

**Salford Primary Care Together
Board Meeting**

**Thursday 18 September, 2020
10.00am – 3pm
Novotel, Worsley**

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	
------	--

In Attendance:

Jane Ashworth (JA)	Minute Taker
--------------------	--------------

No.	Agenda Item	Action for / date
1	<p>Welcome Introductions and Apologies for Absence</p> <p>The Chair welcomed Directors and thanked everyone for attending the meeting which was held at the Novotel Hotel, in a large meeting room which allowed for all attendees to socially distance.</p>	
Agenda Items		
2	<p>Draft Minutes of the previous meeting held on 16th July 2020</p> <p>The minutes of 16/07/20 were agreed as a true and accurate record. There were no corrections and no matters arising.</p>	
3	<p>Action Log – review and update</p> <p>See Action Log for updates (additional document).</p> <p>Points of discussion from the action log</p> <ul style="list-style-type: none"> • AGM <ul style="list-style-type: none"> ○ The Board discussed the possibility of engaging with colleagues and members virtually, using Zoom. ○ It was noted that SPCT is a ben comm and a member organisation. The Chair asked that we gave further thought as to how our staffing structure and services are developing and whether we are providing an easy one-stop-shop for members. • Primary Care Advisory Board <ul style="list-style-type: none"> ○ The creation of a Primary Care Advisory Board has been discussed with the CCG, Clinical Directors, LMC and SCT. The purpose of this 	

No.	Agenda Item	Action for / date
	<p>group would be to bring together practices in a more deliberate way, to ensure primary care has more of a voice in the system, with every practice being represented. The CCG are drafting something with a view to it happening soon. SPCT sees this as a key part of the system's governance from which we can take our lead around system and City facing requests. It was noted that it's critical that individual Practices can influence and support the priorities we meet that balance their specific requests and those presenting from the system and City.</p> <ul style="list-style-type: none"> • Structures <ul style="list-style-type: none"> ○ The Board indicated it had still not received any details around our structure/numbers of people and asked for an organogram outlining this detail at the next meeting. <p>ACTION 046 : HR to produce an organogram detailing structure, numbers of employees etc</p>	
4	<p>Moonshot 1</p> <p>The Board noted the presentation by Lance Gardner CEO</p> <p>Highlights</p> <ul style="list-style-type: none"> • Salford were asked by the government to be the first city in country to test their whole population. Conditions were stipulated by the Salford system and these were agreed to by government. • SPCT was asked to be part of this ground breaking project, working in partnership with the Salford System (Council, Public Health, CCG, CVS etc). Dr Clare Gibbons has agreed to lead on behalf of SPCT as an external consultant • Moonshot 1 tests only asymptomatic patients, testing the validity of the test and the public's willingness to engage in mass testing. The desired outcome is to achieve 'proof of concept' to enable mass testing to be replicable, using a clinically reliable test and a population willing to be tested • The basis of our testing is a saliva based test, with every sample being tested 2 ways to guarantee 100% accuracy of results. All subjects involved in the testing have given their consent in line with requirements around GDPR & handling human tissue. • The Board raised some concerns around: <ul style="list-style-type: none"> ○ Scale -the test needs to sample 1million people per month, we need a population willing to be tested ○ The lack of a formal contract <ul style="list-style-type: none"> ○ SPCT are exposed financially, reputationally, and from any complaints around GDPR or other standards ○ Programme Management - have we costed sufficiently all the resources we need to do this, to do it safely and with the right support. The Board expressed some concern as to whether there is currently the right infrastructure in place to provide support or to 	

No.	Agenda Item	Action for / date
	<p>enable comprehensive documentation of the entire process</p> <ul style="list-style-type: none"> • The Board requested the following: <ul style="list-style-type: none"> ○ A contract, MoU or letter of comfort with Salford City Council- outlining <ul style="list-style-type: none"> ○ SPCTs understanding of the responsibilities and assumed expectations ○ To whom SPCT is accountable ○ What can be expected from other partners upon whom we rely to discharge our responsibilities and what escalation procedures need to be in place if we do not receive something critical to our delivery ○ Who holds the funds and liabilities and how we will be recompensed and indemnified ○ The Board felt it would be beneficial to have: <ul style="list-style-type: none"> i. a contractual framework in place – that should this model be rolled out to other places – it clearly captures what partnerships need to be developed/in place and how their interdependencies are captured in MOU’s, Protocols or contracts ii. an overview who and how this has been commissioned and whether how we can assure ourselves that the underpinning thinking is robust scientifically ○ The Board requested assurance as to who is signing off on the credibility of the project, and also comfort that SPCT are managing exposure - reputationally, financially and clinically <p>ACTION 047: Exec Team to write a letter to the Council outlining SPCTs understanding of the responsibilities and expectations of SPCT (Board to be cc’d)</p> <p>ACTION 048: Exec team to produce a simple flow chart showing outcomes for which SPCT is accountable and key processes</p>	
5	<p>Risk Register</p> <p>The Board noted the Risk Register and presentation by Alan Kershaw</p> <p>Overview</p> <ul style="list-style-type: none"> • AK acknowledged that a single purpose meeting to review the risk register and create the Board Assurance Framework (BAF) is still to be arranged and recognised that a more detailed discussion of the BAF and register is required. • It was noted that whilst some initial changes to the risk register have been made (primarily to include Covid), these are by no means comprehensive or complete and the intention is to discuss risk and assurance in further detail at the single purpose meeting. • The Board agreed that it would be useful to have sight of a BAF or the risk register at every board meeting for information, and to look at it substantively on a quarterly basis. • The Board stressed the importance of everybody working to the same methodology, concise and precise - all speak the same language. 	

No.	Agenda Item	Action for / date
	<ul style="list-style-type: none"> Any comments regarding the development of a BAF and the risk register should be communicated to AK. <p>ACTION 049: To organise a single purpose meeting between PS, AK, RH, HL to discuss risk & assurance in further detail and bring back to Board</p>	
6	<p>People Strategy Update</p> <p>The Board noted the presentation by Alan Kershaw, CFO</p> <ul style="list-style-type: none"> AK confirmed the team is actively working on the People Strategy, with good engagement from the senior management team, and an HR expert helping the HR team. The Board was in agreement with all the aspirations and priorities in the strategy and asked that out of the strategy comes a clear structure, and robust systems and processes to deliver HR activity. There was concern about the lack of assurance regarding implementation of any of the strategy, given a comprehensive strategy had been agree by Board in June 2019, and the lack of information and knowledge regarding employees, policies, job descriptions, reporting lines, etc The Board asked for greater assurance that our people are focussed on the right things, working with both support and challenge they need and feeling motivated by being held to account for clear and shared outcomes The Board emphasised the importance of appraisals, as vital in both developing people, setting objectives and addressing any issues as they arise PS informed the Board that there is now a 'Policy Group' focussing on ensuring all policies are up to date. A list of all policies will be available by the next board meeting in October. The Exec acknowledged that objectives are not where they need to be, but are now using the management team much more effectively to disseminate information to individual teams. The team assured the Board that conversations are ongoing regarding performance and reward and recognition and will bring a detailed update on progress to the October Board meeting. The Board suggested a reporting framework would be beneficial, and possible using a task & finish group – using the knowledge around the table. <p>ACTION 050: A more detailed report/update on the People Strategy to be brought to the next board meeting</p>	
7	<p>Business Planning and Financial Reforecast Update</p> <p>The Board noted the presentation by Alan Kershaw, CFO and Peta Stross, COO</p> <p>Business Planning</p> <ul style="list-style-type: none"> The Board was supportive of the Exec's approach in engaging the Senior Management Team to develop the business plan to ensure there is a shared ownership of the vision – the why of the organisation – and a clear sense 	

No.	Agenda Item	Action for / date
	<p>therefore of what we need to do and to what end – impact desired. LC offered to join any call where others in our leadership community or staff colleagues were exploring the vision, values and strategy to ensure this iterative process delivered something that everyone could sign up to and sign off on .</p> <ul style="list-style-type: none"> The Board requested the Exec Team write a short report (2 sides of A4) about the emerging budget assumptions, and emphasised the need to go back to first principles – our primary purpose/vision. <p>ACTION 051 – Exec Team to write a report (aprox. 2 x A4) re: the emerging budget assumptions</p> <p>Reforecast</p> <ul style="list-style-type: none"> The reforecast is based on the EPIC costing option 2 – to stop hot services but continue all others. This leaves a shortfall of £2.6million There has been frank and open discussions with the CCG about the possibility of redirecting money from other commissioned services to offset the ask to GM which could possibly total around £1million. This is still a decision to be made by CCG There has also been no clear commitment from the PCNs to buy the SPCT package AK noted the new Urgent Care by Appointment service (ED Streaming). Patients are streamed and redirected before they hit ED. On average, 44 patients per day are being redirected. The team followed up all patients after the first day of trialling by calling each of them for feedback. Satisfaction rates were high, and no patients went back to ED. CCG have confirmed they will fund this service until March 2021. The Board noted that providing this service helped take some of the strain off GPs, however, as BH pointed out - this wasn't well known in the practices. It was agreed that communication to GPs required. It was suggested that it would also be useful to share EPIC information, broken down by practice with the PCNs - an opportunity to get a range of information into a regular standing report For the AGM/AMM the Board asked AK to think about how we could help people see how our spend positively impacts GPs – looking through income & expenditure lines. The Board requested a single purpose meeting to discuss finances in further detail 	
8	<p>Finance Update</p> <p>The Board noted the report submitted by Alan Kershaw, CFO</p> <p>Highlights</p> <ul style="list-style-type: none"> AGM – accounts are being finalised. It was accepted that there will be a CIC summary but no social accounts this year. Performance Survey – the response from practices and partners was very disappointing, however, some good feedback/suggestions have been received. Further thought needs to be given to the survey and what to do 	

No.	Agenda Item	Action for / date
	<p>with the information.</p> <p>The Board agreed that in preparation for the AMM it was imperative that we better highlight our Members' Services offer so that the work we do for individual GPs and their practices could be better known alongside the work we do for the City and the system.</p> <p>ACTION 052 – JA to organise urgently a single purpose meeting to discuss finance/reports and the annual report and presentation to the AMM – LC/RH/AK/LG to be involved</p> <ul style="list-style-type: none"> • Estates <ul style="list-style-type: none"> City Approach <ul style="list-style-type: none"> ○ As previously reported following recent allegations, investigations have been carried out regarding the ventilation system. There have been no incidents of people being ill and service records from landlords show no significant defects. Little Hulton <ul style="list-style-type: none"> ○ Issues have been raised by other potential tenants regarding the service charges. As such the CCG have offered the other tenants a subsidy on the service charge. SPCT have not been given or offered any subsidy and fully intend to pay without subsidy ○ The Board felt the following options should be considered by SPCT: <ol style="list-style-type: none"> i. Find alternative tenants (rules permitting) ii. Walk away and just be a tenant iii. Continue and allow the CCG to provide subsidy in accordance with their policies on this matter ○ Delegated authority was given to RH and AK to monitor the above options and to escalate to Board if there is any fundamental change ○ AK informed Board that over time SPCT may receive dividends from the investment. The Board agreed that any surplus received will either be rolled back into the service charge account or put back into the community. <p>ACTION 053 LG – to speak with the CCG to better understand the basis upon which they are offering subsidy to ensure that this is not seen as unfair and SPCT is not caught up in challenges from other places in the City which may not be benefiting from new premises at subsidised rates.</p>	
9	<p>Operational Update</p> <p>The Board noted the report submitted by Peta Stross, COO</p> <ul style="list-style-type: none"> • PS explained that the teams were asked to pull together a report around good news, plans, key risks, complaints & incidents and anything else to note for interest. Peta reported that we are starting to develop a culture where people recognise there is a reporting structure and in their report they have to be reporting matters of substance and particular risks and how these are being handled. <p>Current Activity Highlights</p>	

No.	Agenda Item	Action for / date
	<p>Diversity & Inclusion</p> <ul style="list-style-type: none"> Talks have been ongoing over the last few months regarding how to ensure we have a culture that embraces and values diversity with a goal that is firmly around being an inclusive organisation where everyone feels comfortable to bring their ‘whole self to work’. A steering group has been set up, with the Chair as NED lead, PS as Executive Lead and Sandra Lade-Ahliidza as staff lead. The aim is to engage the work force in thinking about what we need to do to better improve the culture in SPCT and to create a culture that represents and values diversity and feels inclusive . Further updates will be shared at the November Board meeting <p>Eccles Gateway Evaluation</p> <ul style="list-style-type: none"> The Board queried whether in the light of CGs involvement in the Moonshot 1 trials she was able to complete the report. PS confirmed that CG it committed to delivering the report but needs to understand the gap between what has been done so far and where we need to be. The Board asked for assurance that the report will ensure the key questions around the learning from EGW will be addressed <p>ACTION 054: PS to share with the Board a brief email outlining the headlines in the report and report back further on the EDI work and the EGW evaluation</p> <ul style="list-style-type: none"> Complaints from NHSE - PS is to send further details to HL. <p>ACTION 055: PS to send HL details for the NHSE complaints received</p>	
10	<p>Covid Update</p> <p>The Board noted the report and presentation by Lance Gardner - CEO</p> <p>Highlights</p> <ul style="list-style-type: none"> Covid services continue as before. Now planning around stage 2 Assuming there is no more money and working closely with the CCG to manage this Should Covid services need to be scaled up again there is a plan in place to switch off other services i.e. would switch off SWEAP function where a CAC is opened. The process for the CAC is the same and all referrals need to come from GPs – there is no direct access for patients Extra pods are to be sited at the AJ Bell stadium for Moonshot 1 services The AJ Bell Stadium is working at maximum capacity. Due to increased demand we are going to stop doing welfare calls to surgery patients from 5/10/20. SRFT will provide the information to patients going forward. The Board thanked JA, SLA, KH, HD for all their help and support in providing the welfare calls and reassuring patients. Flu – this has been a big disappointment, with most practices doing their own thing. An offer was made to all PCNs but only Claremont and Ordsall 	

No.	Agenda Item	Action for / date
	<p>have worked with SPCT. LG stressed the need to start working on a plan for 2021.</p>	
11	<p>GM/Salford Structure Update</p> <p>The Board noted the presentation by Lance Gardner, CEO</p> <ul style="list-style-type: none"> • LG informed the Board that in August every Trust and GP practice received a paper telling them that by 1st September they need to be delivering 90% of their previous activity, whilst still social distancing etc. • Command and Control is here to stay and there is an assumption that in next 18 months there will be an assimilation of CCGs, meaning there will be 1 and not 10. Therefore, commissioning will be on a much broader scale and providers will work through a local care alliance. • LG noted there is both support and opposition for the proposed changes. • The Board expressed its concerns that if CCGs are unified at GM level this presented a significant threat to the Salford focus on locality . <p>ACTION 056: LG to share the GM response to consultation with the Board and for the risk register around GM to reflect the increase risk of unification to our work as a locality based provider.</p>	
12	<p>Arrangements for the Annual General Meeting/Annual Members Meeting</p> <ul style="list-style-type: none"> • The Clinical Directors have all welcomed proposals about the AGM/AMM being held virtually. SPCT have been invited to every PCN meeting in November and have been given protected time. As it is an AMM, all Board members would be expected to be in attendance. • As SPCT is not technically required to hold an AGM, the Board discussed the possibility of changing the title of the AGM to ‘Annual Members Meeting’. The Board agreed the importance of having an opportunity to engage with members more formally at least once a year and to gives people the chance to hold the organisation to account. <p>ACTION 057: JA to circulate the PCN meeting dates to Board members.</p> <ul style="list-style-type: none"> • The Board agreed that SPCT need a clear and well documented engagement strategy, and need to be on the front foot of comms in talking to GP colleagues and in ensuring we hear what is important to them • A much stronger comms process is needed to ensure GPs know what we offer and can rank what they most value and what they would like to see within the resource constraints. • AK confirmed that CCG are now the comms provider for SPCT and are working with a senior comms person to do a 6 month review of our internal & external comms. • LC pointed out that it is also important that comms are managed proactively – whilst it is great to have the review we must ensure we continue to share what we are doing and listen to what all stakeholders and especially our members need. The Board confirmed it is keen to be active 	

No.	Agenda Item	Action for / date
	<p>around inputting to the comms work.</p> <p>ACTION 058: AK to come back with an overview of the engagement strategy and key messages for the next month-quarter and key opportunities to secure insight that reflect the voice of our customers</p>	
Any Other Business / Next Meeting		
13	<p>Any Other Business none</p> <p>Review of the meeting</p> <ul style="list-style-type: none"> • All agreed it was good to meet face to face. • It was felt that the meeting was very open and honest, with greater clarity achieved on some very difficult and important issues that required full and frank discussion. • The Board asked the Exec to quality check the papers for future meetings, and also pointed out that it would be useful to know which paper relates to what - tiny tweaks to make it easier to navigate. It was suggested that each paper has a cover paper/paragraph, containing a brief outline/purpose of the paper and what Board is being asked to do. • The meeting at times felt challenging, however there is recognition that everyone is doing an incredible job in difficult circumstances, and there was reassurance that the team are working their way through it - a good meeting. • It was a very full agenda and we acknowledge that we could be clearer in what we want to get out of agenda items. Appreciate everything is incredibly draining at the moment. We have to look at the sustainability of what we're doing, how we do it, and what's affordable. • Acknowledged that papers need to be concise, good quality and will aid conversations/decisions. • The meeting was really helpful, appreciated the challenge, positive atmosphere, and grateful for the openness and transparency. • Risk – around capacity, sustaining momentum. We need to keep thinking whether we have got the right priorities and right capacity so have/get right people in post. Need to keep checking in. • LC suggested the possibility of holding every other Board meeting via zoom. Although very aware that we may be heading into more difficult times - keep an open mind about October. <p>Two things to highlight:</p> <ol style="list-style-type: none"> 1. People strategy – needs follow up quickly 2. Member services – is a risk and urgent action is needed to put leadership and resources around this and link it to the engagement and comms strategy . <p>Any Risks we need to share or capture</p> <ul style="list-style-type: none"> • Member Services- the need to make clear what we offer and ensure it meets the needs of GP's and their practices. This needs to be in addition to our CD/PCN and system facing services • The unification of CCGs in GM – reflects a move away from locality based 	

No.	Agenda Item	Action for / date
	<p>commissioning</p> <p>LC thanked everyone for their time and contributions and acknowledged that great progress is being made in very difficult times.</p>	
12	<p>Dates and time of next meeting:</p> <p style="text-align: center;">Friday 16 October, 2020 10am-2pm Venue: TBC</p>	
Close		

Record of Members' attendance

Attended:		Apologies Received:		Non-Attendance:		Cancelled	X
------------------	--	----------------------------	--	------------------------	--	------------------	----------

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				
Liz Cross											
Lance Gardner											
Alan Kershaw											
Brian Hope											
Helena Leyden											
Ray Harding											
Peta Stross											