

**Salford Primary Care Together
Board Meeting**

**Friday 16th April, 2021
10.00am – 2pm
ZOOM meeting**

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
Dr Brian Hope	Non-Executive Director

Apologies:

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In Attendance:

Dr Pete Budden	Clinical Lead, Eccles & Irlam PCN
Julie Parr	Finance Manager

No.	Agenda Item	
1	<p>Welcome Introductions and Apologies for Absence</p> <p>No apologies were received.</p> <p>The Chair welcomed Directors and thanked everyone for attending the meeting which was held virtually, via Zoom.</p>	
Agenda Items		
2	<p>Draft Minutes of the previous meeting held on 12/03/21 and any matters arising</p> <ul style="list-style-type: none"> The minutes of 12/03/21 were agreed as a true and accurate record. There were no matters arising. AK confirmed RH has been removed as a Non-Executive Director from Companies House register. The minutes of the Single Purpose Board Meeting (finance and business planning) held on 23/03/21 were agreed as a true and accurate record. Company pay rises – LC encouraged the Board to begin to think about creating a 3 year pay strategy. To ensure SPCT is fair and equitable and to also create something that is affordable and makes people feel rewarded. <p>ACTION 097: For future discussion - Single Purpose Meeting to discuss 3 year pay strategy further (invite Jo Blanchfield)</p>	
3	<p>Action Log</p> <ul style="list-style-type: none"> See action log for updates. 	

No.	Agenda Item	
4	<p>Management Accounts Julie Parr, Finance Manager</p> <ul style="list-style-type: none"> • February accounts <ul style="list-style-type: none"> ○ £47k profit on the month against a predicted loss of £17k ○ £473k profit against a predicted loss of £140k ○ This was due mainly to Covid work, Out of Hours and EPIC that hadn't been anticipated last year. ○ Turnover is just over £7million, which is higher than last year and includes £4 million Covid work and £1.6million EPIC/ Urgent Care OOH. • Balance sheet <ul style="list-style-type: none"> ○ Trade debtors down by approximately £60k. ○ JP noted that traditionally we do have customers that pay very late but at no risk as we are assured that we will always receive payment, for example the GM Training Hub. SRFT are also notoriously slow at paying bills. • Pre payments & accrued income <ul style="list-style-type: none"> ○ February put through a large accrued income of £733k for the vaccine service line fee's ○ The claim was not put through in January due to inaccuracies in the data ○ Currently £3 million of pre payments, £2.4 million relates to accrued income which is waiting for the purchase order from SRFT for OOH and the care homes practices. ○ Increased locum costs related to the vaccine service. These are paid within 7-14 days which has impacted the cash balance. The CCG have agreed that they will provide a cash injection should this become a problem. • P&L Highlights <ul style="list-style-type: none"> ○ Corporate services costs remain consistent ○ Covid vaccine programme is not recording any profit. ○ Practices – below budget but still contributing 16-17% of their income. More income has been generated from re-introducing medical students. ○ As of end of March 21 we have £37k of funding that hasn't been spent by the PCNs which will be used for service improvement. ○ Academy income has halved this year as a consequence of Covid. • The Board noted it would be very useful to have an oversight of our Practices and where they sit in relation to other practices across Salford – ensuring we meet clinical benchmarks. • The Board thanked JP for her presentation and time 	
5	<p>Key Updates</p> <p>i. COVID – Lance Gardner, CEO</p> <ul style="list-style-type: none"> • Number of cases in Salford is currently very low. SRFT are retaining a Covid ward for use as required. • A&E numbers have increased substantially averaging 310 per day which 	

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	<p>hasn't been seen for 2 years</p> <ul style="list-style-type: none"> • SPCT is working with SRFT and general practice around managing waiting lists. Exploring the possibility of general practice looking at a minor assessment process. • Work is also under way with Public Health and SRFT around 'what does permanent Covid look like'. • The Cold Covid service has now stopped, the home Phlebotomy service is still in place for the time being. • Good evidence that primary care is seeing a million more appointments a week that it wasn't a year ago, leaving the system under enormous pressure. • The Board raised concerns regarding the health and wellbeing of GPs. PS informed the Board that we are working with the CCG to provide resilience and support • LC stressed the urgency of this work and suggested urgent discussions with the CCG and GM and a single purpose meeting organised for this Board. <p>ACTION 098 – Single Purpose Board meeting be organised to discuss support to ensure the health and wellbeing of GPs</p> <p>ii. Operational Update</p> <p>The Board noted the presentation and paper by Peta Stross, COO</p> <ul style="list-style-type: none"> • Vaccinations <ul style="list-style-type: none"> ○ PS informed Board that scheduling second vaccines has been very difficult as there has been issues with data. However, significant progress has been made in terms of getting second invites out, and a good process is now in place. ○ The vaccination programme is consuming a lot of resource and is putting a significant demand on the whole organisation. ○ PCNs are keen to ensure the programme is delivered most cost effectively and there has been some challenging meetings with PCNs and PCN managers. ○ Conversations are ongoing to co-create for cohorts 10-12, working with PCN managers, learning from the past and improving the efficiency of the programme • Practices <ul style="list-style-type: none"> ○ An Operational Manager has been recruited to the Practices, and another support manager is due to start in May – both bring a wealth of experience. ○ The migration to EMIS is due to go live from 11/05. ○ Using innovation money, the Practices carried out a test of change where they funded the EPIC team to manage all their acute demand for one day in one practice. This worked extremely well and further tests are scheduled post EMIS migration, using all 3 sites for a day and then a week. • Inclusion Service <ul style="list-style-type: none"> ○ Have reached the end of the first year of the contract, report currently being written. ○ The team is currently focusing on vaccinations and have vaccinated over 650 people, people who wouldn't traditionally access our 	

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	<p>services</p> <ul style="list-style-type: none"> ○ BH noted that many of the people using the Inclusion Service have very specialised psychological and mental health needs. PS acknowledged this and emphasised the need for a proper business case, and the opportunity to resource the service well and meet the needs of the people that need to use these services <ul style="list-style-type: none"> ● Asylum Seeker Service <ul style="list-style-type: none"> ○ The value of the contract is £150k ○ The service is temporarily housed with GMMH, the proposal is to transfer the service as it is at the moment and then develop a business case for a new primary care service. ● EPIC <ul style="list-style-type: none"> ○ The service is doing extremely well, in particular OOHs performance ○ Moving forward the team is hoping to submit a business case for approval in May to look at a range of measures across the whole of EPIC ● PCNs <ul style="list-style-type: none"> ○ Now 4 support managers in post, 2 employed by SPCT. ○ Team leader for the digital facilitator team now appointed. However, 3 digital facilitators have resigned and have moved into posts in the Practices ○ It was noted that there has been tension with some of the PCNs around the cost of the vaccination programme. Initially the programme made a loss however the models in use now are not loss making. LG was clear that the intention was never for SPCT to profit from the vaccinations, but to support practices to enable them to carry on with their day-to-day business. In doing so, SPCT has carried much of the risk and haven't fully accounted for all the hidden efforts, costs and labour. ○ Noted that going forward, we need to keep seeking to actively build trust with PCN colleagues, be open and constructive and demonstrated the important value of the services we provide ● Academy <ul style="list-style-type: none"> ○ Is not as busy as it was last year and need to think about business model for the future. ● Quality & Governance <ul style="list-style-type: none"> ○ Recruitment to the post of Quality and Governance Manager has been unsuccessful. Looking further at how to resource the vacancy ○ A report is available detailing learning events, significant events and incidents. Several LE1 forms have been submitted from the vaccination sites. Learning is taken, shared and recorded from every event. <p>iii. ICS Update - Lance Gardner</p> <ul style="list-style-type: none"> ● LG informed Board that there is a lot happening, within GM, Salford and localities. ● It was noted that the NCA have commissioned a piece of OD work. ● Workshops have taken place with more planned over the next month, there is increasing discussion about roles and who doing what locally. 	

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	<ul style="list-style-type: none"> • There is still debate and discussion regarding governance, proposals have been suggested, however nothing has yet been agreed. • Ongoing debate regarding funding, how funds will be received and allocated and how the whole system integration will be funded. • LG noted that over the next 12 months many decisions need to be made and it is key for SPCT to ensure involvement in discussions, with decision making and leading key elements of work. • The Board agreed that the creation of the ICS and new governance models could create great opportunities for SPCT. • LC suggested the possibility of establishing an oversight committee • The Board recognise the criticality of needing to have commissioning and funding streams to support the systems integration piece. It was acknowledged that there may be some requirement for SPCT to think about how services preserved in the Salford domain may require us to think more broadly about the objects. The Board noted that there had been no discussion about community and the voluntary sector at this stage, but a forum with input from Health Watch and CVS which looks innovatively to ensure Salford gets to judge how we're doing as a system within a system was needed . 	
6	<p>Business Plan / Financial & Contracts Dashboard – Part 1</p> <p>Peta Stross shared with the Board</p> <ul style="list-style-type: none"> • the draft governance overview showing how our business model and service plans related to the Salford Locality Plan and from that into our business model, a 3-year business plan and annual budgets and objectives • It was noted that each area of the business is expected to draw up a plan with objectives for the next 12 months in this context <p>Alan Kershaw – CFO then shared the finance and contracts dashboard showing</p> <ul style="list-style-type: none"> • each service area • how the contract income contributed • and the risk to the service – including how long the contract was in place for and how likely to be renewed <p>The Board was delighted by the dashboard and how well it met the Board's need to enable us to govern - gaining assurance, and enabling strategic and generative debate.</p> <p>The Board agreed it provided a clear view on challenges and risks and would enable us to create a complementary services dashboard to help us gain a helicopter view of what was happening in our service areas.</p> <p>AK noted that this finance and contracts framework will enable deep dives, and further development is underway with the finance team to get their reporting to feed in.</p> <p>LC requested that when allocating/identifying profit, we should have clear principles around how this is calculated, and an agreed Reserves Policy . To be picked up at a future Board meeting.</p>	

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8	<p>Business Plan / Financial & Contracts Dashboard – Part 2</p> <p>PS presented the ‘Service on a page’ and explained that it seeks to illustrate what SPCT does, why we do it and how it contributes the Salford locality plan and the Council’s 8 priorities</p> <p>The plan looks at</p> <ul style="list-style-type: none"> • each SPCT service • what needs to be done from an operational perspective over the next 12 months • what the top 3-4 priorities are for each team <p>This approach will help us see across all service areas</p> <ul style="list-style-type: none"> • How it aligns with / contributes to the prevention, self-care and access based on need agenda captured in the Locality Plan • What the culture and climate is and needs to be in the teams • Where we have secure contracts or need to secure a contract • and the associated financial costs and social outcomes are <p>The Board recognised the value in this approach especially in light of the operating environment and all the issues around change with the introduction of the ICS.</p> <p>The Board agreed it was critical to look at how we work as part of the system and what we need to be able to offer to deliver a secure business. This approach will better enable Board to see at a glance how the business is achieving its goals and where we might want to explore a service that is not on track.</p> <p>HL commended the team on great work and noted that it provided assurance. PB reiterated this.</p> <p>PS noted that SPCT need to remain a viable and sustainable business, and that we are here to support the PCNs as well as provide other services and activities which add value and attract income that benefit primary care and system integration to the benefit of the people of Salford.</p> <p>LC thanked the Exec team and noted that the monitoring dashboard is a huge leap forward in terms of helping people to see interdependency’s, risks and benefits. It shows the shape of the business, what we are doing, how we are doing it, how we integrate with Salford locality plans as well as meeting the needs of customers</p> <p>ACTION 099: PS to share slides with the Board</p>	
Any Other Business and Review of the meeting		
6	<p>Any Other Business</p> <p>LG raised the impact of Friday meetings and the limited time the Exec team had to debrief.</p> <p>LC reminded the Board that we had selected Friday’s to enable us to plan with Brian’s clinic timetable in mind.</p>	

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	<p>The Board discussed whether any other day would be better or whether the need was to limit Board time from 9am-2pm to enable Exec colleagues to process the Board and its actions in a timely manner</p> <p>The Board agreed to remain meeting on Friday and to limit the meeting length for a 2pm finish</p> <p>ACTION 100: JA to set meeting dates for 2022 on this basis</p> <p>PB informed Board that as of 01/04 he has stepped down from his role as Clinical Director for Eccles & Irlam PCN and has also stopped all clinical work. He confirmed that other Clinical Directors had said they were happy for PB to attend Board meetings and the SPCT Board also confirmed it would appreciate PBs attendance as an observer. It was agreed given the changes in the system this arrangement would be revisited after 3 months.</p> <p>Reflections of the Meeting</p> <ul style="list-style-type: none"> • It was noted that it is timely to now think about using Vimeo or newsletter to relay key communications from the Board meeting to SPCT employees • The Board felt assured and that it had a better understanding of the shape of the business. The Board was pleased that JP had attended, and her presentation gave the Board confidence in the strength and depth of our finance service • PB suggested it would be useful to share this level of data and presentation with the CD council and noted it will go a long way to allay some of their anxieties. • All agreed the discussions had been very helpful. LG noted that it had been good to do this work and do it collectively. The meeting had focussed on the business and not Covid and had been really positive. The Board emphasised the importance of continuing to actively work and build on the good work • In closing, LC noted that the meeting today had been a testimony to collaboration; an effective use of each other's strengths and skills, and ensuring all Directors can take a look into the business and see where strengths and weaknesses lie and make informed decisions/take informed actions • LC thanked all the Board for their valuable contribution to this being a timely piece of work. 	
11	<p>Dates and time of next meeting:</p> <p style="text-align: center;">Friday 14th May 9-2pm Venue – Novotel, Worsley</p>	
Close		

Record of Members' attendance

Attended:		Apologies Received:		Non-Attendance:		Cancelled	X
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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											
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	19/02/21	12/03/21	16/04/21	14/05/21
Liz Cross											
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