

**Salford Primary Care Together
Board Meeting**

**Friday 14th January 2022
10am – 12pm
Via Zoom (due to Covid)**

MINUTES

Present:

Liz Cross (LC)	Chair of the Board
Lance Gardner (LG)	CEO
Dawood Anwar (DA)	CCO
Peta Stross (PS)	COO
Helena Leyden (HL)	Non-Executive Director
Ian Marchant (IM)	Non-Executive Director

Apologies:

Dr Brian Hope (BH)	Non-Executive Director
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In Attendance:

Jane Ashworth	Minute Taker
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No.	Agenda Item	
1	<p>Welcome Introductions and Apologies for Absence</p> <p>Apologies were received from Dr Brian Hope, noting that</p> <ul style="list-style-type: none"> • he remains active and in touch outside of meetings • the Board is benefiting from his contributions • due to his change in clinic patterns the Board meeting dates for 2022 will be re-arranged to ensure all can attend <p>Lance Gardner joined the meeting at 10am</p> <p>The Chair welcomed all and thanked everyone for attending the meeting which was held virtually due to Covid.</p>	
Agenda Items		
2	<p>Draft Minutes of the previous meeting held on 16/12/21 and any matters arising</p> <ul style="list-style-type: none"> - The minutes were accepted as a true and accurate record of the meeting. - There were no matters arising. <p>Regarding the NED recruitment process the Board asked for confirmation that unsuccessful candidates had been thanked and informed they would not be brought forward to interview and that the successful applicants be contacted to advise them of interviews towards the end of March 2022.</p> <p>Action 148: NED Recruitment - successful candidates to be contacted and advised of interview towards end March (JA/HR)</p>	

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3	<p>Action Log</p> <p>See action log for all updates.</p> <p>The NEDs asked for an update on the hate crime incident that had taken place before Christmas and what measures had been put in place.</p> <ul style="list-style-type: none"> • The exec team confirmed the member of staff concerned was very appreciative of the support given. • There has been an increase in the number of marshals on site, posters detailing zero tolerance to any such behaviours and additional security had been implemented - paid for by the CCG. • It was recognised that we need to encourage reporting of incidents. The incident highlighted the need for risk assessment in all areas and the need to ensure that all staff are aware of policies and procedures. <p>Action 149: DA to encourage vaccination staff to report any such incidents and ensure an updated risk assessment is undertaken at each site</p> <p>The Board requested that in working with People Puzzles we pick up issues around H&S and EDI – recognising the idea of speak up coaches could work well to address concerns of any nature</p> <p>Action 150: PS to work with People Puzzles to pick up issues around H&S and EDI and look further into implementing speak up coaches in the business</p> <p>Update on Action 129 regarding broadening our understanding and ability to use the tools of social accounting, audit, value, impact: PS confirmed she is in the process of organising a workshop, working in collaboration with a colleague from The Connectives.</p>	
4	<p>Update on SGM</p> <p>The Chair updated the Board on the discussions concerning constitutional change. It was recognised that there was little consensus amongst our members that change was required to our Articles and amongst others on what change would be acceptable.</p> <p>In light of this, and the deepening impact of Omicron and Covid creating increased pressures on all in primary care, it was agreed that holding an SGM was not a priority but issues that had been identified through the discussions could be addressed.</p> <p>In particular, issues around</p> <ul style="list-style-type: none"> • our openness and transparency – with a call for more with regular information about our priorities, our performance and our business development intentions • engagement and communication – ensuring there is regular two-way communication at practice level and PCN level • the growing appetite for PCN to contract with commissioners and develop their own products and services- means SPCT needs to continue to focus on delivering services that no one else is keen to deliver or those where it is 	

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	<p>best done once in the Salford system</p> <p>The Board agreed:</p> <ul style="list-style-type: none"> ○ to stand down the SGM ○ to repay the original shareholders loans – recognising the pressures on general practice included financial pressures; accepting that this money was held in a loan account to support start up and was no longer appropriate to hold; noting legal advice that returning the loans would not affect shareholders’ rights ○ to work with the current Articles as they are but to increase the range of communication and engagement mechanism to ensure we could access a range of views to advise and shape the work of SPCT <p>Board noted that</p> <ul style="list-style-type: none"> ● Communications had gone out to advise all shareholders that the SGM had been stood down ● Shareholders loans will be returned before the end of the financial year ● an account management approach will be established with an Exec member being assigned to 1/3 of the Practices as a key line of contact ● a monthly newsletter will be established that will address planned and emergent issues ● a comms plan will be developed with a month by month overview will link to the business planning cycle to ensure the newsletter picks up those issues raised by members ● The involvement of practice managers in communications is equally important <p>ACTION 151: to ensure loans are repaid before the end of the financial year LG/JP</p> <p>ACTION 152: To develop the account management role, newsletter and a comms plan linked to the business planning cycle for the monthly Salford practices newsletter</p>	
5	<p>Operational Update</p> <p>The Board noted the presentation by Peta Stross, COO and Dawood Anwar, CCO.</p> <p>Highlights:</p> <p>Business plan</p> <ul style="list-style-type: none"> ● Noted that the financial update will be circulated on 18/01/22. ● The Board expressed some concern around Finances since the loss of the Finance Director ● The Board requested the review of the capacity and capability we have and need around finance- people, structures, processes and systems - is undertaken as a priority <p>Workforce</p> <ul style="list-style-type: none"> ● Key piece of work at the moment is around mandatory vaccinations piece and how to manage that. ● People Puzzles are undertaking an exercise and will bring recommendations 	

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	<p>and priorities to the executive team. This will also link in with the People Strategy.</p> <ul style="list-style-type: none"> The executive team is reviewing other HR systems as the current system may not be the right system for us. Big piece of work underway with the clinical leads re: job planning and remuneration <p>The Board agreed our reporting framework needs developing around People and EDI issues and Liz offered to share an example of an excellent annual HR and EDI board report</p> <p>Regulatory compliance</p> <ul style="list-style-type: none"> CQC visit, the report is now in the public domain and learning from the inspection has been shared. HL suggested it would be good to build it into a clinical audit plan for the year – an audit calendar would be useful. <p>The Board expressed its appreciation for the work being undertaken around the development of operational and clinical services and took assurance from the development of a clear plan that it is being well managed and well led.</p> <p>Action 153: review of the capacity and capability we have and need around finance- people, structures, processes and systems- LG/PS/DA</p> <p>Action 154: The development of Board reporting around People and EDI - PS and LC</p>	
6	<p>CQC</p> <p>The Board noted the update as part of the Operational Report and the feedback regarding the COVID services. These were the first COVID services to be inspected by the CQC. The CQC rated the service as good in all areas, and small issues that were identified were addressed immediately.</p>	
7	<p>ICS Update</p> <p>The Board noted the presentation by Lance Gardner, CEO and the following headlines:-</p> <ul style="list-style-type: none"> The ICS implementation has been delayed with a target date of 01/07/22. This poses a few problems for the CCG and they may need operate a transition board in GM between CCGs and ICS between April and July. The proposed membership of the Provider Collaborative requires a representative from SPCT. The Board was happy to delegate this to the Chair and Executive Directors to have a conversation and make a recommendation. <p>ACTION 155: Meeting between Executives and Chair to discuss SPCT representation on Provider Collaboration Board – to make recommendation to Board</p>	
8	<p>Mandatory Vaccine</p>	

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	<p>The CEO also updated the Board as follows :-</p> <ul style="list-style-type: none"> • Currently being considered under parliamentary review. • To note - all patient facing staff must be double vaccinated by 01/04 and to achieve that then they need 1st dose by 03/02. • Applicable to anyone delivering CQC regulated activity. <p>The Board was informed that the Executives and SMT believe all members of staff in SPCT are in scope of the regulation and that this should be a condition of employment.</p> <p>The Board agreed, emphasising that SPCT</p> <ul style="list-style-type: none"> • seeks to deliver the best possible services and care to patients, directly or through colleagues, partners and other organisations. • owes, as a duty of care, the assurance that we have sought to manage risk and ensure that those services are delivered safely. • Therefore, strongly encourages all colleagues to ensure their health is at the forefront of their minds and we see vaccinations as one aspect of that. <p>Therefore, by exception if someone feels unable to take care of their health – mental or physical or to take up a COVID or other recommended vaccination- we would want to have a discussion with them to better understand their concerns. At this point we can then see whether we can adapt or need to enforce this requirement.</p> <p>The Exec was confident that there is a plan to address concerns, and was clear that individuals would be dealt with on a case by case basis, there would be no blanket approach.</p>	
9	<p>Plans for February away day</p> <p>Common themes were shared for further exploration around:</p> <ul style="list-style-type: none"> • purpose/vision and how this drives the outcomes/impacts we need to deliver • our strategy to translate the above including the business and financial plan • the culture we need to create, the products and services we need to develop and the engagement processes we need internally and externally <p>The Executive was asked to think about how to use these ideas for a basis for an agenda for the away day.</p>	
Any Other Business and Review of the meeting		
10	<p>Any Other Business None</p> <p>Review of the Meeting</p> <ul style="list-style-type: none"> • Helpful, practical and focussed • Using the BAF as a reporting framework which shows complexities and key areas on which we need to focus was well received. <ul style="list-style-type: none"> ○ The Board queried the possibility and usefulness of sharing this 	

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	<p>with colleagues and partners.</p> <ul style="list-style-type: none"> • The reporting framework provided a high level of assurance. • A higher level of financial expertise will give the Board a stronger level of assurance. <ul style="list-style-type: none"> ○ To note - accountants commissioned have started on the first piece of work. An update will be provided at the away day. • The Board was pleased with the proposal for the plan for newsletters and engagement with practices and recognised this should continue to reflect what the practices expect/need <ul style="list-style-type: none"> ○ The Board noted the value of taking data out to the PCNs and practices to aid their understanding of the work SPCT is undertaking. • The updates were well received, and the Board stressed the importance of ensuring we have the right priorities and focus. • The Board confirmed it could see how the BAF and the Op/Clinical reporting framework – offers efficiency and enables better scrutiny and a basis for strategic debate • The meeting was useful in confirming SPCTs stance around the mandatory vaccine. <p>ACTION 156: The Chair suggested that Executives, and other NED colleagues, consider the benefits of flexing our Board time and potentially having alternate meetings to :</p> <ol style="list-style-type: none"> 1. Hold shorter and more performance based /assurance based meetings 2. Full day meetings with more strategic discussions including a deeper dive into key service areas or risks (BAF) where we may invite colleagues to join us to inform the discussions. <p>LC thanked everyone for an extremely productive meeting.</p> <p style="text-align: center;">Meeting closed at 12:15pm</p>	
10	<p>Dates and time of next meeting:</p> <p style="text-align: center;">Board Away Day 09/02/22 08:30am-4pm Novotel, Worsley</p> <p style="text-align: center;">Board Meeting Friday 11th March Time TBC Venue TBC</p>	
Close		

Record of Members' attendance

Attended:		Apologies Received:		Non-Attendance:		Cancelled	X
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Name	15/07/21	17/09/21	15/10/21	19/11/21	16/12/21	14/01/22					
Liz Cross											
Lance Gardner											
Alan Kershaw											
Brian Hope											
Helena Leyden											
Peta Stross											
Ian Marchant											
Pete Budden											

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	12/03/21	16/04/21	14/05/21
Liz Cross											
Lance Gardner											
Alan Kershaw											
Brian Hope											
Helena Leyden											
Ray Harding											
Peta Stross											
Pete Budden											

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											