – Nil Report</p> <ul style="list-style-type: none"> • PS did confirm that there were no incidents or matters to escalate to the Board 	
Any Other Business and Review of the meeting		
6	<p>Any Other Business None</p> <p>Review of the Meeting</p> <p>LC thanked the Board for processing at high speed a lot of things that have happened in less than 12 hours, and emphasised that this is a great team to work with.</p> <p>LC will report back to the Board with the headlines arising from the meeting.</p>	
11	<p>Dates and time of next meeting:</p> <p style="text-align: center;">Friday 12th March 10-2pm Venue – TBC</p>	
Close		

Record of Members' attendance

Attended:		Apologies Received:		Non-Attendance:		Cancelled	X
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Name	22/01/19	27/03/19	12/06/19	14/08/19	19/09/19	09/10/19	20/11/19	18/12/19	14/02/20	13/03/20	17/04/20
Liz Cross											
Lance Gardner											
Alan Kershaw											
Brian Hope											
Helena Leyden											
Ray Harding											
Peta Stross											

Name	15/05/20	18/06/20	16/07/20	18/09/20	16/10/20	13/11/20	16/12/20	19/02/21			
Liz Cross											
Lance Gardner											
Alan Kershaw											
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