

**Salford Primary Care Together  
Board Meeting**

**Friday 15<sup>th</sup> May 2020  
10.00am – 1.45pm  
By Zoom Video Conference**

**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	
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**In Attendance:**

Jane Ashworth (JA)	Minute Taker
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No.	Agenda Item	Action for / date
1	<b>Welcome Introductions and Apologies for Absence</b> The Chair welcomed Directors and thanked everyone for attending the meeting which was carried out via Zoom conference call due to extraordinary circumstances (COVID-19)	
<b>Agenda Items</b>		
2	<b>Draft Minutes of the previous meeting held on 17<sup>th</sup> April 2020</b>  The minutes 17/04/20 were agreed as a true and accurate record. There were no corrections and no matters arising.	
3	<b>Action Log – review and update</b>  See Action Log for updates (additional document).  In respect of actions 006 & 008 the Board were informed that the Exec team were visible / accessible as appropriate to the current times and looked forward to a time when the Board could visit the Practices and our communities personally.	
4	<b>Covid update</b>   COVID Presentation - SPCT Board 15 May  The Board noted the presentation delivered by the Executive Team	

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	<p><b>a) Impact on normal activities (Practices, PCNs)</b> <b>Peta Stross COO</b></p> <p><b>Highlights</b></p> <ul style="list-style-type: none"> <li>• The PCN support system has been highly successful and has worked very well, in particular using link managers seconded from the CCG has been extremely beneficial and great relationships have been established. Meetings have reduced from daily to twice weekly and there is a recognition that we are now in period of transition.</li> <li>• The Operations Management team is now established and are meeting weekly.</li> <li>• Much work is underway on the amalgamation of the planned and urgent care offer, and the merge of urgent care/GP OOH and SWEAP</li> <li>• PS informed the Board that SPCT offered practices the option of using SWEAP to provide cover over the bank holiday and 13 practices and 22 Doctors collaborated in this initiative. <ul style="list-style-type: none"> <li>○ It was noted that the method of communicating to patients and maintaining a consistent approach across Salford was important. PS told the Board that there had been a lack of National Comms to inform patients about the bank holiday openings.</li> </ul> </li> <li>• Future planning has commenced, building on what is good and looking at future models of what support and care might look like.. <ul style="list-style-type: none"> <li>○ The Board noted that there are amazing voluntary organisations to work with in Salford with which we should work to ensure the new models were more inclusive.</li> <li>○ Thinking about how we meet the needs of some patients, in particular those learning or physical disabilities or challenges with mental health, we should seek to learn from those who specialise in the field.</li> </ul> <p><b>ACTION 026:LC to connect PS to PSS – a national social enterprise with its roots in the NW which has been working in this space for 100 years.</b></p> </li> <li>• Footfall is waiting to go live, the only hold up being a problem transferring the domain name, which should be quickly rectified.</li> <li>• PS confirmed the transfer of patients from Eccles Gateway (EGMP) will take place on 26/06/20. Discussions are ongoing with both clinical leads and the CCG. AK confirmed that the patient lists from both practices will merge into one P number (the SPCT P number), which will result in having one list. <ul style="list-style-type: none"> <li>○ The Board asked if this change should trigger a re-look at having single P numbers for each practice. The Exec were asked to bring</li> </ul> </li> </ul>	

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	<p>back to Board the options and implications, outlining the pros and cons to enable an informed discussion.</p> <p><b>ACTION 027: Exec team to outline the options and implications of continuing with a single P number or introducing multiple P numbers and bring back to Board for discussion.</b></p> <ul style="list-style-type: none"> <li>• The Inclusion Health Service has been established -providing support to the homeless people. Using this model services will be extended to other groups particularly at risk of not accessing primary care services. <ul style="list-style-type: none"> <li>○ The Board was delighted with the name change from ‘vulnerable’ to ‘inclusive’ and stressed the importance of ensuring our language reflects the kind of services and culture we want to create.</li> <li>○ The organisation is aware of the importance of being fully inclusive, looking at our workforce, services and culture and in how this should reflect the community in which we work and the under met needs which we know exist.</li> <li>○ PS informed the Board that she had reached out to Result CIC, a community interest company who work with and support organisations to bring positive change in terms of diversity and inclusion to organisations. PS would like to bring this topic back to Board for discussion and agreement on next steps.</li> </ul> </li>   <li>• The Workforce Development Business Unit has commenced the first in a series of development days to discuss the opportunities, potential partnerships and how the workforce team would like to develop over the next 12 months. The team is already beginning to think differently about the model, running online courses for nurses and looking at other areas for change. <p>The Board noted this may be an opportunity to look at partnership working, or potentially an acquisition of another similar business focused on developing and delivering training to primary care health workers, as changes in the market place have occurred and personnel changes may make some offers stronger or more vulnerable. The Board agreed it was important to continue to build the influence, quality and commerciality of this proposition.</p> <p><b>ACTION 028 : PS to bring a more detailed report on the future options for our workforce development unit back to board in July.</b></p> </li>   <li>• The incident and complaints processes are now being managed by the ops team, and the policy is due to be refreshed. <ul style="list-style-type: none"> <li>○ PS reported that the incident raised at the last Board re: texting to a deceased patient, has been proven to be a problem with the Vision IT system and is a national issue.</li> <li>○ An extra step has been added into the process to overcome this in the short term, and the fault has been raised with the CCG.</li> <li>○ Concern was raised by the Board about SPCT’s liability for the data breach. PS confirmed that SPCT are the data controllers, however the system is delivered via the CCG, and SPCT have their full backing and support. SPCT are waiting to migrate away from Vision</li> </ul> </li> </ul>	

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	<p>onto EMIS and are awaiting a confirmation date for this. It was noted that there is a system wide migration to EMIS with approximately 50% of practices using EMIS currently, moving to a 70:30 split in favour of EMIS. The Board requested that this is registered on the corporate risk register.</p> <ul style="list-style-type: none"> <li>○ The Board was assured that the business is taking complaints seriously.</li> </ul> <p><b>ACTION 029: PS to update Board on revised policy, and formalising of the system that is going to be used</b></p> <ul style="list-style-type: none"> <li>● PS has begun work with the ops team to look at the organisational design and structure to provide clarity around accountability and ensure that our vision and values are evident in all who work for us. <ul style="list-style-type: none"> <li>○ The Board was keen to see this work developed with colleagues and stressed the importance of ensuring all the clinical leads are involved to help shape the next iteration.</li> <li>○ Their involvement will help ensure we embed the learning and experiences gained from Covid, build upon the partnerships that have been formed and worked and build a clear accountability framework that is owned by colleagues and reflected in our Clinical and Quality Assurance Framework</li> <li>○ The Board was noted that as demand will keep changing, especially over the next few months, the organisation design and structure proposed needs be flexible and empower each level of leadership to own the accountabilities for their work and their teams.</li> <li>○ The Board offered their full support with this work going forward.</li> </ul> </li> </ul> <p><b>b) New activities launched (Assessment Centres, Swab tests, Home Assessment, Phlebotomy in Community)</b> <b>Lance Gardner CEO</b></p> <ul style="list-style-type: none"> <li>● LG informed the Board that the Covid Assessment Centres had reduced to 2 with plan to reduce to 1, as demand was falling. However, he pointed out that the clinics can be quickly re-mobilised if there was a surge and demand increased. LG confirmed that the CACs are an extension of general practice, to support GPs, not offering an alternative but offering a back office support service. The clinics provide support enabling GPs to focus on other patients and not to have to see hot patients. The Board was pleased to hear the CACs are locally based and locally owned and not providing a route around GPs but rather with a through them so that oversight of Salford patients remained with their GP.</li> <li>● As well as providing Covid testing for all key workers, SPCT also provide pre-op testing for SRFT surgery patients. As part of this service each person receives a welfare call to provide reassurance. This is done by SPCT and has been very well received and recognised as an important contribution to supporting people irrespective of whether they are in need of Primary and Secondary care services.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• We now have a robust system in place for the ordering and distribution of PPE - controlled from SPCT head office. This has meant SPCT has always been able to fulfil requests and it has enabled us to help other organisations out when they have struggled to source PPE.               <ul style="list-style-type: none"> <li>○ The Board commended LG and team for ‘stepping up and stepping forward’ rather than waiting for a solution to be created nationally or by the system locally. The Board recognised the tremendous leadership shown by the ED’s and value of the connections made by LG.</li> </ul> </li> <li>• GPOOH is transferring to SPCT on 01/06. SWEAP will disappear but the function will continue as part of 24 hour system. From June, a 24/7 fully integrated urgent care system for out of hospital care will be in place. It was noted that the urgent care bundle will operate with a ‘covid thread’ running through it.</li> <li>• Social value – continuing to provide enhanced access to vulnerable people. Working in partnership with Gaddum, a leading charity providing services to disadvantaged people in Greater Manchester, a series of videos have been produced to help young carers understand Covid.</li> <li>• LG has written a letter to the children of all staff, and a book has been produced in collaboration with START (an art based charity), for children under 6 to explain what parents, carers and/or other family members are doing during the pandemic. The Board felt this was an incredibly important vehicle and were proud of what had been achieved. There are also opportunities to adapt the book and reproduce for other communities.</li> </ul> <p><b>ACTION 030 – JA to send e:copy of the book to the Board.</b></p> <ul style="list-style-type: none"> <li>• LG shared great feedback from a locum agency, highlighting the support and care locum nurses receive from SPCT. The Board asked if this could be shared across the system and noted that the CAC nurses have naturally begun working as a Buurtzorg unit- a model which we hope may become more established in Salford.</li> </ul> <p><b>c) People and financials update (as per presentation)</b>  <b>Alan Kershaw CFO</b>  <b>Financials</b></p> <ul style="list-style-type: none"> <li>• £600k claim submitted to CCG, February and March reimbursed. AK informed Board that the April claim included 30% uplift (standard working assumption), but this has been reduced to 15%. AK has pushed this back to CCG as it does not cover the leadership costs associated with our work and further conversations will take place.</li> </ul> <p><b>People</b></p> <ul style="list-style-type: none"> <li>• AK stressed that the key focus was continuing to ensure all SPCT colleagues remain safe in everything they are doing, whilst providing a heightened response to individuals who may be at a higher risk of contracting Covid-</li> </ul>	

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	<p>19. Everyone has been given the opportunity and necessary equipment to be able to work from home. Staff members are maintaining limited onsite presence for necessary activities. To date no staff have tested positively for Covid-19.</p> <ul style="list-style-type: none"> <li>• Good communications continue with a weekly email updates and 10 min Tuesday and Thursday for all staff as a way to share information, raise concerns and for colleagues to see one another.</li> <li>• No staff members have been furloughed, the Exec team have worked hard to ensure everybody has work to do.</li> </ul> <p><b>d) Risk review</b> The Board was happy that risks were being captured, managed and mitigated as they are identified at the appropriate level in the business and there were no additional risks to add at this time.</p>	
5	<p><b>Finance Update</b></p>  <p>SPCT CFO Board Report 200515.pdf</p> <p>The Board noted the report submitted by AK</p> <p>Highlights included</p> <ul style="list-style-type: none"> <li>• AK stated that the budget is very much a 1<sup>st</sup> April look forward, does not include anything to do with Covid and assumes no change in other things such as the urgent care bundle. He stressed that the Executive team is not happy with showing a £157k loss and there is work to do to ensure we make at least a small profit at end of year. RH pointed out that the month 12 results are in line with what was expected.</li> <li>• The Board thanked AK and recognised that the budget had been produced in difficult circumstances. It was acknowledged that there will be a need to do some significant reforecasting but reiterated it was important to have an approved budget in place to give the Executive confidence to commit expenditure against priority areas as agreed with the Board.</li> <li>• The Board queried the Quays budget, AK explained the costs were in line with the second year of the plan and would be reviewed with the Quays re-evaluation.</li> <li>• It was noted that Workforce has had a substantive change in activity. AK explained that some of the traditional workforce streams have come to an end. However there is commitment from CCG for the same level of funding, but no details at this stage. AK confirmed some assumptions have been made and allowance for contribution for the normal level of funding from CCG.</li> <li>• AK highlighted that the Neighbourhood legacy costs represent activities that are no longer taking place, but have previously been funded by CCG. The Board felt this was significant and needed to be written off at some</li> </ul>	

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	<p>stage with agreement and on an open and transparent accounting basis.</p> <ul style="list-style-type: none"> <li>• The Board noted that corporate costs have increased by 8% and AK confirmed this was the function of the additional Executive costs following their appointments.</li> <li>• Little Hulton build is back on site, and regular catch ups are scheduled. AK reminded the Board that as SPCT will be the lead tenant, responsible for managing the building, facilities management and other activities we not used to doing, options will need to be explored . As lead tenant, it is not our intention to make any profit on this function nor to sustain a deficit.</li> <li>• The Quays pilot is under review and the team has been challenged to re look at the objectives of the pilot. There is a piece of work underway to review the scope to ensure there is an appropriate plan in place. The CCG have asked for an update for the Primary Care Commissioning Committee with the status of the pilot and options in terms of going forward in July. <ul style="list-style-type: none"> <li>○ The Board expressed concern about performance and reputation and requested further discussion about the future of the pilot.</li> </ul> <p><b>ACTION 031: JA to arrange additional single item Board meeting to discuss the Quays pilot</b></p> </li> <li>• The Board approved the budget and recognised that there will be a need to re-forecast as service lines become clearer. AK confirmed outstanding funds are due back to the CCG relating to the clawback. It was noted that the expected out turn of this year was to deliver a small profit and to signal this in the accounts.</li> </ul>	
6	<p><b>Business plans – next six to twelve months</b> <b>Lance Gardner CEO</b></p> <ul style="list-style-type: none"> <li>• LG stated that SPCT is gaining a positive reputation and is now seen as a key partner in system leadership. Our work increasingly reflects the nature of our purpose and is delivering real social value.</li> <li>• LG highlighted to the Board the potential to develop with other social enterprises opportunities and possible partnerships. <ul style="list-style-type: none"> <li>○ The Board is open to exploring opportunities to improve what we do and discussed a number of key principles that should guide any discussion <ul style="list-style-type: none"> <li>▪ Vision driven - recognising our core business has already gone through a lot of change, it is essential to remain focused on our vision to redefine Primary Care in Salford</li> <li>▪ Place based- any discussions or consideration must strengthen what we do in Salford, deliver the Salford Together agenda and therefore links with partners locally should be prioritised</li> <li>▪ Trust with our GP's in Salford has been hard won and is still</li> </ul> </li> </ul> </li> </ul>	

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	<p>developing – nothing we do should undermine this or destabilise our core offer or be seen as expansionist</p> <ul style="list-style-type: none"> <li>▪ Economies of scale- developing scale may be critical to enabling us to deliver the vision and sustainably transforming health and social care in Salford</li> <li>▪ Partnerships and collaborative or contractual joint ventures are likely to deliver more value than Mergers and Acquisitions</li> <li>▪ A strong assurance framework is critical to assure the Board of what we do and its impact – diversification should not undermine our ability to assure quality and outcomes for core business</li> </ul> <ul style="list-style-type: none"> <li>• LG tha thanked the Board for the guiding principles and assured colleagues that any discussions would seek to enhance or extend the current scope, strengtehning our offer to Primary Care and SPCT’s position within the City. <ul style="list-style-type: none"> <li>○ The Board was assured and agreed that the system has given us a lot of scope to affect change.</li> </ul> </li> </ul>	
<b>Any Other Business / Next Meeting</b>		
10	<p><b>Any Other Business</b> <b>none</b></p> <p><b>Review of the meeting</b></p> <ul style="list-style-type: none"> <li>• It was felt the meeting had gone very well, and the Exec team were praised and thanked for their excellent leadership and the information they had prepared to aid our discussions and decisions</li> <li>• The Board agreed that SPCT is in a ‘good place in a bad situation’, and are doing a great job. The team have shown they are outward looking and planning for the future, and the Board was delighted with this approach.</li> <li>• The team has shown that the organisation is delivering, is positive and constantly evolving, and is committed to building a positive future</li> <li>• LG thanked the NEDs on behalf of the Exec team, and recognised that the team have been able to make decisions and achieve great things by knowing they have the support and confidence of the NEDs to make decisions.</li> <li>• The Board was pleased and very appreciative of the way people have responded and stepped up and chosen to lead. Strong governance has been displayed expecially during these challenging times, and it was felt that this is very much a unitary board.</li> </ul> <p>Any Risks we need to share or capture</p> <ul style="list-style-type: none"> <li>• Key risks are to be put onto risk register</li> </ul> <p>Comms for staff and others</p> <ul style="list-style-type: none"> <li>• Continue the Friday email to all staff</li> <li>• Continue 10 minute Tuesday &amp; Thursday for all staff</li> <li>• Keep a balanced view, stay optimistic</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Possible opportunities from CV19</li> <li>• Other messages/good news stories to be communicated</li> </ul> <p>LC thanked everyone for their time and contributions and acknowledged that great progress is being made in very difficult times.</p>	
12	<p><b>Dates and time of next meeting:</b></p> <p style="text-align: center;"><b>Thursday 18<sup>th</sup> June</b> <b>10am-12:30noon</b> <b>Zoom details to be sent in due course</b></p>	
<b>Close</b>		

**Record of Members' attendance**

<b>Attended:</b>		<b>Apologies Received:</b>		<b>Non-Attendance:</b>		<b>Cancelled</b>	<b>X</b>
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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											
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Name	15/06/20	18/06/20	16/07/20	18/09/20	16/10/20	13/11/20	16/12/20				
Liz Cross											
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