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## Quarter 3 Board Meeting Minutes (Jan 2017)

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Tilton House, Firle  
Tuesday 31<sup>st</sup> January 2017  
12:30pm – 6pm

### Present

Lindsay Coleman (LC), CHAIR- Non Executive Director  
Zoe Nicholson (ZN)-Chief Executive  
Peter Devlin (PD) –Clinical Director  
Matthew Riley (MR), - Non-Executive Director  
Craig Milne (CM), - Non –Executive Director  
Jonathan Serjeant (JS) – Director of Creative Partnerships

### In Attendance

Jon Ota (JO)-Director of Sussex MSK Partnership Central  
Helen Curr (HC)-Director of Clinical Services  
Mark Cannon (MC)-Director of Primary Care Collaboration  
Sarah Bartholomew (SB) – Director of Primary Care Development  
Gillian Howson (GH)-Executive Assistant  
Zoe Schaedel (ZS) – Director of Clinical Services  
Natalie Blunt (NB) – Deputy MD ,Sussex MSK Partnership  
Carla Gilfoyle ( via Zoom)  
Sam Horwill ( via Zoom)

### 1.0 Apologies

Jan Austera (JA) – Non Executive Director

All reports were circulated to the Board prior to the meeting.

## **2.0 Declaration of Interests**

No new interests were declared.

## **3.0 Minutes of the last meeting**

The formal minutes of the previous meeting of 1<sup>st</sup> November 2016 (quarter 2) were approved using the online decision making tool (Loomio) prior to the meeting and were signed by LC at the meeting. All actions from previous minutes were noted as complete.

## **4.0 Governance**

The following papers were noted and approved (via online decision making tool)

- Bi- annual Health and Safety Report
- Project Update Report
- Quarter 3 Finance Report
- Integrated Performance Report (all recommendations noted and specific actions were discussed in detail)
- PCC Highlight Report

All the recommendations were noted and approved; specific items from these papers were addressed in the minutes below.

## **5.0 Reflection**

The Board reflected on the 'sensing into the environment' paper. It was agreed that the focus sits comfortably with Here, is timely, positive, challenging yet gentle.

The Board was asked to further consider whether the 5 areas of focus were correct and whether we have the right resources and people with the right capabilities to do 'good work within the system'.

## **6.0 Bi monthly SIRI Report**

The Board noted the intention the SIRI report is to enable a Board level review that ensures we have a rigorous approach to learning, and ensuring learning is cascaded across the organisation. The Board discussed the learning points from the SIRIs reported, and considered whether there are emerging wider themes for us as an organisation. Questions were raised around how the actions described in the SIRI report would have demonstrable impact in the future. It was agreed that future SIRI reporting would need to include themes from wider complaints and incidents (especially near misses) and would have a clear set of actions taken and what these actions are intended to achieve (what success would look like). **Action HC/ZS**

## **7.0 Quality Action Plan (QAP)**

The Board noted the work being undertaken on 'demonstrating outstanding' and heard about the work streams including a post inspection plan to cascade to non-regulated activities and to develop the longer term systematic way of learning across the organization. It was also noted that the Patient Safety Group have been further embedding systems for cascading learning. The expectation is that Benfield might be included in the inspection due to timing and therefore Here's regulated activities are being updated.

It was agreed that partnering of Non Executive Directors with services to build on the assurance process should be built into the QAP. **Action HC/ZS**

## **8.0 Charitable Foundation**

ZN and CG wished to test the appetite of the Board for setting up a Charitable Foundation which would further our purpose and provide a formal way of providing charitable support. The Charitable arm would utilise Here branding and Intellectual Property and it would therefore be likely that some Here Board members would also be on the Charitable Foundation Board. The Board understood the plan to identify the level of appetite across other teams and groups within Here. The Board approved the creation of a Charitable Foundation and agreed that shareholders would be informed via the Annual Report and AGM. **Action ZN**

## **9.0 Approach to Workflow Optimisation**

SB outlined the opportunities and the broader application of Workflow Optimisation to enable transformation in primary care.

JS described his ideas on the creation of a virtual hub and a possible third offering beyond 'direct training' and 'train the trainer'. It was agreed that further discussion on maximizing opportunities should be held at the Workflow Steering Group meetings. **Action SB**

A discussion was also held about the imperative to grow the team and ensure that any expertise gaps are filled.

SH advised the Board of opportunities in Wales and how they might differ from those in England. The group heard of the current investment in clusters in Wales. It was agreed that subject to the company Articles and Memoranda, further investigation into the creation of a Welsh Registered Company, owned by Here would be conducted. **Action ZN/SB/SH**

## **9.0 Items from the Integrated Performance Report**

### **MSK Central**

JO appraised the Board of the issues and options around the financial risks for MSK Central. He also provided a verbal update from the Partnership Board meeting with the partnership Finance Directors (including ZN) which considered the commissioners proposal which partially met the financial gap and sought to continue discussions. The partnership board believed that this placed too great balance of the financial risk on the Sussex MSK. Therefore in order to balance the risk and incentivise the commissioners to reach a solution with greater urgency, the Programme Board agreed to implement the sub-contracting arrangements with hospital providers to pay only for activities for referrals received via the partnership, should no resolution be reached with commissioners before the end of February. The impact of this would be that significant would fall onto commissioners and would protect the partnership's financial position, but if enacted increase the risk of contract termination. Primarily this position places increased urgency for commissioners to reach a solution.

The board discussed the current position in detail and supported the stance recommended by the Partnership Board.

### **Proactive Care**

The Board understood that Here have been informally requested to continue providing the PAC service until the end June 2017. MC sought advice on how relationships might be structured beyond June ( if further extended) so that the conditions are set for Here to carry out good work within the system.

It was agreed that MC should continue to work with the proactive care steering group and Gary Toyne (Acting Chair) to support the decision making process for 'what next' for PAC. This needs to include a clear understanding with the main stakeholders involved about what has worked well, what needs to be different and how might Here help.

It was also agreed that a paper would be placed on the Board Loomio page outlining what the conditions for us to 'do good work' might be. **Action MC**

### **CReSS**

The Board recognized that CReSS has now closed at Here and applauded the good work during the closure of the contract. It was particularly noted that nobody had been made redundant.

## **11.0 Shareholder membership**

ZN proposed that shareholder membership should extend to people who work with us & not just employed staff. A discussion was also held around primary care membership altering to a Practice based membership rather than

individuals. It was agreed that we would explore this in principle and that timing required further consideration. **Action ZN to seek legal advice**

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The next meeting will take place:

**Date: Tuesday May 2nd 2017**

**Time: 9:30 am – 15:30pm**