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			..... <b>Dr Kiran Patel, Chair</b>

# Governing Body

## MINUTES OF MEETING

Wednesday 27<sup>th</sup> July 2016

Chair – Dr Kiran Patel

### ATTENDANCE

Dr Kiran Patel, Chair and Clinical Lead  
Mr Stuart North, Chief Officer  
Mr Mike Woodhead, Interim Chief Finance Officer  
Dr Jeffery Schryer, Clinical Lead  
Mrs Catherine Jackson, Executive Board Nurse  
Howard Hughes, Clinical Director  
Dr Wissam El-Jouzi, North Sector Lead  
Dr Fazel Butt, East Sector Lead  
Dr Ajay Kotegaonkar, West Sector Lead  
Mr A Chandock, Secondary Care Consultant  
Mr C Wild, Lay Member  
Miss Karen Richardson, Lay Nurse

#### Other organisations in Attendance:

Mrs Carrie Dearden, Communications Manager  
Mrs Barbara Barlow, Healthwatch  
Mr D Buckley, Member of the Public

#### Apologies:

Dr Victoria Moyle, Clinical Lead  
Ms Margaret O'Dwyer, Director of  
Commissioning/Deputy Chief Officer  
Dr Cathy Fines, Clinical Lead  
David McCann, Lay Member  
Mr Andrew Clough, Lay Member

### MEETING NARRATIVE & OUTCOMES

<b>1</b>	<b>Welcome and Introductions</b>
	The Chair welcomed all to the meeting and introductions were made.
	<b>Apologies for Absence</b>
	Apologies for absence were received from those detailed above.

<b>2</b>	<b>Declaration of Interests</b>
	The Governing Body noted the Register of Conflicts in respect of the members of the Governing Body and the associated business of the meeting; and

	<p>Ensured appropriate action would be taken as necessary in respect of any conflicts declared.</p> <p><b>Agenda</b> – Agenda Item 12 paper 9 Remuneration Committee Summary – All Governing Body members and Clinical Leads employed by Bury CCG. In relation to pay uplifts.</p> <p><b>Previous Meeting</b> - none</p> <p>Dr A Chandock will be forwarding his declaration of interest prior to the next Governing Body.</p>
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<b>3</b>	<b>Minutes of the previous meeting held on 2016 and Matters Arising</b>
	<p>Minutes of the previous meeting held 25<sup>th</sup> May 2016 were agreed as an accurate record.</p> <p><b>Matters Arising</b></p> <p>None</p>

<b>4</b>	<b>Review of action log</b>
	<p>Action log was reviewed – Members are informed that the Gluten Free Item will be shared at the September Governing Body.</p>

<b>5</b>	<b>Chairs Update</b>
	<p>The Gluten Free Prescribing item will be presented at the September Governing Body for ratification. Prior to the September meeting the policy will be shared with Patient Cabinet for a view.</p> <p>Dr K Patel has circulated to members details regarding the Chair position for Bury Hospice for information.</p>

<b>6</b>	<b>Chief Officer's Update</b>
	<p><b>Bury Hospice</b></p> <p>Mr North and Mr Mike Owen (Chief Executive Bury MBC) met with the leadership of the Bury Adult Hospice at which they received a briefing on the findings of the detailed review that had been undertaken by Suzanne Carr on behalf of the trustees into the running of the Hospice. There has been significant media coverage which meant that not all the detail could be shared with the Public as would have liked, as the previous Chief Executive is taking legal action against the Hospice regarding her suspension and subsequent dismissal. Mr North reported that fundraising is improving and it is anticipated that a new Chair will be in post by September.</p> <p><b>Single Hospital Service</b></p> <p>The organisations which form the Greater Manchester Health and Wellbeing Board have indicated that the proposed timescales for the implementation of the single hospital service for the City of Manchester would be to join Central Manchester and South Manchester trusts together with effect from 1 April 2017 and incorporate North Manchester General Hospital within the new organisation from 1 October 2018. That poses a number of risks service wise. Pennine Acute Hospital Trust (PAHT) is already experiencing recruitment difficulties at the North Manchester site and arguably there is uncertainty around its future over the next couple of years.</p> <p><b>Greater Manchester Devolution</b></p> <p>July has seen the first approval for funding of submissions to the Greater Manchester Transformation Fund. The two successful submissions have been from Salford and Stockport who had previously received national funding to support their vanguard initiatives. This funding</p>

enabled Stockport and Salford to have the appropriate infrastructure to develop successful submissions to the Transformation Fund. The challenge for areas such as Bury is to develop successful submissions without such an infrastructure. It is hoped that other areas including Bury will be able to access some infrastructure to develop submissions going forward.

### CCG assurance

Mr North reported that Bury CCG has been rated 'Good' which is excellent news; it demonstrates how the organisation has progressed over the last few years. Performance wise the local A&E target was not achieved. 40% of CCGs were rated in the 'Good' to 'Excellent' category.

### Public Board August 2016

It is intended to call a Public Board on 24<sup>th</sup> August 2016. The agenda for this meeting will be to consider the proposed consultation process for the Redesign of Urgent Care Services in Bury and the findings of the PAHT Care Quality Commission (CQC) report.

<b>7</b>	<b>Public Questions</b>
	No questions were raised.

<b>8</b>	<b>Review of CCG Governance</b>
	<p>Following the support of the Senior Management Team (SMT), an initial report on the Governance Arrangements of the CCG was presented to the Governing Body in February 2016, which included a series of recommendations intended to enhance the existing arrangements already in place.</p> <p>The Terms of Reference for the Audit, Remuneration and Finance, Contracts and Procurement Committees presented to the Governing Body have been shared with all the Committees prior to submission to the Governing Body. The Chairs of those Committees have not indicated any concerns with the reviews.</p> <p>Mr Hughes asked for clarity regarding the roles of the Primary Care Commissioning Committee (PCCC) and the Clinical Cabinet with regards to Primary Care decisions. Mr North said the role of the Clinical Cabinet is the commissioning of services and service redesign; the PCCC would oversee the contract element of Primary Care and Standards. The PCCC will be looking at the statutory obligations of various GP contracts and how it can be commissioned from primary care the clinical overview is that of the Clinical Cabinet. Those decisions with a finance obligation outside of the limits set would be shared with the Governing Body.</p> <p><b>The Governing Body is requested to:</b></p> <ul style="list-style-type: none"> <li>• <b>Considered the points for discussion as presented;</b></li> <li>• <b>Supported the submission of the Terms of Reference for Audit, Remuneration and Finance, Contracts and Procurement Committees to the membership for final approval in accordance with the CCG Constitution;</b></li> <li>• <b>noted the approval by the membership in respect to the Primary Care Commissioning Committee;</b></li> <li>• <b>noted that the discussions in respect to Governing Body, Remuneration Committee, Quality &amp; Performance Committee, Clinical Cabinet and Patient Cabinet are still underway and will be presented at a later stage.</b></li> </ul>

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
DC/01/27/06/16	Decision	The Governing Body Supported the submission of the Terms of Reference for Audit, Remuneration and Finance, Contracts and Procurement Committees to the membership for final approval in accordance with the CCG Constitution;	MOD
DC/01/27/06/16	Decision	The Governing Body noted the approval to the membership on	

**9 Finance Committee Chairs Summary – July Meeting****Finance Committee Update**

Mr Woodhead tabled a report for members. The report is attached as appendix one to these minutes.

The Finance Committee met on 21<sup>st</sup> July 2016. The Committee discussed:

- Financial performance update
- QIPP update
- NES health economy update
- External audit procurement
- Draft Terms of Reference
- Risk register update

The Committee discussed at length the importance to achieve the QiPP targets. Further emerging risks, is the national announcement of funding Nursing Care Rates, which may give an additional pressure with no additional funding to support.

Ms O'Dwyer presented the Quality, Innovation, Productivity and Prevention (QiPP) report to the Finance Committee (paper 6b). Capacity to support delivery was discussed. In order to develop long term plans extra capacity may be addressed to get the return.

**NE Sector Health Economy**

Mr Woodhead presented to the Finance Committee a presentation on the emerging discussions with NHS England, NHS Improvement and the whole of the NES health economy around the financial pressures at PAHT and the potential implications of the imminent CQC report and patient safety. Bi weekly meetings are now taking place.

**External Audit Procurement**

The Finance Committee (and, prior to that, Audit Committee) agreed a process to appoint Auditors by December. It was agreed that Shared Business Services (SBS) will access a national framework and support the CCG to undertake a mini tender.

**The Governing Body:**

- **Noted and discussed the contents of the report and the risks identified to the delivery of the 2016/17 financial position.**

**6a. Finance Report Month 3 Summary**

- The CCG is showing a year to date (YTD) deficit of £0.25m which is an adverse variance of £0.89m against plan. This is predominantly due to non-delivery versus the £5.5m QIPP target. A number of pipeline QIPP schemes and financial mitigations have been identified to support the reported forecast delivery of the planned 1% surplus for 2016/17.
- A number of risks have been identified which include an expectation of material cost pressures resulting from Pennine Acute Trust's CQC report (due to be published in July), changes to funded nursing care and continuing health care prices and the current trend of increased referrals to scheduled care. Further analysis is required to fully assess the likelihood and impact of these risks and actions to mitigate and manage them.

**The Governing Body:**

- **noted the contents of the report and the risks identified to the delivery of the 2016/17 financial position.**

#### **6b. QiPP Report**

The key message is work continues on the QiPP and scoping the potential to fast rack some of the schemes.

#### **The Governing Body:**

- **Noted the QiPP July Report.**

### **10 Audit Committee Chairs Summary - June Meeting**

Mr Wild reported the Audit Committee met in June, with a number of standard items discussed.

- A presentation was received from the External Auditors around technical issues.
- The Committee agreed the recommendation to share the Terms of Reference for the Committees to the Governing Body. (AI 8 on today's agenda).
- Internal Auditors Lead Tim Crowley presented a progress report. Which opened discussions around Better Care Fund conclusions where it was felt that anecdotally that this may have been "generous" given the under usage of funds in 2016 and the availability of quality schemes. It was agreed that Audit Committee have sight of the Internal Audit plan moving forward to ensure that investigations were optimally scoped to ensure maximum benefit for the CCG. The Audit Committee requested that all audit requests go via the Committee before progressing.

#### **The Governing Body:**

- **Noted the Audit Committee Chairs Summary for the June Meeting.**

### **11 Quality and Risk Committee Chairs Summary July Meeting**

Mr North presented the July Quality and Risk Committee Summary to the Governing Body.

Highlighted areas of discussion:

**Equality Update** - The Committee received an update on Equality Standards relating to Accessible Information, Workforce Data. An action plan is in place with monthly reporting in place.

**Performance Dashboard** - The Committee noted and discussed the following issues;

- Diagnostics has slipped and the CGG had sought assurances which will be monitored by SRG.
- A&E continues to be monitored, the CCG are working closely with Providers to support, the 95% target.
- Ambulance handover continues to be a concern with an impact on the wider system.
- The Committee noted the improved performance for IAPTS - a significant achievement. April figures suggested recovery has slipped back to 42%; a request for a 'deep dive' from the provider has been submitted. Pennine Care Mental Health Foundation Trust (PCFT) manage the data on a monthly basis, Bury quality team will continue to monitor performance.
- The Big White Wall had recently been implemented which is a resource for young people experiencing mental health problems.

#### **Risk Report**

The Committee Chairman expressed concerns that the Risk Report submitted in June did not give the clarity required and assurance those risks are being managed; the Committee Chair requested

that future reports are written in a format that articulates the risks clearly.

### **Quality Dashboard**

The Committee received and discussed assurances in report that included:

### **Complaints Targets**

The CCG has had assurance that by the end of June there will be no complaints that have been open more than 100 days.

Updates following the meeting on 13<sup>th</sup> July:

- Mortality data is being reviewed there are some changes in the data reported, the Performance Team are looking into it to determine if anything significant arises with that data.
- 32 Week waits – reports the UHSM have a significant number of patients that have been waiting over the 32 weeks target for diagnostics and surgery. The Performance team await the data to be validated.
- The PAHT Improvement Board is now established.
- North Manchester Hospital is still experiencing staff issues within specialities, the Quality and Improvement Board are following up these issues as a matter of urgency.
- PCFT have achieved 100% for Looked after Children (LAC) assessments on under 5 years children and 85% in the over 5's. This is a significant improvement.

### **The Governing Body:**

- **Noted the report and assurances from the Quality and Risk Committee.**

Mr North informed members that PCFT have submitted a bid for the Manchester Mental Health, the outcome of the procurement process will be announced during August. If PCFT are successful the Governing Body will need to reflect the implication.

Dr Kotegaonkar asked how PCFT would feed into the Local Community Organisaion (LCO), with no real commitments to date from PCFT leadership. Mr North said that work is still ongoing and the Governing Body will be kept appraised of developments.

## **12 Remuneration Committee Chairs Summary**

Mr Wild presented the summary report to the Governing Body.

The Committee considered:

- The uplifts to salaries that should be awarded to the Governing Body Members for the 2016-17 financial year.
- Pay and conditions of service of the Accountable Officer and other Executive Directors and senior managers on VSM pay scales and Agenda for Change Band 9 and above.

The Remuneration Committee considered the principles for uplifts and the conclusion reached by the Committee was a new benchmarking exercise should be undertaken, taking into account the levels paid across other CCGs.

### **The Governing Body:**

- **Noted the Remuneration Committee Chairs Summary**

## **13 Patient Cabinet Chairs Summary**

The Governing Body:

	<ul style="list-style-type: none"> <li>• <b>Noted the Patient Cabinet Chair Summary Update</b></li> </ul>
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<b>14</b>	<b>Clinical Cabinet Chairs Summary</b>
	<p>Mr Hughes presented the Clinical Cabinet summary to the Governing Body.</p> <p>The Clinical Cabinet considered a number of items alongside standard items:</p> <ul style="list-style-type: none"> <li>• Mental Health Workstream Update.</li> <li>• Early Psychosis Service - Clinical Cabinet await the business case.</li> <li>• Approved strategy for vulnerable people.</li> <li>• A number of GM EUR polices were ratified.</li> <li>• Agreed initially Personnel Health Budgets would be led by the Continuing Health Care Team.</li> <li>• A number of Effective Use of Resources (EUR) Polices was received for comment.</li> <li>• The Cabinet supported the Greater Manchester EUR Assisted Conception Policy Template for Clinical Engagement.</li> <li>• The Cabinet supported the Staying Well Project and recommended the continuation of the current Radcliffe scheme.</li> </ul> <p><b>The Governing Body</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the Clinical Cabinet Summary Chairs Report.</b></li> </ul>

<b>15</b>	<b>Primary Care Commissioning Committee Chairs Summary</b>
	<p>Mr Woodhead presented the Primary Care Commissioning Committee Chairs Summary to the Governing Body.</p> <p>Items discussed:</p> <ul style="list-style-type: none"> <li>• Received an APMS update and the assurance from NHSE that legal advice was appropriately taken.</li> <li>• Update on the Whitefield Development around the Communications Plan and stakeholder involvement. There will be scope to widen the representation on the steering group and sub committees.</li> <li>• Received an update on the work being undertaken to develop and understanding of the risk and budget transfer in relation to the CCG being level 3 Commissioner.</li> <li>• The Committee received the draft Greater Manchester Primary Care Strategy and invited members to feedback comments to NHSE.</li> <li>• All PMS contracts are signed except one; this is an issue regarding additionality which is being considered.</li> </ul> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the Patient Cabinet Chair Summary Update</b></li> </ul>

<b>16</b>	<b>Closing Matters</b>
	None

Next meeting scheduled to take place 24<sup>th</sup> August 2016, 3.00pm – 5.00pm, Room 503/4, Townside Primary Care Centre, Knowsley Street, Bury.