

**Salford Primary Care Together
Board Meeting**

**23/09/22
10:45-12pm
ZOOM**

MINUTES

Present:

Helena Leyden (HL)	Deputy Chair
Dawood Anwar (DA)	CCO
Peta Stross (PS)	COO
Ian Marchant (IM)	Non-Executive Director
Dr Brian Hope (BH)	Non-Executive Director
Sabira Kanji (SK)	Non-Executive Director

Apologies:

Liz Cross (LC)	Chair of the Board

In Attendance:

Jane Ashworth	Minute Taker
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No.	Agenda Item
1	<p>Welcome Introductions and Apologies for Absence</p> <p>Helena Leyden acted as Chair in the absence of Liz Cross. Liz had to take an emergency trip to Australia but had met with NEDs to bring them up to date and surface issues that were relevant for Board to pick up at this meeting.</p> <p>Apologies received from Liz Cross.</p>
Agenda Items	
2	<p>Action Log</p> <p>See action log for all updates.</p>
3	<p>COO update</p> <p>The Board noted the presentation by Peta Stross</p> <p>PS re-affirmed the plan for this year to bring us to a year end position of a loss of circa £350k (which was put before the Board at the SPM 22 August Board meeting) was to create new clinical and admin models for the Practice. Noting that:</p> <ul style="list-style-type: none"> • The admin structure is now in place – all 3 Assistant Practice Manager roles have been appointed to • 10 people were put at risk, a number of those applied for the APM or data funding manager role and all roles have been appointed to. • BI team has been disestablished. • The new practice structure will go live from 01/10

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	<p>ACTION 196: New organisation structure - Peta to circulate a list of who's leaving when for board and a list of who's moved from one role to another role with effective dates.</p> <p>In terms of the clinical model:</p> <ul style="list-style-type: none"> • The over-arching clinical lead for all 3 sites is now on maternity leave. • a new clinical lead has been appointed for Eccles – starts in post on 03/10 <p>DA stressed that GP recruitment is very difficult and highlighted that clinical recruitment is one of our biggest risks as we are very reliant on locum staff. In order to provide more support to our staff and to deliver services to patients directly DA informed Board that he now spends Tuesdays in the Little Hulton practice.</p> <p>The executive informed Board that their meeting with the CCG went well and they were assured by our plan to move forwards. They are due to meet again on 12/10/22 for another workshop. DA informed Board:</p> <ul style="list-style-type: none"> • it had been agreed with the CCG that if there is no significant change with clinical recruitment we should look at the potential of seeking mutual aid from CCG and/or the relevant PCN/s. • There are financial implications in the use of locums, however the CCG appeared happy with the way we have identified and mitigated risks- in particular ensuring continuity from a patient perspective by having additional administrative staff and process. • DA acknowledge that this is not our preferred long-term solution, but in the current climate there is nothing that other practices would do differently to what we're doing now in trying to turn the practices around and the CCG were assured by what we are doing. • We have agreed with the CCG total honesty and transparency, and if the Practice, or any site within our Practice, ever become unsafe we will go to the CCG to ask for help/mutual aid. <p>BH stressed the importance of documenting all meetings with CCG, PS confirmed this was being done.</p> <p>There followed a conversation regarding the Practice Manager role. PS confirmed:</p> <ul style="list-style-type: none"> • Paula Lea is supporting PS on an interim basis and is clear that she does not want a permanent post • However, the role of Practice Manager is required and PS acknowledged that this all depends on the new organisation structure, and what roles the Board want • Paula is on a temporary contract to enable us to effect change in the practice <p>PS queried the agenda for the Special Purpose Finance meeting, scheduled to take place on 28/09/22. HL explained that a meeting had been held in in late August with AMS at which they highlighted early insights and findings - of which the Board should be aware. Some data was queried, and other data challenged and further work was requested to bring this back to a meeting in September at which all Directors could attend.</p>	

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	<p>At the meeting with AMS in August the question was raised around our relationships with the networks and how having only one P number – helped or hindered how we worked with and were perceived by PCNs.</p> <ul style="list-style-type: none"> • DA noted that he did not recall any conclusion was reached around the P numbers, but informed the Board that AMS did declare there could be a real or perceived a conflict of interest given their work with the PCNs. AMS confirmed however the PCN they work for is not a PCN in which our P number is held nor we deliver services within. • PS raised uncertainty around the P number debate and had thought this had been closed down previously. <p>The executive asked for clarity around the agenda for the SPM, HL confirmed:</p> <ul style="list-style-type: none"> • The purpose of the SPM is to collectively as a full Board to receive the updated presentation from AMS and to agree any actions from that insight and advice. <p>PS advised Board:</p> <ul style="list-style-type: none"> • the review of the central functions for the Practices has been completed. • The exec is <ul style="list-style-type: none"> ○ now looking at phase 2 – the finance/HR structure and any other organisational structures. ○ committed to establishing a clear list of CIP actions to work through ○ reviewing the payroll process and reviewing each service so that each can be report separately ○ agreeing a clear plan of action for the new Income and Funding manager ○ ensuring we have claimed everything we are entitled – addressing those areas in particular that AMS highlighted as potential underclaims <p>Estates</p> <p>PS updated Board, noting that:</p> <ul style="list-style-type: none"> • City Approach costs approximately £130-140k per year, and the plan is to make at least a £50k saving. • Following a visit to ForHousing, with a view to sharing office space they have made us a really good offer of £30k per annum rental – inclusive of everything • We still need to check the situation with IT and phones, and have meetings with our providers scheduled in the next few weeks • Our surveyors have been in to do the dilapidations to try and minimise our costs as much as possible on leaving. <p>Little Hulton</p> <p>PS explained that she was not assured that all costs associated with LH are completely covered, and work is ongoing to understand what our costs are and that they are being recovered.</p> <ul style="list-style-type: none"> • Sabira informed Board that as a social enterprise SPCT should get 80% relief, and will discuss this further with JP. 	
4.	CCO Update	

No.	Agenda Item	
	<p>The Board noted the verbal update by Dawood Anwar, Chief Clinical Officer.</p> <p>DA informed Board that following the Adastra downtime the EPIC service had been extremely resilient and had led well in GM. He noted that some safeguarding risks had now been identified:</p> <ul style="list-style-type: none"> • We are working with GM to address this • All safeguarding leads are aware • We are looking at how to retrospectively upload all cases onto Adastra where other agencies need to be alerted with regards to safeguarding issues. <p>DA reassured Board that there is a very good safeguarding escalation process in place.</p> <p>DA explained that there has been lots of learning from the Adastra downtime, for example:</p> <ul style="list-style-type: none"> • certain functions worked better with people physically in, we are now encouraging more face to face, but still acknowledge the value of remote working <p>ACTION 197: Learning from Adastra downtime – DA to bring the results of some of those changes to the October Board</p> <p>EPIC business case</p> <p>DA informed Board that he is working on the business case with ICB colleagues and other colleagues across the region. The Board noted that:-</p> <ul style="list-style-type: none"> • The EPIC pilot runs until June next year • DA is hopeful of a commissioning decision around December/January <p>With regards to pay rates for EPIC bank/locum staff, DA advised the Board that rates have inflated over last 3 months and we struggle to compete. However, Commissioners are aware as it is affecting all providers.</p> <p>DA informed Board that:</p> <ul style="list-style-type: none"> • EPIC has a stable and loyal work force, due to the culture they experience and staff members are well supported. At the moment, we face a retention risk without increasing rates at the moment. • DA is working with the GM Alliance, which is collaborating and working to push culture and not compete against one another. <p>Good news!</p> <p>DA was pleased to inform the Board that at the forthcoming UHUK Health Care Awards, SPCT been asked to attend as guest speakers to speak about collaboration with other organisations, and had also been nominated for 2 awards:</p> <ul style="list-style-type: none"> - Best Urgent Care services - Best collaboration with stakeholders within a locality <p>DA acknowledged that there are multiple challenges at the moment – patients/finance etc, with actions needed at pace. He recognised that much is dependent on the information presented at the SPM on 28/09/22 and the actions generated from this.</p> <p>PS stressed the need for consistency of direction, noting that the executives were of the understanding that the plan PS/DA had presented to the Board had been</p>	

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	<p>accepted and agreed as the way forwards outlining the actions to be taken to secure a capped deficit in year with a projected surplus in FY23/24.</p> <p>PS raised concerns over other discussions happening in the background and felt unclear as to what the direction the organisation is pursuing. Noting that it is imperative to all be agreed and signed up to the operational plan.</p> <p>Incidents/Complaints/Risks</p> <ul style="list-style-type: none"> • There was nothing to report to Board over and above the updates provided above. • HL asked for an update at the next Board meeting with regards to the safeguarding issue and Adastra. 	
Any Other Business		
5	<p>Any Other Business none</p>	
6	<p>Reflections of the meeting</p> <ul style="list-style-type: none"> • Obvious where the issues are, and it is all about working together • PS asked Board to clarify that the plan PS/DA presented recently is the plan they should be progressing • PS pointed said she was aware of conversations happening outside of Board where the execs are not present was stressful and made working difficult. • Constructive questions, and the exec felt they had shared progress. The exec hoped the had demonstrated they have been working hard to make progress in the areas needed. • A useful meeting with good updates. Acknowledgment that everyone is facing challenges. • Noted that there is no expectation for any meetings to be easy and the executive expect difficult questions. The executive expressed their deep desire to come up with an operational plan, and to move forward. • Patient safety is our key priority • The Board asked the exec – from an operational perspective what does the Board need to do to help give clarity and move forward? 	
7	<p>Dates and time of next meeting:</p> <p style="text-align: center;">Friday 21/10/22 9:30am-3pm Venue: Eccles Gateway</p>	
Close		

Record of Members' attendance

Attended:		Apologies Received:		Non-Attendance:		Cancelled	X
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Name	23/09/22	21/10/22								
Liz Cross										
Brian Hope										
Helena Leyden										
Peta Stross										
Ian Marchant										
Sabira Kanji										
Dawood Anwar										

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											
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