

**Salford Primary Care Together
Board Meeting**

**Thursday 17th June 2021
10:30am – 3:30pm
ZOOM**

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 (BH)	Non-Executive Director

Apologies:

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In Attendance:

Dr Pete Budden (PB)	Clinical Lead, Eccles & Irlam PCN
Jo Blanchfield (JB)	HR Manager
Jane Ashworth	Minute Taker

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 at virtually via ZOOM.</p>	
Agenda Items		
2	<p>Draft Minutes of the previous meeting held on 14/05/21 and any matters arising</p> <ul style="list-style-type: none"> The minutes of 14/05/21 were agreed as a true and accurate record. There were no matters arising. <p>P&C Minutes of the Remuneration Committee Minutes 28/05/21</p> <ul style="list-style-type: none"> Accepted as a true and accurate record 	
3	<p>Action Log</p> <ul style="list-style-type: none"> See action log for updates. <p>Highlights:</p> <p>Action no: 062 'layers of the organisation'</p> <ul style="list-style-type: none"> PS/AK presented an updated and detailed organogram, in two parts: <ol style="list-style-type: none"> A hierarchical organisation chart a chart using Hexagons, showing services 	

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	<p>The Board noted the charts and that this is a work in progress. In the spirit of co-creation, the opinion and thoughts of the Board were sought.</p> <p>The Board agreed that, in light of the Delegatory Framework, there is a place for showing the hierarchy - to illustrate the layers of accountability and ensure people have clarity around their decision rights.</p> <p>The Board noted</p> <ul style="list-style-type: none"> • the value of the two ways of showing our staffing model and may want to have an illustration for internal audiences and one for external audiences. • our people cost is significantly dominated by locums and temps and that it would be useful to illustrate the number of FTE's and costs in each service area (the hexagon diagram) • the value of seeing our biggest asset – talent and workforce- in this way and that further deep dives would be welcome • the need for a Clinical Strategy that covers the lead accountable officers at each level in our structure and which can <ul style="list-style-type: none"> ○ illustrate career paths for clinical colleagues ○ clarity to whom colleagues can go for support and training and any matters of concern <p>ACTION 112: Development of a Clinical Strategy and organogram - to be picked up by Helena and Peta</p> <p>ACTION 124: Using the Hexagon diagram to show interconnecting areas of the business, illustrate the number of locums/temps/WTE's and costs in each service area</p> <ul style="list-style-type: none"> • LG informed Board that along with other key clinicians he was in early discussions with the Department of Primary Care at Manchester University to undertake a major research piece on the role of locums. The Board was keen that should LG wish to invite a representative from the University to talk about the work and working together they would be warmly welcomed <p>ACTION 125: Invitation from the Board to Manchester University to talk about the research piece on the role of locums that SPCT are involved in</p> <p>LC thanked the exec team for their updates, and for the efficient and effective use of the action log.</p>	
4	<p>HR Update – People Strategy/Pay Strategy Jo Blanchfield, HR Manager</p> <p>The Board welcomed JB, HR Manager who provided an update on the HR Strategy.</p> <ul style="list-style-type: none"> • JB informed the Board of the successful implementation of the People HR system. The system is now used for in house tasks such as booking leave and recording sickness absence and all staff now have an electronic profile. The team has worked hard to embed the system into the day to day and are also working on enhancing the comms and engagement of the workforce and business overall, by listening to feedback and using People HR as a tool to reach people. 	

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	<ul style="list-style-type: none"> • People Strategy Projects have been focussing on: <ul style="list-style-type: none"> ○ Recruitment and Retention - promoting and developing an employer brand that sets us apart from our competitors and reaches the right candidates. The team are currently piloting the system recruiting maternity cover within HR team, which is going well so far. ○ Looking at employee life cycles - HR have conducted a recruitment policy review, offered recruitment and interview training sessions, and absence management training. JB acknowledged the need to broaden our recruitment scope to find new skill sets and highly skilled roles. ○ Line Management Training – a training programme has been developed which started in April. Looking at the priority and need to upskill managers along with the need to update company documents, look at policies, focus on the type of business we want to be in and how we want to operate. Other topics to be covered in the training programme include: <ul style="list-style-type: none"> ○ Flexible working and a flexible working policy, looking at resetting the blend between office and home working and the core principles of flexible working. ○ Introduction to employment law and compliance. All of which sets a good foundation for looking at appraisal training and reward and recognition. ○ JB confirmed that the training programmes are mandatory, which the Board took assurance from. • JB informed Board that the next phase of the project is to look at retention. Looking at how we want the organisation to operate, new ways of working, how we can move forward as a business after the pandemic. • The Board acknowledged the recent high turnover of staff and asked if this posed any risk to current service delivery. PS confirmed that there had been some issues but plans were in place to address this. • The Board asked for KPIs and timelines to be implemented to enable progress to be measured. <p>The Board thanked JB for the update and acknowledged the implementation of the People Strategy is based on what is urgent and important. LC felt it was important to incorporate the EDI strategy with this work and to look at the kind of culture the business wants. Noted it would be useful to undertake pulse surveys and pick this up every 3-4 Board meetings.</p> <p>ACTION 113: Work up some dynamic ways of helping us look at the culture, including reference to EDI strategy – JB/PS to discuss and bring back to Board.</p> <p>Remuneration Strategy</p> <ul style="list-style-type: none"> • AK explained that the business was looking at developing a 3 year pay strategy, and asked for further discussion with the Board around principles that underpin a good remuneration strategy. • Board noted that it was key to understand whether pay is an issue within the business and whether we were losing staff because of pay and create a strategy based on the findings. • Key issues identified: 	

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	<ul style="list-style-type: none"> ○ The link to Agenda for Change and an assumption in the business that everybody receives an annual incremental pay rise ○ The ability to offer NHS pension – a risk if SPCT were ever to lose the practices ○ Concern about performance related pay, and a look into alternatives ○ Understanding the age profile of our workforce <p>The Board acknowledged the urgent need for a 3 year remuneration strategy but demonstrated limited appetite for going down a performance related pay route. Noted that pay and remuneration is a specialised field, and it may be beneficial to buy in further resource and experience.</p> <p>ACTION 123: Executive to provide recommendations with regards to sourcing external expertise to review remuneration strategy</p>	
5	<p>System Update – Governance/CD Council/Articles of Association/EGM/ICS Transition</p> <p>Vaccination Update Peta Stross, COO</p> <ul style="list-style-type: none"> ● Salford has moved to the bottom of the table in terms of vaccinations ● Now focussing on areas where there is low uptake of the vaccine and high areas of infection: <ul style="list-style-type: none"> ○ offering more walk-in clinics, working with Hatzola, the Yemeni community, CAHN, and operating a vaccine bus ○ identifying people in cohorts 1-9 who are unvaccinated and working with practices to try and reach out and offer support ○ testing drop-in clinics at SRFT site ○ Ran a clinic just for people with autism/LD who needed Pfizer ● Appears to be a lot of vaccine hesitancy and a huge reluctance for the AZ vaccine. ● BH and PB suggested it would be extremely useful for staff receiving and making calls regarding the vaccine to be able to give out statistics/have a crib sheet, comparing the effects of having/not having the vaccine to other life changing events. PS was keen to implement this idea. <p>Articles of Association Lance Gardner, CEO</p> <ul style="list-style-type: none"> ● Noted the Articles almost ready following queries raised to lawyers by the LMC ● These will be presented at the CCG Members even on 08/07/21 (this is instead of an EGM) and will give members the opportunity to go through the mandate. ● LG explained that relationships were currently good with the CDs however relationships with the LMC were a bit pressured. BH offered to pick this up with LG. 	

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	<p>ICS Transition Lance Gardner, CEO</p> <ul style="list-style-type: none"> • The first Transition Board meeting had taken place and there was now an urgency to get some pace around it. • Have agreed formally the membership and leaders of all groups. Noted that SPCT have membership on all 4 of the working groups. 	
6	<p>Management Accounts/Business Plan/Delegatory Framework/Board Assurance Framework Alan Kershaw, CFO</p> <p>Management Accounts</p> <ul style="list-style-type: none"> • Have made a small profit in month and everything remains in a strong position. • In terms of the P&L and balance sheet – see written report. • Board noted that a significant amount of money is spent on locums and temporary staff • The Board agreed in terms of preference around presentation of the data that both views were valuable– the management accounts and the narrative that goes with it and the dashboard. Both offered different ways of seeing key financial indicators that the Board would want to discuss. • Board asked AK to provide a report every other month showing a more detailed position, and where there is a significant change on a contract to alert Board on the written part of the main accounts – to enable a deeper dive. <p>ACTION 114: AK to provide a more detailed finance report every other month, to also alert Board of any significant contract changes.</p> <ul style="list-style-type: none"> • AK confirmed that GPOOH staff and locums are entitled to an NHS pension and SPCT do make pension contributions. The Board felt it would be useful to see what the uptake in pension is across SPCT • A discussion ensued regarding ensuring that people have the financial information to be able to make informed choices and if any data is available from the employee assistance programme in terms of the calls received and if financial hardship is an issue. <p>ACTION 126: To find out what the uptake in pension is across SPCT</p> <p>Reserves Policy</p> <ul style="list-style-type: none"> • AK informed Board that he had drafted a Reserves Policy which proposed to hold 1 months’ worth of annual expenditure as our target reserves. <p>The Board agreed it was prudent to reserve one months’ operating costs as first call upon any reserves and agreed that any surplus beyond plan, as a principle, would be designated to community investment and reinvestment in strengthening business and that target will be set on a year on year basis. The Board was happy to endorse the proposed policy for the Exec team to take away and finesse.</p> <p>Covid Contribution</p> <ul style="list-style-type: none"> • Noted that after tax it was estimated that SPCT would be £270k in profit from Covid activity. 	

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	<ul style="list-style-type: none"> The Board agreed that some of this surplus should be retained in reserves, and an amount reinvested back into the system to reduce the impact on all <p>ACTION 115: Covid Contribution and reinvestment to system to be calculated - AK</p> <p>Business Plan Updated as per the requests from May Board Meeting</p> <p>Delegatory Framework</p> <ul style="list-style-type: none"> The framework has been updated, in particular around, getting the three sections established - 1 reserved for Members/CD Council, 1 reserved for Board, and 1 fully delegated via CEO. Board thanked the exec team on a good job and noted that the Delegatory Framework was already being used- with AK making a decision on a contract issue relating to Peninsula. <p>BAF</p> <ul style="list-style-type: none"> AK presented the updated BAF and asked Board colleagues for their feedback and comment on the content, frequency, and provision of assurance etc A suggestion that the exec team look at the possibility of including: <ul style="list-style-type: none"> something about trauma informed care? To understand impact of trauma informed care, and how we become a trauma informed organisation. Living with Covid or something about the acute end of impact on patient care and impact on SPCT's ability to secure workforce? HL stressed the importance of the patient voice and how we deliver services in collaboration with patients. LC felt this work would be included in the development of the Clinical assurance framework and Clinical Strategy that would be picked up by HL and PS The Board agreed the BAF should be brought to the Board once a quarter unless there is an escalation issue or something the team are worried about. <p>ACTION 116: To arrange for a colleague to attend Board to explain how the BAF helps them to escalate/de-escalate/make decisions - before end of calendar year</p>	
7	<p>Ops Update/Academy Way Forward/EDI Discussion Peta Stross, COO</p> <ul style="list-style-type: none"> The Board noted the Operations reports and congratulated the team on being awarded the EPIC contract. The Board was delighted that this service can support colleagues in Salford who need some additional capacity and represented a great offer for the people of Salford in terms of joined up Urgent Care. <p>The Board noted the EDI report.</p> <ul style="list-style-type: none"> A small project team will be put in place to help pull together a strategy, working in conjunction with JB to think about how it will integrate into the People Strategy. <p>ACTION 117: PS to draft a statement around equality diversity and inclusion, to be</p>	

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	<p>tested in the organisation and brought back to board for approval to endorse.</p> <ul style="list-style-type: none"> LC reiterated the need for Board to be explicit in endorsing and encouraging a culture that promotes diversity and reflects an inclusive workplace. <p>The Board endorsed the actions recommended in the action plan and passed on their thanks to everybody for their engagement in the sessions.</p> <p>ACTION 127: PS to write a statement for the newsletter around EDI and culture.</p> <p>Academy</p> <p>The Board noted the Academy discussion paper</p> <ul style="list-style-type: none"> Board confirmed it supported the approach for PS to undertake some soft market testing to enable Peta to bring recommendations back to Board. LC and HL offered their support. Peta asked that if the Board felt there was anyone in particular that should be part of the working group, or anyone that could help with research, to send names back to her. <p>The Board was enthusiastic about the process and direction of thinking and considered this as a real opportunity for SPCT to be facilitators, enablers and positive disrupters.</p> <p>ACTION 122: To organise a 1/2 day meeting to discuss the future of the Academy and explore options (PS)</p>	
Any Other Business and Review of the meeting		
6	<p>Any Other Business</p> <ul style="list-style-type: none"> HL asked if there were any risks or cause for concerns that Board needs to be made aware of around clinical matters? The Exec confirmed there was nothing of note at this time. Request for a focus on safeguarding - training, reporting and knowledge sharing. LC suggested this should be picked up with HL and PS in conjunction with the Clinical Strategy/Assurance Framework to be brought back to Board in the future. <p>ACTION 112: Development of a Clinical Strategy/Clinical Assurance Framework – PS/HL</p> <p>Review of the Meeting</p> <ul style="list-style-type: none"> All agreed that discussions had been beneficial and productive with good contributions and co creation. Disappointment at the timing of the papers, however LC emphasised that when the papers submitted are of such quality and so succinct timing is not such an issue. However it would be helpful for each paper to outline who has written the paper and the ‘ask is’ of the Board Some dissatisfaction from the Exec team that they are not where they want to be, but reassurance that Board is completely supportive. LC reiterated that the meeting contained great discussions, and for future meetings it would be good to check in around how people are feeling etc – conversations that would normally take place when face to face. The Board acknowledged that everyone is doing extraordinary things in relentless circumstances, and this is very much appreciated. 	

No.	Agenda Item	
	LC concluded the meeting giving her thanks and appreciation to all.	
11	Dates and time of next meeting: <p style="text-align: center;">Thursday 15th July 10-3pm ZOOM</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						
Liz Cross											
Lance Gardner											
Alan Kershaw											
Brian Hope											
Helena Leyden											
Peta Stross											
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											