

<b>Board Meeting:</b>	Open Session		
<b>Venue:</b>	GoToMeeting		
<b>Date:</b>	28 <sup>th</sup> January 2021		
<b>Time:</b>	Following the Annual Members' Meeting		
<b>Attendees:</b>	<b>Apologies:</b>	<b>Date of Next Meeting:</b>	
<p>Steve Hawkins – (SH) <i>Chairman</i>  Mary Ryan (MR) - <i>CEO</i>  Jay Carr (JC) – <i>Director of Service Delivery</i>  Heledd Cooper (HC) - <i>Director of Finance</i>  Paul Cummins (PC) - <i>NED</i>  Kathryn Foreman (KF) - <i>NED</i>  Paula Grey (PG) - <i>NED</i>  Sandra Oelbaum (SO) –<i>Medical Director</i></p> <p><b>In attendance:</b>  Margaret Swinson (MS) – <i>Company Secretary</i>  Tracey Harrington (TH) - <i>Deputy Company Secretary</i>  Carol Rogers (CR) – <i>Deputy Director of Nursing</i></p>	<p>Paul Kavanagh-Fields (PKF)  – <i>Director of Nursing</i>  Susan Westbury (SW) –  <i>Director of People</i></p>	<p><b>25<sup>th</sup> March 2021</b></p>	

Item		Action
1.	<p><b>Chair's Welcome, apologies for absence and opening comments</b></p> <p>SH welcomed all to the meeting. Apologies were received from Paul Kavanagh-Fields and Susan Westbury. Carol Rogers attended on behalf of PKF.</p>	
2.	<p><b>New declarations of interest</b></p> <p>There were no new Declarations of Interest to record.</p>	
3.	<p><b>Minutes of the meetings held on 26<sup>th</sup> November 2020</b></p> <p>The minutes of the Board meeting held on 26<sup>th</sup> November 2020 were agreed subject to the removal of 'would risks' in the first paragraph of item 8.1.</p>	
4.	<p><b>Matters arising, action list progress and Corporate Risk Register</b></p> <p><b>Matters arising:</b></p> <p><b>Charities Registration update:</b> HC informed the Board that the Charities Commission had recently responded to the application asking for further clarification in relation to the activities of the charity. The Board would be kept updated on progress.</p> <p><b>Risk Registers:</b></p> <p><b>Reconfiguration of urgent care and the primacy of the PCNs</b> KF requested further information in relation to this risk. MR explained that there had not been any significant progress but that Non-Executive Directors would be updated further at their next meeting.</p> <p><b>Brexit:</b> MR reported that PC24 had not felt any impact from Brexit to date and she did not have concern over the flow of vaccines into the UK in the future.</p>	

5.	<p><b>5.1 Chairman and Non-Executives' Report</b></p> <p>SH informed the Board of a forthcoming meeting with MR and Martin Farran, Director of Adult Services and Health at Liverpool City Council on looking at ways of working together.</p> <p>He had been pleased to see communications circulating from Cheshire and Merseyside Health and Social Care Partnership and felt it good to reflect on what it all means at a future informal seminar.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>Noted SH's comments.</li> </ul>	
6.	<p><b>6.1 Chief Executive's Report</b></p> <p>MR's invited comments and questions on her written report:</p> <ul style="list-style-type: none"> <li>As discussed at Finance &amp; Performance Committee, the performance across all services had been very good over past 2 months, including the festive period. There had been some busy days in January, consistent with the 3<sup>rd</sup> wave of Covid-19, but hospitals and secondary care were bearing the brunt of most of the pandemic currently.</li> <li>Mobilisation of the new Out of Hours contract continued throughout November and December. The 'Management of Change' aspect had gone live with staff being made aware of potential changes to work plans. One to one interviews with PC24 staff were in progress and the TUPE process would soon commence.</li> <li>NHS 111 First was embedded and the early data suggested that approximately 65% of patients were being diverted from A&amp;E.</li> <li>PC24 staff had been able to access Covid-19 vaccines via Liverpool Primary Care Networks. To date (January), 57 staff had advised they had taken up the offer. The number might be higher as staff were not required to notify the organisation when they were vaccinated.</li> <li>A separate report on the meeting with South Sefton CCG would be discussed in the confidential part of the meeting.</li> <li>All annual reviews with the executive team had been completed.</li> <li>PC had arranged for PC24 to present to the next Sefton Health &amp; Wellbeing Board to update them on the Sefton Practices.</li> </ul> <p>The Board</p> <ul style="list-style-type: none"> <li>Noted the CEO's report.</li> </ul>	
7.	<p><b>Performance</b></p> <p><b>7.1 Integrated Performance Report</b></p> <p>SH asked for the report to be taken by exception.</p> <ul style="list-style-type: none"> <li>JC reported a continued strong performance operationally across all services with IUC performing exceptionally well in December while a number of services remained suspended or operating in modified form, such as Extended Access.</li> <li>Operational staff absence in Primary Care had been higher than IUC but in both areas absence had presented challenges to the rotas.</li> <li>In Primary Care some elements of the QOF and LQC had been stood down and income guaranteed based on prior year performance. SO explained that there had been a shift from face to face consultation to remote or telephone consultation.</li> </ul>	

	<ul style="list-style-type: none"> <li>• SH drew attention to the high cash balance. HC explained that £700k of the cash balance related to the surplus following service suspension/reduction during Covid and the cash for the payment into the charity was also being held pending registration approval.</li> <li>• SH questioned whether HR information, and in particular appraisals, formed part of CQC inspections. MS confirmed that it was part of their assessment of how the organisation supported patient safety and quality through recruitment of appropriately qualified staff. Recruitment processes, qualifications checks and compliance with DBS checks etc were routinely part of inspections. KF and PG confirmed that appraisal compliance was monitored internally by the Quality &amp; Workforce Committee. HC reminded the Board that the new HR system, for which phase 2 was being implemented, included modules which would support good HR data.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Noted performance for November and December 2020</li> <li>• Was assured that action was being taken where required.</li> </ul> <p><b>7.2 Contracts Update</b></p> <p>HC updated the Board on the contracts held by PC24, their expected expiry dates and financial contribution. She highlighted the following:</p> <ul style="list-style-type: none"> <li>• The new OOH Contract was a 5 year contract with an optional extension of 2 years. Although geographically it was significant increase in population size and a new delivery model, the contract value was not proportionately higher.</li> <li>• Enhanced Access Services were subject to directives from NHS England. St Helens CCG had confirmed an extension of their contract for 12 months and Liverpool CCG had formally extended for 6 months and informally for a further 6 months.</li> <li>• Knowsley CCG had given an indication they wish to extend their service for the year but there was, as yet, no clarity of the service model.</li> <li>• The Sefton Practices contracts expire at the end of March 2022 but include an option to extend for 12 months without going through a competitive tender process. At the end of March 2023 the contracts must be taken competitive tender or a decision about how they would be dealt with for the future.</li> <li>• The Asylum Service contract was on a year by year basis, currently commissioned by NHSE. The service was due to be transferred to Liverpool CCG but this had not yet taken place. There was no indication that the service would be removed from PC24 at the moment.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Noted the contractual information</li> </ul>	
8.	<p><b>Strategy</b></p> <p><b>8.1 Communications Strategy</b></p> <p>HC represented SW for this item. The Communications Strategy had been scrutinised by the Quality &amp; Workforce Committee. HC highlighted that:</p> <ul style="list-style-type: none"> <li>• The strategy was challenging and would change how the communications team was used. Delivery of this strategy would require engagement across the organisation.</li> <li>• After approval, an engagement activity would be planned to launch the strategy.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The improved intranet would be launched soon to support both internal and external communications.</li> <li>• The strategy was based on 5 key objectives: <ul style="list-style-type: none"> <li>○ Increase the quality and variety of communication methods and platforms.</li> <li>○ Ensure communication and engagement was well represented.</li> <li>○ Raise awareness of PC24s credentials externally through regular events and activities.</li> <li>○ Support research, development and awareness of key strategies across the organisation.</li> <li>○ Empower colleagues to become communication advocates to support the function and maximise impact.</li> </ul> </li> </ul> <p>The following comments were made in the discussion which followed:</p> <ul style="list-style-type: none"> <li>• Q&amp;W had discussed the strategy. PG emphasised the commitment and enthusiasm of the staff leading on this strategy. The Committee thought there was a balance to be struck between the strategy and the work carried out by the OD practitioner.</li> <li>• There was primarily digital but face to face dialogue with staff would remain part of the strategy as staff engagement was crucial.</li> <li>• External communication would be vital with the expansion of the Out of Hours contract from April and the development of the Integrated Care System. PC24 needed to deliver a confident message in order to support future business development.</li> <li>• The strategic landscape was due to change significantly from April 2022. PC24 would have a role to play in establishing how Primary Care is represented, building on the collaborative work in the delivery of the South Sefton mass vaccination programme</li> <li>• Consideration should be given to including reference to patients in the objectives.</li> </ul> <p>SH thanked the team for the strategy and the background work behind its development.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• supported the strategy and gave authority for it to be adopted throughout the organisation.</li> </ul>	
<p><b>9.</b></p>	<p><b>Governance</b></p> <p><b>9.1 Freedom to Speak Up Policy</b></p> <p>The Freedom To Speak Up Policy had been circulated previously and was presented by CR in PKF's absence. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Equality Impact Assessment had not been included within the policy document presented.</li> <li>• SH requested a review of terminology for Chair and Chairman and to what it referred.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Took assurance that the Quality &amp; Workforce Committee had given due scrutiny to the Policy presented to it.</li> <li>• The Freedom to Speak Up Policy was approved.</li> </ul>	
<p><b>10.</b></p>	<p><b>Committee Reports</b></p> <p><b>10.1 Quality &amp; Workforce 20<sup>th</sup> January 2021</b></p> <p>PG noted that most of the matters in the report had been discussed during the meeting with the exception of Infection Prevention Control and Health &amp; Safety. Both showed</p>	

	<p>significant improvement over the last 6 months due to the work of the Quality Governance Team and particularly Sheila Dineley.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Was assured that the Committee was giving due scrutiny to the information presented to it</li> <li>• Noted the main issues from the meeting.</li> </ul> <p><b>10.2 Finance &amp; Performance 20<sup>th</sup> January 2021</b></p> <p>PC presented the report which had been circulated to the Board in advance of the meeting. He noted the strong financial performance and the receipt of a helpful paper on Project Management highlighting the variety of ongoing projects.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Took assurance that the Committee was giving due scrutiny to the information presented to it</li> <li>• Noted the main issues from the meeting.</li> </ul> <p>SH thanked all involved in the work of the Committees.</p>	
11.	<p><b>Any Other Business</b></p> <p>There being no other business, the meeting moved to the confidential section.</p>	

**Date of next meeting:** 25<sup>th</sup> March 2021  
**Time:** 10am  
**Venue:** GoToMeeting