

**Salford Primary Care Together
Board Meeting**

**Friday 17th September 2021
10:00am – 2:30pm
Little Hulton Health Centre**

MINUTES

Present:

Liz Cross (LC)	Chair of the Board
Lance Gardner (LG)	CEO
Alan Kershaw (AK)	CFO
Peta Stross (PS)	COO
Dr Brian Hope (BH)	Non-Executive Director

Apologies:

Helena Leyden (HL)	Non-Executive Director
Dr Pete Budden (PB)	Clinical Lead, Eccles & Irlam PCN

In Attendance:

Jane Ashworth	Minute Taker
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No.	Agenda Item	
1	<p>Welcome Introductions and Apologies for Absence</p> <p>Apologies were received from Helena Leyden and Dr Pete Budden.</p> <p>The Chair welcomed Directors and thanked everyone for attending the meeting which was held in the Community Room, Little Hulton Health Centre.</p>	
Agenda Items		
2	<p>Draft Minutes of the previous meeting held on 15/07/21 and any matters arising</p> <ul style="list-style-type: none"> ○ The minutes were accepted as a true and accurate record of the meeting. To note – once signed off, all Board minutes are available on the SPCT Website. ○ There were no matters arising. 	
3	<p>Action Log</p> <p>See action log for all updates.</p> <p>To note: Action 117: The Board had an in depth discussion and concluded the following needs to be implemented:</p> <ul style="list-style-type: none"> ○ PS to write an EDI statement and produce high level action plan – the Board is to endorse this ○ To be circulated for discussion to coincide with Black History Month on 01/10/21 	

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4	<p>CEO Update – ICS Transition / System Update Lance Gardner, CEO</p> <p>ICS Transition The Board noted the presentation from the ICS Transition Board held on 16/09/21 LG informed the Board:</p> <ul style="list-style-type: none"> • Relationships are good between the Council and GPs/Primary Care • The Transition Board meets monthly, there are 4 different work streams all 4 include participation by a member of our executive team • The ICS transition has begun with the appointment process for a Chief Executive • Other changes include as of 01/10/21 SRFT ceases to be and becomes Salford Care Organisation. This fits well into the ICS model, as it is a care organisation and no longer a Foundation Trust. <ul style="list-style-type: none"> ○ The Board wished to have a deeper discussion around the impact of this on our work and where community-based services would sit • LG and PCN colleagues have forwarded a proposal to suggest a balanced voting system across providers and the idea of a dual chair – where a Council and Health provider Co-Chair, would have a casting vote between them. They are yet to hear whether this has been accepted • Assuming the suggestion goes forward for the co-chair model, LG asked the Board for a steer with regards to putting himself forward. <ul style="list-style-type: none"> ○ The Board gave their full support to LG and recognised his skills and experience would be of value in the development of a new Locality Board and would be in line with our objects, of meeting the needs of the people of Salford • LG advised the Board that he has been asked by the GM GP Provider Board to become Primary Care representative for the Population Health Board at GM. <ul style="list-style-type: none"> ○ The Board endorsed this and asked for the ToRs of the group to be shared on trust governor • LG was also pleased to inform Board that SPCT are now members of the Inequalities Health Alliance nationally - an organisation run by the Royal College of Physicians. LG confirmed that SPCT must be a Social Enterprise to be considered for membership <p>ACTION 131: To add to the October board meeting agenda - further discussion and possibly a deep dive into our understanding and relationship with the newly named Salford Care Organisation.</p> <ul style="list-style-type: none"> • LG informed Board that on 25/08/21 SPCT were asked by GM to provide emergency support to Afghan citizens arriving in the UK at Manchester airport. • SPCT responded and formed a partnership with GPOOHs alliance and worked in partnership to provide 24 hour cover of clinicians on site. • LG was appreciative of all who stepped up and all who worked behind the scenes to enable this response. LG gave special mention of Dr Clare Hindley who he reported had gone above and beyond. • LG reported that in being part of this response team, SPCT discovered major issues with the care given by another company at the hotel that was used for quarantine. SPCT have made a formal complaint to CQC and there 	

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	<p>is an ongoing investigation.</p> <ul style="list-style-type: none"> The Board wanted to recognise the efforts of all and asked that its thanks were passed on to those who rose to the challenge. The Board recognised the importance of modelling our values in this way and that we learn whenever we respond to any crisis or call to action <p>LC suggested she could make a connection between us and UK-Med, a frontline medical aid charity, responding rapidly to emergencies. It may be interesting to do something with them around training and how to react in an emergency. https://www.uk-med.org – Exec to consider.</p>	
5	<p>Ops Update / Vaccination Update The Board noted the presentation by Peta Stross</p> <p>Key messages include:</p> <p>EPIC</p> <ul style="list-style-type: none"> The service is working well, good working relationships. However there are ongoing issues around staffing, and this is a system wide issue. There is an ongoing issue with colleagues who are still employed SRFT, we are still waiting to transfer their GPs over. As part of winter pressures planning SPCT has been asked to increase ED streaming and provide sessions until midnight. Swinton PCN is proposing to run their own SWEAP services. Noted that this would take out a large proportion of funding and the impact would be significant on ED streaming, and impact Swinton patients. Key issues. Work is ongoing on how best to use Clinical Guardian (an auditing tool for clinical work) there is a clear plan and training in place Looking ahead – work is ongoing around the dashboard. There has been a restructure of the EPIC management team to improve the efficiency and effectiveness. Noted - the EPIC Ops Manager has left SPCT for a position with Adastra, relationships remain good and it was felt that this would be beneficial to both parties. <p>Covid Services</p> <ul style="list-style-type: none"> About to transition to Phase 3 of the vaccine programme. Now acting for 3 PCNs rather than all 5. Noted that flu and Covid boosters will not be co-administered. This is a city wide decision, except where the JCVI have said it's preferable i.e care homes, health and social care staff and housebound. The system is loss making currently, however conversations are ongoing with Public Health to look at ways of funding loss making areas. LG informed Board that as the Registered Manager for Covid, he has been in discussion with relevant CD and is willing to remain so for Walkden and Little Hulton PCN,. This role is not be offered to Swinton PCN who are wishing to operate independently . <p>Incidents</p> <ul style="list-style-type: none"> Noted as per the report <p>Academy</p> <ul style="list-style-type: none"> As per report 	

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	<p>PCN Support</p> <ul style="list-style-type: none"> Working well and relationships are good with the 3 PCNs who have a full subscription Working with those PCNs to ensure member practices understand what they are getting and assurance of its value for money A lot of work with the PCNs currently around the ARRS roles, due to complexity of the contracts. <p>Inclusion</p> <ul style="list-style-type: none"> The team is beginning to develop a real sense of identity and recently presented to GMTH on trauma informed care with fantastic feedback. <p>ACTION 132: Invite the Inclusion team to talk/present to Board</p> <p>Practices</p> <ul style="list-style-type: none"> Some issues within the practices at the moment, cultural and behavioural. The Board were informed that things in general practice are very tough at the moment, energy and motivation are low and stress levels and pressure are high. However, there is a clear plan to tackle this. Acknowledged that a 'one' organisation approach is needed and a high level plan has been set out in areas of vision/values/strategy. PS was clear that the teams are all doing a great job Priority for September is to agree and sign off job roles and modify and improve the Practices Operational meeting. <p>The Board acknowledged and was assured that faults and issues were recognised and had been identified, and recognised the thorough piece of work that has been done and the honesty with which it has been reflected. The Board offered their help, should it be required.</p> <p>ACTION 134: Action Plan for practices to come back to Board in October</p>	
6	<p>Finance Update/Estates/Comms Alan Kershaw, CFO</p> <p>The Board noted the Management Accounts.</p> <p>Key messages:</p> <ul style="list-style-type: none"> Overall net profit to end July £18k, on £5.4million income stream. This is £74k below plan Behind plan on profitability on EPiC. There is an active dialogue with the CCG with regards to recharging elements of overhead recovery. Corporate ahead of plan Practices are just ahead in terms of activity levels and profitability <p>Balance sheet</p> <ul style="list-style-type: none"> Net assets of 600k. Audit work been complete with no adjustments <p>The Board noted the Management Accounts and the Contracts Dashboard and recognised the importance of reading them in conjunction with one another to get</p>	

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	<p>a fuller understanding of where income may not have been anticipated but costs incurred and where sources of finance and/or contracts were secure or at risk.</p> <p>Amber Rated Contracts</p> <ul style="list-style-type: none"> AK explained the rationale behind the amber rating of contracts. The Board accepted the reasoning, and asked about the discounted subscription rates for PCNs. LG explained this was because SPCT was not able to deliver all elements of the contract due efforts being redirected to Covid services. <p>The Board recognised once the CD Council was in place such decisions around re-direction of resource could be made collectively at a PCN.</p> <p>The Board looks forward to sharing the business model with the CD Council- illustrating how some of our costs around ‘contracted for’ workforce give us flexibility – enabling us to turn on and off services whilst actively managing the IR35 risk, demonstrating SPCT is attuned to the risk and the benefit of this approach.</p> <p>The Board was in agreement that SPCT is in a good position, with future plans feeling that they are robust and clear. The Board approved the financial elements of the plan.</p> <p>Estates Update</p> <ul style="list-style-type: none"> SPCT has been occupants at Little Hulton for 11 months. Cherry, Dearden and Manchester Road East have now committed to moving in, prior to and considering ownership on the building – joining SPCT in the JV. SPCT and the 3 practices are to have a meeting with David Gratrix from Castlefield to go through and reiterate the model and what it is supposed to look like to enable us to get it working. SRFT are progressing with their move into the building The correcting of legal documents with Alpha is almost complete <p>Lance Burn Site</p> <ul style="list-style-type: none"> Chasing NHS property services to finalise the lease. The licence between SPCT and CCG also needs to be finalised <p>Eccles Gateway</p> <ul style="list-style-type: none"> Progressing the second lease for the practice which previously was run by Dr Singh to sit alongside the former ‘Dr Ganvir lease’. Both leases will expire in 2038 CCG estates pay a lot of money for unused space across the City, including at Willow Tree. Estates are working with the practices team to improve utilisation Confirmed there is no problem with ventilation at City Approach. There is currently an investigation into the electric metre at City Approach as the current reading states that we owe £31k for electricity used in last 6 months. LC suggested that it may be useful to bring to Board – an estates register showing what we own, what we lease, and what risks we have– on a page 	

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	<p>when the team has more capacity.</p> <p>Comms</p> <ul style="list-style-type: none"> The final draft of the report has been shared with the Senior Management Team; there is a plan for further discussion. Board noted that comms and engagement are both critical, linked but different activities and asked the exec team for a prioritised action plan to address the issues in the report. <p>ACTION 135: Exec team to produce a prioritised action plan to address issues raised in the Comms and Engagement report.</p> <p>The Board recognised the quality of the work that has been done to undertake an evidence based audit and look forward to a Comms and Engagement action plan that converts into what we do. SPCT needs to prioritise as a business with all stakeholders and the CD Council (a new phenomena in the mix of this).</p> <p>The Board acknowledges the credibility of the work which provides the foundations on which to build an action plan.</p> <p>To note – the Clinical Directors have requested a copy of the report. The Board agreed that it had commissioned the audit and the full contents required an Executive response. It was agreed that an executive summary could be released.</p> <p>ACTION 136: Comms & Engagement report – Executive summary to be written and released to clinical directors as requested.</p>	
7	<p>A Forward Look</p> <p>ACTION 137: The Board agreed to hold a Single Purpose Meeting to discuss this item</p>	
Any Other Business and Review of the meeting		
8	<p>Any Other Business None</p> <p>Review of the Meeting</p> <ul style="list-style-type: none"> There was recognition and empathy for all GP's and practices – appreciated the stresses and pressures colleagues are facing It was useful and productive to have a bit of a deep dive in the Practices. Acknowledged that the executive have taken time out to look at those on the front line, and have taken responsibility and identified areas for change Recognition that the whole system is suffering, and a request to have some mechanism of looking at solutions together Belief that our problems are reflective of the whole of general practice and are not specific to our general practice A request that in the Forward View special purpose meeting there is discussion about system integration, system support, recruitment. The team valued having a face to face meeting, and felt it is a beneficial way to put 'stuff' on the table and get everybody's input. Felt that inviting practice staff for lunch was extremely worthwhile and beneficial 	

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	<ul style="list-style-type: none"> ○ Belief that the biggest risk currently is getting the team to work as a team and looking out for each other - trying to work on a constructive basis and changing mentality to be more positive. ○ PS was pleased to be able to share the practices plan and getting reassurance from the Board was valuable ○ Had some good decision making, big highlights, and love the plan for the practices, it shows good thought process and a rigorous plan in play. ○ Great plan for the AMMs <p>LC reflected that the agenda may have been a bit ambitious given that the meeting was face to face and thanked everyone for their patience, time and for a productive meeting.</p>	
8	<p>Dates and time of next meeting:</p> <p style="text-align: center;">Friday 15th October ?10-3pm ?City Approach</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											
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