

Board Meeting:	Open Session		
Venue:	GoToMeeting		
Date:	27 th May 2021		
Time:	Following the Annual Members' Meeting		
Attendees:	Apologies:	Date of Next Meeting:	
<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> John Doyle (JD) – <i>NED</i> Kathryn Foreman (KF) - <i>NED</i> Paula Grey (PG) - <i>NED</i> Sandra Oelbaum (SO) –<i>Medical Director</i> Susan Westbury (SW) – <i>Director of People</i></p> <p>In attendance: Margaret Swinson (MS) – <i>Company Secretary</i> Tracey Harrington (TH) - <i>Deputy Company Secretary</i> Carol Rogers (CR) – <i>Interim Director of Nursing</i></p>	<p>Paul Kavanagh-Fields (PKF) – <i>Director of Nursing</i></p>	<p>29th July 2021</p>	

Item		Action
1.	<p>Chair's Welcome, apologies for absence and opening comments</p> <p>SH welcomed all to the meeting. Apologies were received from Paul Kavanagh-Fields. Carol Rogers attended as Interim Director of Nursing covering his absence.</p>	
2.	<p>New declarations of interest</p> <p>MS explained that new Declarations of Interest forms would be issued to all Board members due to the changes in Board membership and the need for regular review. JD had discussed an interest the Chairman who had agreed that it was not a conflict in relation to the current business of PC24.</p>	
3.	<p>Appointment of Non-Executive Directors</p> <p>Following an interview process, John Doyle had been appointed and Dr. Paula Grey had been reappointed as Non-Executive Directors, subject to Board approval. The Board confirmed the appointments and the Chairman congratulated both of them.</p>	
4.	<p>Patient Story</p> <p>The patient story had been circulated in advance of the meeting. There had been significant learning from the case. The Board noted the case and the learning.</p>	
5.	<p>Minutes of the previous meetings</p> <p>The minutes of the meeting held on 25 March 2021 were agreed subject to the following:</p> <ul style="list-style-type: none"> • Para 5.1 remove duplicated 'sense of' • Para 6.1 MR's to read MR 	

	<ul style="list-style-type: none"> • Para 7.2 before recommendations replace 'locally' with 'by another organisation' and remove 'for' after 'objectives' in the recommendations. 	
6.	<p>Matters arising, action list progress and Corporate Risk Register</p> <p>Matters arising:</p> <p>There were no matters arising not on the agenda.</p> <p>Corporate Risk Register:</p> <p>JC highlighted CR17 which, he suggested, was no longer 'green' after mitigation in light of the current demand pressures the OOH service which had left a gap between patient activity and clinical resource. The risk and its mitigations would be reviewed further.</p>	
7.	<p>7.1 Chairman and Non-Executives' Report</p> <p>SH highlighted a news report which focussed on the current strain across the Primary Care system which was reflected in PC24's activity. He invited comments from SO who suggested that the causes were multi factorial and that there had been a paradigm shift in general practice with the introduction of remote patient consultations and triage. Relationships between patients and their GP had changed which could be contributing to the pressures in the OOH service and other services which could not close their front door such as AED and NHS 111. She noted the reduction in capacity in general practice of 15%-20%. There had been advantages in remote patient consultation but these might be offset by the decrease in capacity. There were ongoing workforce issues and staff were tired.</p> <p>The Chairman noted that staff wellbeing featured strongly in the weekly all staff communication. He encouraged the Executive Team to make use the service if required and to look after each other.</p> <p>John Doyle joined the meeting and was welcomed. He thanked the Board and looked forward to meeting colleagues face to face.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the Chair's report and welcomed JD. 	
8.	<p>8.1 Chief Executive's Report</p> <p>MR's invited comments and questions on her written report. She:</p> <ul style="list-style-type: none"> • Noted that the regular cycle of meetings and agendas was returning; • Thanked CR for acting as Interim Director of Nursing during PKF's absence; • Reported that during the first 6 weeks of the new Out of Hours contract activity had initially been approximately 31% over the tender specification estimate. Further analysis had shown activity higher, at 47% over the tender figures. This was consistent with other urgent/emergency services. She went on to explain that JC would report further in relation to the actions being taken clinically and operationally to address the workload. • Explained that the pressure had been acknowledged. <p>The Board:</p> <ul style="list-style-type: none"> • Noted the CEO's report. 	
9.	<p>Performance</p> <p>9.1 Integrated Performance Report</p> <p>The full report had been circulated to Board members in advance and SH invited questions and comments by exception.</p>	

	<p>Performance</p> <p>JC highlighted the following changes in performance since March 2021:</p> <ul style="list-style-type: none"> • Urgent DCA 20 minute target: 75% of cases met the target in April against 96% in March, a reduction of 20%. • Less urgent call backs (within 1 hour): only 36% met the target in April against 95.8% in March, a reduction of 60%. • Home visits: 75% were compliant with target in April against 98% in March, a reduction of 23%. <p>Patients were waiting for a long time for a call back which carried a level of clinical risk, particularly in relation to cases which were of higher urgency than indicated when referred from NHS111. A group had been established to review the situation and was meeting weekly.</p> <p>There was currently no indication that the volume of calls was reducing. CR emphasised the fatigue among staff who had been working hard since the start of the pandemic. This could have an impact on performance and on resource availability.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted performance for March and April 2021 • Was assured that action was being taken where required. 	
10.	<p>Strategy</p> <p>10.1 Objective Setting</p> <p>MR informed the Board that the Executive Team had met face to face in order to develop objectives for the current year which supported the organisation's strategic objectives. In support of this work, a session would be arranged for the whole Board so that the Non-Executive Directors could also have input. MR also suggested that consideration could be given to developing a strategic business development role.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted that a session would be arranged to take place in the coming two months to progress objective setting. 	
11.	<p>Governance</p> <p>11.1 Supporting Trans, Non-Binary and Intersex Employees Policy</p> <p>The Policy for Supporting Trans, Non-Binary and Intersex Employees was presented to Board for approval. The Policy had been discussed at both the Policy Group and the Quality & Workforce Committee where it was commended to the Board.</p> <p>The Chairman suggested that, when it was reviewed, the wording in relation to the provision and use of toilet facilities should be reconsidered.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the Policy for Supporting Trans, Non-Binary and Intersex Employees. <p>11.2 Equality, Diversity & Inclusion Policy (EDI) and related policies</p> <p>The EDI Policy, Dignity at Work Policy, Disciplinary Policy and Appraisal Policy had been updated to include minor amendments reflecting the ED&I work undertaken. All had been commended for approval by the Quality & Workforce Committee.</p> <p>Clarity was sought on the appraisal position for GPs. SO advised that their annual appraisals were not conducted by PC24 but that consideration should be given to some form of internal appraisal which could feed into the NHSE appraisal process.</p> <p>The Board:</p>	

	<ul style="list-style-type: none"> Approved the Policies. <p>11.3 Charity Update</p> <p>HC reported that she had met with PG and MR to discuss the next steps following formal approval. The next stage was the recruitment of a Chair and the independent trustees. As progress was made further updates would be provided.</p>	
12.	<p>Committee Reports</p> <p>12.1 Quality & Workforce</p> <p>PG indicated that the items highlighted in the report to the Board had been covered by the agenda. The Committee had noted a number of positive improvements in spite of the present pressures.</p> <p>The Board:</p> <ul style="list-style-type: none"> Was assured that the Committee was giving due scrutiny to the information presented to it Noted the main issues from the meeting. <p>12.2 Finance & Performance</p> <p>PC reiterated the good March performance and the challenges presented by the increased activity in April.</p> <p>The Board:</p> <ul style="list-style-type: none"> Took assurance that the Committee was giving due scrutiny to the information presented to it Noted the main issues from the meeting. <p>SH thanked all involved in the work of the Committees.</p>	
11.	<p>Any Other Business</p> <p>There being no other business, the meeting moved to the confidential section.</p>	

Date of next meeting: 29th July 2021
Time: 10am
Venue: GoToMeeting