

**Salford Primary Care Together  
Board Meeting**

**Thursday 18<sup>th</sup> June, 2020  
10.00am – 2pm  
By Zoom Video Conference**

**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:**

Jane Ashworth (JA)	Minute Taker
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No.	Agenda Item	Action for / date
1	<p><b>Welcome Introductions and Apologies for Absence</b></p> <p>The Chair welcomed Directors and thanked everyone for attending the meeting which was carried out via Zoom conference call due to extraordinary circumstances (COVID-19)</p> <p>The Board recognised that Covid persists and continues to have a huge impact, particularly on the BAME community. The importance of planning around quality, inclusion and diversity, and taking proactive action was noted. It was acknowledged that due to events across the world, May had been a very strange month. The Executive team were asked to consider formulating an action plan to proactively tackle the representation/under representation of BAME within SPCT.</p>	
<b>Agenda Items</b>		
2	<p><b>Draft Minutes of the previous meeting held on 15<sup>th</sup> May 2020</b></p> <p>The minutes 15/05/20 were agreed as a true and accurate record. There were no corrections and no matters arising.</p>	
3	<p><b>Action Log – review and update</b></p> <p>See Action Log for updates (additional document).</p>	
4	<p><b>Structures &amp; Assurance</b></p> <p>The Board noted the presentations by the Executive Team</p> <p><b>a) Structure</b> <b>Peta Stross, COO</b></p> <ul style="list-style-type: none"> <li>PS presented an overview of the organisation design and principles from</li> </ul>	

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	<p>which a structure chart could be constructed. The design is based upon 3 main areas:</p> <ol style="list-style-type: none"> <li>i. Workforce and Business Development</li> <li>ii. The Practices, Quays, Digital Facilitators</li> <li>iii. EPiC 24 – our integrated, extended primary care offer.</li> </ol> <ul style="list-style-type: none"> <li>• Each area will have a clearly identified and other supporting roles to ensure associated activities around facilitation, co-ordination and development deliver clear outcomes that can be measured year on year . The areas of focus support the vision of SPCT to positively challenge and improve primary care in Salford. Social value is seen as the golden thread running throughout the focus of all of our work and will underpin our choices and approach to designing and delivering all we do.</li> <li>• PS informed the Board that this was the beginnings of a new structure and will evolve with the business.</li> <li>• The Board agreed the organisation design and principles subject to <ul style="list-style-type: none"> <li>○ reviewing the activities / label around workforce and business development</li> <li>○ clarifying where new business and partnerships will sit within the structure.</li> <li>○ Broadening the focus of PCN’s to Primary Care/membership support services of which PCN services is a central but not the only service we offer practices</li> </ul> </li> <li>• The new organisational design and structure is intended encourage confidence to practices and PCNs, that SPCT are fully committed to supporting them, assisting with problem solving and is an organisation they can place their trust in.</li> <li>• The Board felt the direction of travel was appropriate and from this, a structure can be produced that shows roles with clear objectives and accountabilities which can be brought back to Board.</li> </ul> <p><b>ACTION 031 : PS to review the org design with reference to the name and focus of the unit concerned with workforce development, where new business and partnerships will sit within the new structure and the broadening of support for PC practices/members which includes PCNs</b></p> <p><b>b) Business Strategy</b> <b>Alan Kershaw, CFO</b></p> <ul style="list-style-type: none"> <li>• AK explained that in the current climate it had been difficult to devise a plan/strategy but the team recognised the need to give direction and vision to the whole team and the aim is to bring a draft strategy to July Board.</li> <li>• LG noted that if Covid had not happened a plan would have been in place by March, consequently the team are now looking at a very different approach but are very clear on the vision agreed by Board at the Time out and the values and principles around facilitating, innovating and enabling whilst remaining a well governed organisation.</li> <li>• The Board was understanding of this and asked the Executive team to ensure the workforce is engaged in exploring the vision and values that tie us all together and in creating a strategy with clear measures of success. This will help enable and effective performance management system with</li> </ul>	

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	<p>clear objectives is put in place.</p> <ul style="list-style-type: none"> <li>The Board was appreciative of the urgent pressures on the Executive team but emphasised the importance of good leadership, business disciplines and rigour in delivering our vision.</li> </ul> <p><b>ACTION 032: draft strategy to be presented at July Board (AK) and a clear plan for engaging the workforce in delivering the vision and strategy</b></p> <p><b>c) Approach to Assurance (PS)</b></p> <ul style="list-style-type: none"> <li>The team wanted to provide the Board with assurance that the organisation is very clear about its vision, about lines of accountability and how performance will be measured. It was acknowledged that a Board Assurance Framework can now be developed.</li> <li>The Quality Team is now in place, making great strides, refreshing the terms of reference, looking at strategy and trying to come up with something meaningful to everyone in organisation.</li> <li>Incident Management is also a priority area and it was stressed by the Board that our incident reporting needs to be system wide and involve external partners - CCG commissioners and the LMC.</li> <li>It was noted that the organisation both values and recognises the importance of the LMC and we will continue to advocate for a close working relationship. <ul style="list-style-type: none"> <li>LG and BH will continue to have an ongoing relationship on behalf of this Board, building trust and advocacy.</li> <li>The CCG, LMC and PCN relationships are incredibly positive, and the team will continue to work together in a way that will advocate the very best for primary care.</li> <li>LG informed the Board that the CCG, LMC and SPCT were working together to address the inequalities faced by the BAME communities in Salford in in General Practice.</li> </ul> </li> </ul> <p><b>ACTION 033: LG to circulate a copy of the Salford BAME plan and comms</b></p> <p><b>d) PCN Support (PS)</b></p> <ul style="list-style-type: none"> <li>The PCN support system has been incredibly successful and has greatly improved relationships and communication with the CCG and practices. There is now a new structure in place, with nominated link managers from the CCG and SPCT. There is clarity around how we can support the PCNs and because of the relationships now established we are able to influence. We are providing wrap around support to PCNs and this model will ensure there is no single point of failure.</li> <li>The Board was pleased and encouraged that there is a distributive leadership and support model in place with the organisation listening to what customers need.</li> </ul> <p><b>e) Health &amp; Safety during Covid-19</b></p> <ul style="list-style-type: none"> <li>Risk assessments are underway with all staff, looking at vulnerable people, wellbeing and homeworking environment. All staff will complete a self-assessment and follow up with a conversation with their line manager, and appropriate plans put in place where needed.</li> </ul> <p><b>ACTION 034: to provide feedback on risk assessments at the next Board</b></p>	

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	<p><b>f) Incidents</b></p> <ul style="list-style-type: none"> <li>• PS assured the Board that all incidents and complaints are being dealt with in accordance with good practice. There is work underway to establish a clearer approach on how to record, manage and deal with incidents. It was noted that positive feedback had been received about the weekly site visits.</li> <li>• LC informed the Board that a letter had been received by SPCT and the CCG from our local MP, in response to a member of staff who had contacted the MP regarding concerns about the way Covid was being managed and safety issues pertaining to this. <ul style="list-style-type: none"> <li>○ LG had taken a lead with the CCG and a joint and clear response was sent from both organisations which acknowledged some of the failings, but also stressed that these issues had been dealt with. The Board were informed that the issues identified occurred in the early stages of our response to Covid and it was accepted that the organisation had not got things right, but lessons have been learned and practices had changed.</li> </ul> </li> <li>• The Board noted the letter and subsequent response and acknowledged expressed its appreciation for the open way in which we have acknowledged mistakes. The Board was assured by the application of learning and the rigorous way in which we responded and corrected any failings.</li> </ul>	
5	<p><b>EPiC24</b></p> <p>The Board noted the presentation by Lance Gardner, CEO</p> <ul style="list-style-type: none"> <li>• LG informed the Board that the urgent care bundle would now be referred to as EPiC24 - the name for the bundled services, delivering primary care 24/7. The contract commenced on 1<sup>st</sup> June and LG confirmed that the services are subcontracted separately from SRFT with a plan to consolidate into a single contract.</li> <li>• Local KPI's are currently being set, although there are national KPI's already in place. It was noted this would be a good opportunity to establish Board level measures focused on agreed <b>outcomes</b>.</li> <li>• EPiC24 services will enable services to move away from ED, inc <ul style="list-style-type: none"> <li>○ Covid services – which were being delivered from 3 sites in the community, now down to one site (but Covid clinics could be increase to 5 to cover each neighbourhood),</li> <li>○ the home visiting services</li> <li>○ the SWEAP</li> </ul> </li> <li>• EPiC24 bases being used to deliver GPoOH with the aim is to ensure nobody will be more than a mile from an EPiC centre.</li> <li>• In terms of the staffing of this service – LG reported that recruitment is underway and posts starting to be filled. SRFT have retained all employment liabilities, SPCT have leadership and operational responsibilities. LG noted that the delineation between services will disappear and EPiC24 will become a single service under Peta's leadership.</li> </ul> <p><b>ACTION 035: PS to provide an update on the EPiC24 staffing structure at the</b></p>	

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	<b>July Board meeting</b>	
6	<p><b>Finance</b></p> <p>The Board noted the report submitted by Alan Kershaw, CFO</p> <ul style="list-style-type: none"> <li>• Finance and Audit <ul style="list-style-type: none"> <li>○ April accounts are complete with May's accounts almost ready.</li> <li>○ Work continues to move the budget more towards a break-even point as greater clarity emerges around the demand for our services and the associated income and expenditure .</li> <li>○ AK informed the Board that the audit is currently underway.</li> </ul> </li> </ul> <p>The Board confirmed it welcomed the new format to reporting the figures</p> <p>RH requested that additional consideration be given to capture separately known variations against budget that would affect the outturn so that the forecast outturn is better able to show how we are tracking against budget. It was agreed that RH and AK would this discuss further to agree the most efficient way of enabling this.</p> <p><b>ACTION 036: AK to discuss with RH the best approach to capturing known overspends so as to enable the forecasted outturn to reflect tracking against budget</b></p> <ul style="list-style-type: none"> <li>• HR <ul style="list-style-type: none"> <li>○ AK informed the Board that we are still in dispute with Peninsula for the external HR/Legal services they previously offered and confirmed we no longer use their services.</li> </ul> </li> <li>• Quality, Insight &amp; Improvement <ul style="list-style-type: none"> <li>○ Executive team is to review work done by the team and is moving the QII team into a BI function.</li> </ul> </li> </ul> <p>The Board was keen to see continuing work to</p> <ul style="list-style-type: none"> <li>• Develop an intelligence led culture whereby managers and business unit leaders sought BI and were responsive to requests for information required by the BI team.</li> <li>• Engage the Board as a key stakeholder, to ensure its information and intel requirements are understood and built into the design –the Board offered support (possibly a Zoom call), to help the team understand what the Board want and welcomed the opportunity to co-create rather than critique the BI framework.</li> </ul> <p><b>ACTION 037: AK to arrange a NED/Board engagement session to explore the needs of Board in terms of reporting of BI</b></p> <ul style="list-style-type: none"> <li>• <b>Facilities management</b> <ul style="list-style-type: none"> <li>○ AK informed the Board of a complaint concerning the office accommodation and ventilation raised by an individual who had previously work in the City Approach building.</li> <li>○ AK reassured the Board the matter raised had been investigated</li> </ul> </li> </ul>	

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	<p>with the landlord, Emerson and external experts from the HSE had been consulted. The investigation had concluded that all standards had been met and the complaint was dismissed.</p> <ul style="list-style-type: none"> <li>○ The Board was keen to ensure if there were any matters that reflected a health concern that we would be advocates for investigation and resolution and noted that this was not the case in this matter.</li> <li>○ The Board was informed that the complainant continues to press the matter and that Emerson had issued a Cease and Desist order to the individual concerned.</li> </ul>	
7	<p><b>Quays Practice Update</b></p> <p>AK presented the report drafted by Dr Sheena Bedi and Dr Owain Thomas</p> <ul style="list-style-type: none"> <li>● AK in presenting the report reminded the Board that the CCG originally commissioned a pilot to test 4 issues : <ul style="list-style-type: none"> <li>○ is there local demand which could not be met by existing practices</li> <li>○ Could a new Practice be introduced in a way that didn't disrupt other GPs in the locality</li> <li>○ What services could be developed that consistently deliver high quality care</li> <li>○ How could this Practice deliver innovation</li> </ul> </li> <li>● AK confirmed that the pilot has only delivered on the first 3 points. It was noted that there is no firm plan for innovation.</li> <li>● In considering options the Board noted <ul style="list-style-type: none"> <li>○ the report does not contain a full plan or full costing on any of the 3 options.</li> <li>○ there is a list of 1400 patients who have to be considered.</li> <li>○ Discussions with the CCG indicate that they may continue to March 21 but have no appetite beyond that.</li> </ul> </li> <li>● Options were presented to the Board: <ul style="list-style-type: none"> <li>○ End the pilot early – in the context of VFM and the absence of innovation</li> <li>○ End the pilot March 21 – seeking a more detailed plan for <ul style="list-style-type: none"> <li>▪ how the service can maintain quality but reconsider the cost</li> <li>▪ how this patient population can be served if growth does not make this a viable practice</li> </ul> </li> </ul> </li> <li>● Extend the Pilot by 6-12 months – subject to the development of an agreed and more detailed innovation plan</li> </ul> <p>The Board agreed that it was not keen to continue with the pilot but recognised that:</p> <ul style="list-style-type: none"> <li>● this population require a service</li> <li>● any decision about its future needed to be made by and with the CCG as funder</li> <li>● consideration of the impact on Langworthy Medical Practice as the</li> </ul>	

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	<p>partner practice was necessary</p> <p>The Board was informed that .</p> <ul style="list-style-type: none"> <li>• the CCG has no appetite to repurpose the pilot and would not want to change it.</li> <li>• The CCG will make a decision in July, as to whether:               <ul style="list-style-type: none"> <li>○ the pilot should continue in any form or cease immediately</li> <li>○ the pilot should continue to its scheduled end (March 21)</li> <li>○ the pilot should be extended by 6-12 months with outcomes /tests of innovation to be agreed</li> </ul> </li> </ul> <p>The Board noted</p> <ul style="list-style-type: none"> <li>• The impact of Covid may permanently alter the assumed population growth assumed in the creation of this pilot</li> <li>• The pilot is not delivering as originally intended</li> <li>• That it was the view of the Executives that if there is a clear plan of innovation could be agreed, the pilot should run until March 21.</li> <li>• Whilst the services being offered are reported to be of a high quality the service is not viable and does not represent good value for money,</li> <li>• Learning from what has been achieved to date and securing evidence of the quality of experience for our patients was essential</li> <li>• that the matter will be discussed again with CCG and Langworthy Practice at the meeting scheduled on 26/06/2</li> </ul> <p>The Board agreed</p> <ul style="list-style-type: none"> <li>• We are committed to the 1400 patients that have registered and remained concerned about their care</li> <li>• the Executives should take into consideration the points noted above discuss a way forward with the CCG on the 26<sup>th</sup> June</li> </ul>	
8	<p><b>Covid Update</b></p> <p>The Board noted the presentation by Lance Gardner– CEO</p> <ul style="list-style-type: none"> <li>• LG informed the Board that GPs have reported that concentration patterns have changed from 40-50% mental health based pre Covid to 90% mental health based current               <ul style="list-style-type: none"> <li>○ it was noted that GPs have been calling out for more resource for mental health services for some time .</li> </ul> </li> </ul> <p>The Board agreed that MH services have not met the demand and as an organisation we need to look at how we can influence/develop partnerships to address this issue.</p> <p><b>ACTION 038: LG /the Exec team to consider how we might be able to influence /develop partnerships to seek to meet some of the under met needs at Mental Health</b></p>	

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	<p>LG continued to update the Board as follows:</p> <ul style="list-style-type: none"> <li>• We are now operating 1 CAC, which offers onsite and home visits.</li> <li>• The home phlebotomy service has had an incredible response and is fully utilised at all times.</li> <li>• Care worker testing has now reduced and antigen testing is now available to all healthcare staff.</li> <li>• The AJ Bell stadium testing facility is not offering value for money due to restrictions in the labs <ul style="list-style-type: none"> <li>○ it was noted that the Salford system are aware and are comfortable with this. Options are being considered with regards to how the facility at AJ Bell can be utilised more.</li> <li>○ SPCT have been asked to consider doing all cancer tests/pre-op testing which would fill capacity, reducing the current cost of £54 per test, to £16 (if it was running at capacity).</li> </ul> </li> <li>• PPE – we have now been able to register with NHS supply chain but are still having to maintain stock. <ul style="list-style-type: none"> <li>○ LG noted that we have a great mutual aid system in place, working with the council and the hospital, and as a system we are supporting CVS partners. We are contributing to our social values through membership of the mutual aid system.</li> </ul> </li> <li>• LC suggested the possibility of holding a virtual summit, with leaders across the H&amp;SC system in Salford, to facilitate learning, about what’s gone really well, what we should do in the future and what we should never do again. <ul style="list-style-type: none"> <li>○ LG acknowledged this and will raise with partners.</li> </ul> </li> </ul> <p><b>ACTION 039: LG to raise the issue of holding a virtual summit with leaders across the H&amp;SC system in Salford re: Covid learning</b></p>	
<b>Any Other Business / Next Meeting</b>		
10	<p><b>Any Other Business</b></p> <p>The Board reflected on the meeting as usual and shared any thoughts in response to the Chairs earlier ask around practical ideas we could consider in tackling health inequalities and taking action in light of the disproportionate impact of Covid on BAME communities/and the issues raised by BLM.</p> <p><b>Review of the meeting</b></p> <ul style="list-style-type: none"> <li>• It was felt that the meeting was tough but addressed difficult issues in a constructive manner. It was acknowledged that we are living in very difficult times.</li> <li>• The meeting was at times challenging, but respectful at all times. The quality of papers that come to Board isn’t of the desired standard and in particular the Board would like in future an executive summary.</li> <li>• The company is doing a brilliant job keeping things as good as they are under current pressures</li> <li>• Great Board meeting, there was some tension but everyone has been respectful.</li> </ul>	



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	<p><b>Ideas to tackle health inequalities and address impact of Covid on BAME communities/and the issues raised by BLM</b></p> <ul style="list-style-type: none"> <li>• As an organisation we have got to be absolutely committed and that every decision we make is completely without discrimination.</li> <li>• Thinking about quality and diversity, reverse mentoring was suggested as a practical idea. A need also to collect data - to understand who is accessing training, who is applying for jobs and who we are appointing. Looking at the data could help with understanding our workforce.</li> <li>• Create an environment where BAME are listened to, and don't assume that we think we know what's wrong.</li> <li>• Ask our staff what they think or want – get their feedback and thoughts.</li> <li>• Ensure we communicate widely that the Board wants to hear, listen and create meaningful actions. Help us better understand – and ensure we communicate this internally and more widely in the City</li> </ul> <p>Any Risks we need to share or capture</p> <ul style="list-style-type: none"> <li>• Key risks are to be put onto risk register – and the BAF to assure Board that the risk registers are in place at the appropriate levels across the organisation</li> </ul> <p>LC thanked everyone for their time and contributions and acknowledged that great progress is being made in very difficult times.</p>	
12	<p><b>Dates and time of next meeting:</b></p> <p style="text-align: center;"><b>Thursday 16<sup>th</sup> July</b> <b>10am-12:30noon</b> <b>?ZOOM/City Approach - TBC</b></p>	
<b>Close</b>		

**Record of Members' attendance**

<b>Attended:</b>		<b>Apologies Received:</b>		<b>Non-Attendance:</b>		<b>Cancelled</b>	<b>X</b>
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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											
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Name	15/05/20	18/06/20	16/07/20	18/09/20	16/10/20	13/11/20	16/12/20				
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