

**Meeting:** Bolton GP Federation Formal Board

**Time and place:** Tuesday, 4 October 2022

The Bolton Hub / Teams

## Notes and Actions

Present	
George Ogden (GHO)	Chair
Saveena Ghaie (SG)	Director
Janet Scott (JS)	Director
Marie Bryan (MB)	Director
Kamran Khan (KK)	Director
Adil Khan (AK)	Clinical Director
Dharmesh Mistry (DM)	Clinical Director
Alison Lyon (AL)	Clinical Director
Bev Matta (BM)	Clinical Director
Aiyub Nakhuda (AN)	Deputy Clinical Director
In Attendance	
Michael Smith (MS)	Chief Officer
Jenny Thomas (JT)	Company Secretary/Notes taker

Item	Notes & Actions
<b>Previous minutes and actions</b>	<p>All agreed previous minutes as an accurate record. No actions to review.</p> <p>The Board welcomed Aiyub Nakhuda, Deputy Clinical Director for Halliwell</p>
<b>17/22 Chair's report</b>	<p><b>Context</b></p> <p>GHO updated on current local and GM wide context. Bolton CCG, as our local commissioner, closed its doors and transferred its functions to the new ICB from 1/7/22. The ICB has stated that its first order priority has been to ensure that the system continued on 2<sup>nd</sup> July, with a priority on continuity. Clinical leads have been told that their jobs are secure for the first 100days, the system cannot afford locality structures to continue and fund structures at GM level so changes will occur.</p> <p>Clinically there is a huge demand on urgent care across the system, both in primary and secondary care but probably most acutely in urgent care. We feel this in general practice. The next context is elective recovery, there are now 600,000 people on waiting list</p>

(approx.20% of population) and that list is growing at 3,000 a week. Politically this will not be acceptable going into next election. There is an aspiration to reduce referrals by 3% but as yet no plans for how to achieve this.

The local system has changed with the end of CCG, it is unclear how GPs will be represented in the new system. In Bolton the FT Chief Exec is the place-based lead. Locality structures are emerging but there is uncertainty about how much freedom localities will have and major uncertainties about the community arm of FT's capacity to deliver integration on a PCN footprint.

The Autumn boosters are also underway and yet again there seems to be uncertainty about vaccine supply (though no problems yet) interaction between local booking and national booking. Surge and health inequalities funding also uncertain. Anyone would think that this was not something that was anticipated.

### **Board and Governance**

We have two members of board who will not be employed by Bolton Practices in March 2023 and so will have to resign their board positions.

The Company Secretary has undertaken significant work bringing shareholder details up to date following practice/partner changes over the last 6 years. This has surfaced the fact that two individuals who originally set up the company are still registered as shareholders.

We are members of Greater Manchester Primary Care Provider Collaborative and are taking lead role on behalf of the collaborative in re-launching GM Training Hub (GMTH).

### **Services**

7 of 9 PCNs have asked the Federation to deliver Enhanced Access.

The service model is changing on 1<sup>st</sup> October, and it will be a dispersed model. There are familiar operational challenges with IT that will need working through. New sites will be CQC registered. We can expect some teething problems in these new sites but are confident these will be resolved.

We continue to deliver Covid vaccine from our two main sites and demand is high, as we expected at this stage of delivery. We have been successful in a bid to enable CVS to allow us to co-deliver in micro sites that attract vulnerable populations and are still delivering spoke sites in practices and have piloted flu and Covid co-delivery. We are well ahead in delivery of Covid vaccine in care homes and will have visited all homes by the NHSE deadline.

	<p>Our Extended Nurse Network is fully booked, and we are planning to expand the roles available, but like all we struggle to meet the demand for this service.</p> <p>Our service at Wilfred Geere continues, the home has been closed recently with outbreaks of D and V, a Covid outbreak and a respiratory infection that was not Covid.</p> <p>Our PCN team continue to quietly and efficiently support 6 PCNs, delivering the PCN DES requirements and by time of this report we will have delivered a workshop that will enable the PCNs to support the Anticipatory Care element of the DES. Most of focus of the PCNs has been on EPC but the team has ensured our PCNs are well ahead in meeting the other requirements of the DES.</p> <p>FABB Awards</p> <p>We have been shortlisted in two award categories, our Chief nurse Kath Arrowsmith has been shortlisted in the innovation category for her work delivering smear clinics in innovative settings and the PCN team has been shortlisted in the integration category for the work they do in fostering integration between primary care and the rest of the system.</p>
<p><b>18/22 Written resolution</b></p> <ul style="list-style-type: none"> <li>- <b>Reduction of share capital</b></li> <li>- <b>Purchase of shares</b></li> <li>-</li> </ul>	<p>JT - as part of the process to update our shareholder list we have identified the following:</p> <ul style="list-style-type: none"> <li>• Great Lever Practice merged with Bolton Community Practice in 2018</li> <li>• Safehaven scheme (SAS) has moved to Unsworth Group Practice in 2022</li> <li>• George Ogden and Inayat Omarji still hold one A share each</li> </ul> <p>It is therefore proposed that in line with our Articles of Association Share rights (page 13) (D) we are required to follow a legal process to complete this process:</p> <p>a) For practices who have been merged</p> <p style="padding-left: 40px;">“On the date on which any holder of A Ordinary Shares acquires a second or further A Ordinary Shares, all of the A Ordinary Shares held by that holder except for one shall be redeemed by the company so that each shareholder shall hold only one A Ordinary Share.”</p> <p>(a) Where individuals have historically held an individual share</p> <p style="padding-left: 40px;">It is proposed that the following two A shares are returned completing a legal process to return their A shares:</p>

George Ogden and Inayat Omarji still hold one A share each

The formal process commenced with the Board signing the formal Board minute



Signed Minutes 4th Oct.pdf

**As part of the process the Board of Directors signed a solvency agreement**



signed solvency agreement.pdf

KK signed the written resolution.

The Company Secretary will proceed with the legal requirements to progress the written resolution and redemption of shares.

**Finance Report**

The financial position for 2022/23 at Month 3 is a surplus of **£7k**.

The ARRS current YTD Month 3 spend for 2022/23

Actual Cost	M1	M2	M3
GPFed Payroll - Corporate	65,260.64	64,789.48	64,539.59
GPFed Payroll - EPC	16,382.46	16,699.72	15,438.24
GPFed Payroll - Covid	19,711.19	21,941.41	12,090.85
GPFed Payroll - GM Training Hub	66,284.51	78,442.33	69,277.10
GPFed Payroll - Turton PCN	0.00	0.00	0.00
GPFed Payroll - Brightmet PCN	0.00	1,107.85	4,206.30
GPFed Payroll - Rumworth PCN	21,197.83	18,875.33	19,380.91
GPFed Payroll - HWL PCN	22,656.45	22,389.53	22,564.48
GPFed Payroll - F & K PCN	28,380.24	29,438.96	30,215.41
GPFed Payroll - Chorley Roads PCN	38,170.18	37,811.12	38,330.74
GPFed Payroll - Bolton Central PCN	39,857.41	39,476.10	37,153.87
GPFed Payroll - Westhoughton PCN	24,588.98	24,816.33	27,715.00
<b>Total Payroll (Gross to Net)</b>	<b>342,489.89</b>	<b>355,788.16</b>	<b>340,912.49</b>

**The current trajectory is that we will claim 100% of our ARRS funds available.**

**Quality, Safety and Governance Report**

The Board were provided specific assurance on:

- the quality and safety of services provided by the Bolton GP Federation services
- All known risks and associated mitigations either strategic in

nature or of sufficient risk score to warrant direct board oversight

**Summary of Incident Reporting Q1 & Q2– 22/23**

The number of incidents reported in this period is as follows:

- 26 incidents were reported in Q1 2022
- 34 incidents were reported in Q2 2022

Duty of candour has not applied to incidents in this period.

**Board Assurance – Risk management**

- Risks remain well managed, with appropriate visibility and review across each service, which now includes GMTH.

Current high level/strategic risks remain in place as per previous reporting, with three additions across this reporting period:

- Quality of care
- Operational capacity
- Failure to retain business
- Failure to win new business
- Robustness of financial governance systems
- Clinical and corporate governance assurance processes
- Federation role and profile
- Relationships with stakeholders/commissioners
- Resilient workforce to ensure delivery of new services
- NEW – Capacity and demands of work leading to health and wellbeing concerns
- NEW – Risk to service delivery should the Federation ever be subject to cyber-attack or suffer significant data loss
- NEW – Risk of reputational damage if advocates change and third parties take deliberate, unjustified action to damage reputation

**Patient feedback**

- There have been 9 formal complaints in this reporting period – 2 within EPC and 7 within Covid vaccination clinics.
- 12 concerns raised – capturing enquiries directed to 119 in relation to housebound visit for spring boosters

**Part 2 Informal Board**

**Minutes of Sub Committees**

The Following Board papers were provided to the Board for information:

- Quality Board

	<ul style="list-style-type: none"> <li>• Finance Board</li> </ul>
<b>Federation PCN support team/function</b>	<p>The Board discussed the role of the Network Managers and that their roles were primarily:</p> <ul style="list-style-type: none"> <li>- To meet the DES requirements</li> <li>- HR</li> <li>- IIF</li> </ul> <p>EPC and Covid delivery are a separate function, and this is not part of the Network Managers role.</p> <p>To note Covid delivery is on a “PCN Grouping” footprint and arrangement and therefore not PCN delivery.</p> <p>Currently the model consists of one Network Manager across two PCNs with an additional two Deputy Network Managers across all six PCNs.</p> <p>The Board discussed options to increase the model.</p> <p>The Board discussed the £1.25 and felt it was a fair offer.</p>
<b>GM Workforce Bank</b>	<p>An update was given to Board that the Federation was leading on delivering a GM Workforce Bank on behalf of GM Feds.</p>
<b>GM Primary Care Surge Planning Framework</b>	<p>This was shared to note in anticipation of potential future requirements from GM ICB</p>

**Action Log**

<b>No</b>	<b>Item</b>	<b>Action</b>	<b>Whom</b>	<b>Due date</b>