

**Salford Primary Care Together
Board Meeting**

**Friday 22nd July 2022
9:30am-2:00pm
Boardroom, City Approach**

MINUTES

Present:

Liz Cross (LC)	Chair of the Board
Dawood Anwar (DA)	CCO
Peta Stross (PS)	COO
Helena Leyden (HL)	Non-Executive Director
Ian Marchant (IM)	Non-Executive Director
Dr Brian Hope (BH)	Non-Executive Director
Sabira Kanji (SK)	Advisor /NED in waiting (via ZOOM)

Apologies:

In Attendance:

Jane Ashworth	Minute Taker
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No.	Agenda Item	
1	<p>Welcome Introductions and Apologies for Absence</p> <p>The Chair welcomed all to the meeting.</p> <p>There were no apologies.</p>	
Agenda Items		
2	<p>Draft Minutes of the previous meeting held on 24/06/22 and any matters arising</p> <p>One small amendment was requested to the June minutes:</p> <p style="padding-left: 20px;">i. to reflect that Dr Brian Hope finishes his term of off this year at the AGM</p> <p>Following this amendment, the minutes were accepted as a true and accurate record.</p> <p>Matters Arising / Declarations of Interest</p> <p>There were no matters arising and no declarations of interest</p>	
3	<p>Action Log</p> <p>See action log for all updates.</p> <ul style="list-style-type: none"> • Action 174: Board requested an additional note from Peta to cover both estates and covid issues, and for this to be wrapped up in the PCN presentation 	

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4	<p>Finance Update The Board noted the presentation by Julie Parr (Finance Manager) and Peta Stross, COO</p> <p>JP apologised for the delay in circulating the finance paper, the Board acknowledged the hard work that that has been done</p> <p>The Board was advised that the position at the end month 3 is significantly adverse, and that essentially this was due to locum use in practices. However, much work has been undertaken to take this under control:</p> <ul style="list-style-type: none"> • Looking at locum spend • and the systems and processes for booking locums- reflecting in a partnership model – a partner would often step in first <p>JP informed the Board:</p> <ul style="list-style-type: none"> • We are continuing to make significant losses in the first quarter, this was as predicted. • The majority of the losses are within the Practice, due to a lack of resource, and having to plug this with a heavy locum spend- which is having a huge impact • Covid clinics ceased (mid May) this has reduced income. • EPIC now have a contract with Eccles & Irlam PCN, bringing in additional income • City Approach costs are high, the team are working towards reducing these <p>The Board voiced their concern over the use of locums, and concern that this is not sustainable.</p> <ul style="list-style-type: none"> • DA acknowledged that the use of locums has sometimes been chaotic and that locum spend is high, however, a number of our GPs have resigned and there are gaps that must be filled • Moving forwards the aim is to improve the efficiency of use and processes around booking locums <p>PS informed the Board that a weekly Practice operational meeting has been established, and that this has helped the team to:</p> <ul style="list-style-type: none"> • get on top of admin processes – which weren't robust or systematically implemented • get on top of QOF and Salford Standards • look at both the clinical and admin models <p>PS confirmed that as part of the cost improvement planning:</p> <ul style="list-style-type: none"> • the administration model is being restructured • consultation of those at risk of redundancy will begin in august • new job descriptions, new role clarity and new reporting arrangements will be established • working alongside Paula Lea to ensure priorities are being worked on • has created clear and robust clinical models and admin models for the Practice 	

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	<p>The Executive acknowledged that the management and leadership model of the practices has not delivered the necessary level of rigour around cost control and around the sustainability of clinical delivery models.</p> <p>PS and DA have now got a grip of those areas where money is being spent without control i.e. locums. Peta and Paula Lea have put in place a root and branch review around the admin services that will ensure the use of the right resource for the right purpose, and to deliver good care for the right costs and to improve efficiency.</p> <p>The Board expressed its concern over</p> <ul style="list-style-type: none"> • a lack of accountability - with accountabilities being unclear and no clear ownership within the Practice <ul style="list-style-type: none"> ○ asked for a proposal from the Executive team outlining: <ul style="list-style-type: none"> • named individuals /roles that hold clear responsibilities – in terms of the Practice – who is the lead accountable officer • the lack of understanding of the business and clinical drivers that ensure success and sustainability across all staff – each needing to play their part in maximising quality and income and controlling costs <p>ACTION 188: The Board agreed the need for a clear narration that demonstrates we understand how we got here and what we plan to do to remedy and reposition our services and business – Action PS / DA</p> <p>ACTION 189: Proposal from the Executive outlining responsibilities and a clear lead accountable officer for the Practice – that ensures post holders have the authority and the responsibility they need to deliver the outcomes required</p> <p>Balance Sheet</p> <p>JP explained the apportionment of central costs to each service. The balance sheet demonstrates a better understanding of how those costs are allocated and the impact on the profit on each service.</p> <p>By allocating costs to where the service is used it has become clear that the Practice is a high user of corporate services to the value of around £43k. The Board questioned whether this is:</p> <ol style="list-style-type: none"> a. Value for money- would many of these services be delivered by a Practice Manager in other Practices b. Sustainable- whilst there may be risks associated with not having access to some of the corporate services – there is a cost that may be too great to carry <p>Balance sheet highlights</p> <ul style="list-style-type: none"> • July - received £1.5million from SRFT that has been outstanding <ul style="list-style-type: none"> ○ There is now an agreement in place with SRFT to be paid on a quarterly basis • August - expecting £400k rent reimbursement money for LHHC 	

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	<p>LC advised the Board that Sabira Kanji will move from her advisory role to the Lead NED role for finance, risk and contracts from 1st August 2022.</p> <ul style="list-style-type: none"> • SK emphasised the need for rolling forecasts, the Board requested PS and SK take this offline to discuss what it would take to produce and bring this back to Board. • SK was concerned over the fee quoted by the auditors as JP had produced the accounts and done most of the work required. JP confirmed she was liaising with the auditors to clarify fees. SK emphasised that she was here to support JP. <p>The Board welcomed Sabira’s expertise, and the additional insight she can bring to the scrutiny function of this Board.</p> <p>LC thanked JP for all her hard work and for attending Board on her non-working day.</p>	
5.	<p>Discussion:</p> <ul style="list-style-type: none"> • exploring business models • narration for presentation to PCNs and AGM <p>The Board discussed and explored, as if looking through the lens of a shareholder or other stakeholder,</p> <ul style="list-style-type: none"> • what would some of the alternative business models could look like • what would the resulting impact be on our financial plan? • what corporate services would we have/need? <p>5. 1 Practice</p> <p>The Board stressed that their main concern is</p> <ul style="list-style-type: none"> • to protect patients and those who serve them – staff • convey the message that SPCT want to be a successful practice. <p>The Board was clear of the need to:</p> <ul style="list-style-type: none"> • deliver good/outstanding care • design a business model that enables break even as a minimum and preferably enables us to generate surplus • demonstrate benefit/value to shareholders and all stakeholders • get the Practice back in profit <p>Board asked for assurance:</p> <ul style="list-style-type: none"> • that we are delivering quality clinical services • that the business is maximising income- associated with delivering excellent clinical services • controlling costs that the practice is incurring across all 3 sites <p>PS confirmed that we are well on the way to having and should have by the AGM a very clear and coherent model that describes how we get to that point.</p> <p>To do list:</p> <ul style="list-style-type: none"> - Narration – how did we get here and what options are we considering – for September’s PCNs 	

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	<ul style="list-style-type: none"> - Re-organise the balance sheet to make clear what the £1.7m is – narration about what it is that we’re holding. - Narration around Practice options and the wider SPCT service proposition <ul style="list-style-type: none"> o Menu of services <p>It was noted that shareholders still have a lot of questions around the Little Hulton Development and seem to be suspicious of SPCTs involvement. This needs to be more clearly articulated to assure all members.</p> <p>ACTION 190: JA to forward LHHC paper-work to Sabira. Peta/Sabira/Julie to have a separate conversation. PS/DA/JP to address the above action list within time constraints to come back to Board</p> <p>5.2 EPIC</p> <p>Outlined that EPIC is operating at maximum efficiency and the income is good and highlighted:-</p> <ul style="list-style-type: none"> • it does not undertake work that the practice does and is not perceived as a competitor to our members – eg other Salford practices. • it is a great benefit - offered as a City wide service. • benefit to shareholders is that it keeps the money in Salford, rather than if an outside urgent care company were to secure the contract • presents opportunities to pick up new contracts i.e. Police, A&E <p>DA informed the Board that the ICS contract for the OOH/SDUC service is to be opened up to competition.</p> <ul style="list-style-type: none"> • DA and team will prepare the business case in Sept/Oct. <p>5.3 Other products and services:</p> <p>Other services provided through the Practice which are of benefit to the City:</p> <ul style="list-style-type: none"> • Inclusion • Asylum Seekers • Special Allocation Scheme <p>It was agreed that we need to be clear with our shareholders of:</p> <ul style="list-style-type: none"> o The benefit of these services to the shareholder o The benefit to the City o Cost, income, performance <p>The exec explained that whilst SPCT receive extra funding to support these provisions we need to be sure that we are being remunerated correctly for work we are doing.</p> <p>ACTION 198: re: ensuring we are being remunerated correctly for the work we are doing - PS to report back on the value of the contracts and the remuneration gap and with whom we should negotiate to ensure this is closed</p> <p>Other areas where we offer value, but the benefit to SPCT needs interrogating:</p> <ul style="list-style-type: none"> • PCN support – employing people on behalf of PCNs 	

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	<ul style="list-style-type: none"> • Workforce/Academy – practice nurse training etc • Digital Facilitators – we ‘house’ the DF offer – why do we do it, do we want to do it? Is causing us some work. <p>In light of the discussions above, it was agreed that the following was needed to take forward to the PCNs / AGM:</p> <ul style="list-style-type: none"> • the narration of the historic perspective that shows how we got us to this point: <ul style="list-style-type: none"> ○ Practices/epic/inclusion – cost benefits – for shareholders • SK is doing work around big risk, and how to narrate the issues around Little Hulton Development Company. • Corporate Support / central costs - with accounts from last year. • Business model and financial plan parameters. <p>ACTIONS: 193 - JA to inform the board of dates of PCN meetings 194 - Delegatory Framework to be rewritten once a clear staffing model is in place 199 - to take forward to the PCNs / AGM – narration of the historic perspective that shows how we got us to this point. Plus practices/epic/inclusion – cost benefits for shareholders.</p>	
6.	<p>Social Account / Covid Account Estates Update</p> <p>PS left the meeting at this point due to other commitments. She was due to provide an update to the Board on the Social and Covid account, and on the Estates.</p> <p>The Board agreed</p> <ul style="list-style-type: none"> • To move the Social/Covid account to the next Special Purpose Meeting, and • Tasked PS with providing a written update on the various Estates matters <p>ACTION 200: Social/Covid account update to be presented at the next Special Purpose Meeting ACTION 201: PS to provide Board with a written update on various estates matters</p> <p>JA provided a brief update on City Approach:</p> <ul style="list-style-type: none"> • AECOM have offered to provide dilapidations services FOC on a pro bono basis should the business make the decision to serve notice on the lease at City Approach • SPCT are required to give 6 months’ notice, the lease is due for renewal in February 2023 <p>The Board delegated this decision to the Executive asking them to look at the balance of risks, and if deemed appropriate, to give notice to the landlord with effect from 01/08/22.</p> <p>ACTION 202: PS/DA to look at the balance of risks in giving notice to the landlords or the City Approach offices</p> <p>The Board was informed of the current estates options as alternative accommodation to City Approach:</p>	

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	<ul style="list-style-type: none"> The possibility of co-locating with ForViva Housing Association – located in Eccles Possibility of moving into City Approach 1, co-locating with SRFT or the council Possibility of taking reduced space in the current offices 	
7.	<p>CCO update The Board noted the presentation by Dawood Anwar, CCO</p> <p>EPIC update - key points DA informed the Board that currently the main focuses for EPIC are:</p> <ul style="list-style-type: none"> to improve efficiency Reduce locum spend – as there is a concern that service is primarily locum delivered <p>ACTION 191: EPIC Clinical Model once finalised to be presented to Board</p> <p>GMA Progress – key points</p> <ul style="list-style-type: none"> Confirmed members are moving towards using one system – Aداstra <ul style="list-style-type: none"> The Board asked for assurance from Aداstra that no one will have the ability to access our data inappropriately and requested that this form part of the MoU. <p>Action 203: DA to get assurance from Aداstra that under the GMA no one will have the ability to access our data inappropriately and that this form part of the MoU</p> <ul style="list-style-type: none"> DA informed Board that every locality now has a requirement to have in place an Urgent Treatment Centre. DA was pleased to advise Board that Salford identify EPIC as their UTC. <p>Practice Update - key points</p> <ul style="list-style-type: none"> Stressed that the biggest risk currently in the Practice is recruitment and retention Currently a lot of locum use due to circumstances – DA was clear that whilst the locum based model is not sustainable there is currently no other alternative Clear that we need to balance cost/income/quality-performance DA informed Board that the clinical model for the Practice is ready, he would like Paula Lea to present to Board The Chair informed the Board that she had heard the appeal from 2 former SPCT employed GPs and confirmed: <ul style="list-style-type: none"> There is no further process in the appeal An offer was made in recognition of the extra responsibilities assumed and hurt feelings This matter is now closed but will result in back pay and a small additional sum to be taken into account in the budget <p>The Board suggested using Brian Hope as a sounding board to help with establishing a clinical model, especially in finalising the cost/income/performance triangle. It was asked that this is presented to Board.</p>	

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	<p>ACTION 192: Board (plus Paula Lea) to meet on 01/08 to further explore and discuss clinical model, cost/income/quality-performance. This will be a face-to-face meeting</p> <p>The Board acknowledged the challenge facing SPCT in the strategic redirection of the business.</p> <p>It was felt that we have lost the confidence of some of our shareholders and the Board stressed the importance of demonstrating how the business is reframing, restructuring, improving quality and maximising income.</p>	
8.	<p>Governance Update</p> <ul style="list-style-type: none"> • The Chair clarified that the work on the Articles of Association have paused for the time being as the Task and Finish group meetings were ceased due to lack of attendance/interest at this time. It was the Chair’s view that members were most keen to see focus on getting the business more sustainable and delivering a surplus back into the system as well as services that added value and took pressure off of other Primary Care providers. <p>With regard to the retirement of Dr Brian Hope from the Board, the Chair suggested:</p> <ul style="list-style-type: none"> • That members are informed of the fact that Brian is retiring at the AGM as part of the Executives presentation to the PCNs <ul style="list-style-type: none"> ○ We will be keen to recruit 2 Salford based Primary Care NEDs who have interest/expertise in either clinical or financial matters • Following consultation with PCN colleagues we would wish to conclude the recruitment with in 6 weeks <p>The Board agreed with the above recommendation.</p>	
Any Other Business		
9.	<p>Any Other Business None</p>	
10.	<p>Reflections of the meeting</p> <ul style="list-style-type: none"> • SPCT is in the same boat as every other practice in Salford <ul style="list-style-type: none"> ○ need to generate income ○ most importantly - need to get the basic care and QOF right. • Concern about the use of locums and retention and recruitment • Need to ensure we are conveying the right messages internally, ensuring people are getting the right information – ‘if an organisation isn’t at one with itself other people can come in and create chaos’. • There should be more touch points in the month to save rushing • Need the papers earlier • Perhaps performance reports should be reviewed offline, with alternate Board meetings used for: <ul style="list-style-type: none"> i. to do a deeper dive: ii. more strategic debate 	

No.	Agenda Item	
	LC thanked everyone for their time.	
11.	Dates and time of next meeting: Friday 23/09/22 9:30am-2pm Venue: TBC	
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	11/03/22	29/04/22	27/05/22	24/06/22	22/07/22
Liz Cross											
Lance Gardner											
Alan Kershaw											
Brian Hope											
Helena Leyden											
Peta Stross											
Ian Marchant											
Sabira Kanji											
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											
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