

Title	Minutes taken at the meeting of the Governing Body 24th August 2016		
Author	Jackie Chrystan		
Version	0.3		
Target Audience	Governing Body/Members of the Public		
Date Created	24.08.16		
Date of Issue			
To be Agreed	28.09.16		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Governing Body 24.08.16		
Document History:			
Date	Version	Author	Notes
25.08.16	0.1	J Chrystan	Draft minutes created
19.09.16	0.2	J Chrystan	MOD Reviewed
19.09.16	0.3	J Chrystan	KP Reviewed
Approved:			
Signature:			
		 Dr Kiran Patel, Chair

Governing Body

MINUTES OF MEETING

Wednesday 24th August 2016

Chair – Dr Kiran Patel

ATTENDANCE

Dr Kiran Patel, Chair and Clinical Lead, NHS Bury CCG
Mr Stuart North, Chief Officer, NHS Bury CCG
Mrs Catherine Jackson, Executive Board Nurse, NHS Bury CCG
Mr Howard Hughes, Clinical Director, NHS Bury CCG
Dr Fazel Butt, East Sector Lead, NHS Bury CCG
Dr Ajay Kotegaonkar, West Sector Lead, NHS Bury CCG
Mr A Chandock, Secondary Care Consultant, NHS Bury CCG
Dr Victoria Moyle, Clinical Lead, NHS Bury CCG
Ms Margaret O'Dwyer, Director of Commissioning/Deputy Chief Officer, NHS Bury CCG
Dr Cathy Fines, Clinical Lead, NHS Bury CCG
Mr David McCann, Lay Member, NHS Bury CCG
Mr Andrew Clough, Lay Member, NHS Bury CCG
Mr Paul Horrocks, Communications Consultant (working on behalf of NHS Bury CCG)
Mrs Lesley Jones, Director of Public Health, Bury MBC

Other organisations in Attendance:

Mrs Carrie Dearden, Communications Manager
Mrs Barbara Barlow, Healthwatch
Sir David Dalton, Chief Executive, Salford Royal FT and Pennine Acute Hospitals Trust
Mr Mike Owen, Chief Executive, Bury MBC
Miss K Richardson, Deputy Director of Commissioning, NHS Bury CCG
Mr David Latham, Programme Manager, NHS Bury CCG
Mr Andrew Warren, Nurse Practitioner, Prestwich Walk in Centre
Ms Sarah Peters, Nurse Practitioner, Bury Walk in Centre
Ms Jayne Bradshaw, Nurse Practitioner, Bury Walk in Centre
Mrs Joan Hutt, Patient Cabinet, NHS Bury CCG
Mrs Fiona Meadowcroft, Chief Officer, Bury GP Federation
Mrs Lisa Featherstone, Deputy Director of Business Delivery, NHS Bury CCG
Mrs Jackie Chrystan, PA to Chief Officer and Chair, NHS Bury CCG

Apologies:

Mr Mike Woodhead, Interim Chief Finance Officer,
NHS Bury CCG
Dr Jeffery Schryer, Clinical Lead, NHS Bury CCG
Mr C Wild, Lay Member, NHS Bury CCG
Dr Wissam El-Jouzi, North Sector Lead

MEETING NARRATIVE & OUTCOMES

1	Welcome and Introductions
	<p>The Chair welcomed all to the meeting and introductions were made.</p> <p>The Chair welcomed Mr Mike Owen and Sir David Dalton and invited them to join the Members.</p> <p>The meeting was declared quorate.</p>
	Apologies for Absence
	Apologies for absence were received from those detailed above.

2	Declaration of Interests
	<p>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 Ensured appropriate action would be taken as necessary in respect of any conflicts declared.</p> <p>Agenda - none Previous Meeting - none</p>

3	Minutes of the previous meeting held on 27th July 2016 and Matters Arising								
	<p>It was noted that Lesley Jones apologies were not noted on the minutes.</p> <p>Minutes of the previous meeting held on 27th July 2016 were agreed as an accurate record with the amendment above.</p> <p>Matters Arising</p> <p>None</p>								
	<table border="1"> <thead> <tr> <th>ID</th> <th>Type</th> <th>Risk/Issue/Action/Decision/Outcome Description</th> <th>Owner</th> </tr> </thead> <tbody> <tr> <td>AC/01/24/08/16</td> <td>Action</td> <td>Minutes to be updated to reflect the amendment above.</td> <td>JC</td> </tr> </tbody> </table>	ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner	AC/01/24/08/16	Action	Minutes to be updated to reflect the amendment above.	JC
ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner						
AC/01/24/08/16	Action	Minutes to be updated to reflect the amendment above.	JC						

4	Review of action log
	No actions noted from the last meeting.

5	Pennine Acute Hospital Trust (PAHT) Care Quality Commission Reports
	<p>Dr Patel welcomed Sir David to the meeting.</p> <p>Sir David shared a presentation with the Governing Body and those in attendance on the findings of the recent Care Quality Commission Report (CQC) in relation to PAHT and the next steps. Sir David highlighted the following areas:</p> <ul style="list-style-type: none"> • CQC Report – Key headlines and rating • Salford Royal Diagnostic Review and Assessment • The next steps for PAHT • Improvement Plan – the actions that are required. <p>The full reports are available via the Care Quality Commission website. http://www.cqc.org.uk/provider/RW6</p>

The Governing Body was invited to ask questions.

Mr McCann reflected over the last 3 years as Lay Member and Chair of the Patient Cabinet that there have been consistent problems with PAHT reported to the Governing Body and in his view felt that there have been continuing failings within the organisation not delivering. Mr McCann asked how confident is the new leadership in turning these long standing cultural practices around; what is the realistic time frame for working practices to change and become embedded.

Sir David responded that the changes will not happen quickly. 1. Sir David that he was confident of making the necessary changes at PAHT, using tried and tested approach that gained Salford Royal Hospital Trust an 'Outstanding' CQC rating. However, he warned that this not a quick process and is likely to take up to 5 years to fully embed. The approach he would be taking will ensure that the trust has absolute clarity of purpose that prioritised patient safety and reliability and which is communicated throughout the organisation. Ensure there is clear visible leadership; he will be personally spending a couple days a week at the trust. He will be bringing some of his leadership team from Salford as well as recruiting some additional staff. He recognised that there needs to be a behavioural change across the organisation to deliver the vision and values – staff will be encouraged to contribute to the changes but in turn will need to be responsible for delivery of a safe and reliable service. The approach will be to achieve clarity of purpose which is communicated with staff. This message to staff will outline the direction of travel and what they need to know, what the organisation is attaching importance to, i.e. patient safety and reliability of the service PAHT provide. To achieve this, the Leadership Team will be more visible led by Sir David. The leadership team talking and listening to staff and a promise to work with staff; this is expected from the leadership to ensure PAHT move forward. There will be clear values and behaviours expected by the leadership team. To make these changes staff will have a chance to contribute, and influence change but in turn they will be expected to measure those changes. In relation to behaviours, the leadership team is clear on what they need to do, how that is progressed is as important in order to impact the culture. In essence it could take 5 years for all the new cultural practices to be embedded.

When asked about the long term nature of the proposals - Sir David gave a clear commitment to see through the 5 year programme. There will be greater linkages between PAHT and Salford to ensure stability and standardisation.

Mr Owen, Chief Executive, Bury Council, indicated that the actions taken by the Salford Leadership Team in response to the CQC reports has been impressive and there have been some immediate significant changes that have made an impact. Moving forward from a commissioning point of view, work has commenced on reviewing working practices in order to operate more effectively as a single commissioner.

Mr Clough referred to the recruitment of staff and asked what are the long term strategies that will be put in place to maintain that level of staffing. Sir David said the Chief Nurse will monitor levels across the Trust alongside the introduction of a new Director of Nursing who will support that. PAHT have utilised an unusually high level of agency staff. Working practices will be reviewed to reduce reliance on agency staff and encourage more flexible arrangements for employed staff. There will also be the need to employ clinical staff in order to ensure safe levels of staffing more reliably.

Mr Horrocks referred to the open letter issued by Sir David, and the statement made in that correspondence that PAHT are now on a journey to become a safe and reliable service, and queried whether that statement means that currently services provided are not safe and reliable for the population of Bury. Sir David responded that health care is not a safe business and the job is to minimise that risk. PAHT currently do not have reliability, there are good days and bad days. The 4 months since Sir David has been associated with the Trust in most areas he feels there is adequate minimum standards and therefore would have confidence in the service. Urgent Care requires more time and attention to get to a safe level. The next 3 months will see staff levels increase which also includes a number of Midwives. Between now and 31st March 2017, the work will be to stabilise the Trust and from April next year the start of improvement.

With regards to paediatric services provided at the Fairfield General site, Mr Horrocks asked what the message was to parents, can they take their child to Fairfield to receive treatment. Mr Dalton answered that if a 999 call is made, the child will be taken to a specialist paediatric service, which is not Fairfield. If a child goes to Fairfield, the staff there will make an assessment, if that child requires further assessment they will rapidly be transferred to a paediatric centre.

Dr Kotegaonkar shared his concerns on the impact in General Practice (GP) as a result of the CQC reports. There is a concern about endorsing PAHT to patients, following the CQC report. How is that going to be communicated to the GP workforce and Primary Care so they have confidence when speaking with patients. Sir David considered that confidence is born from experience. At the center of that is the human relationships and understanding the concerns they have and responding to those concerns. It is going to take time to listen and understand these arrangements that suit Primary Care colleagues. There is work to be done in relation to ensuring GPs feel they get the support they require. This will take time to build integrated services for the population that are fit for purpose. The relationship that PAHT had with Commissioners has not been good; a part of this is the complexity of the relationship with 4 Local Authorities and 4 CCGs. To address the complexity of the stakeholder relationship moving forward requires simpler arrangements for health care commissioning. In the future Sir David would like to see commissioning across the North East Sector; Local Authorities and CCGs working even closer. Dr Patel agreed that the CCG is always keen to work collaboratively with partner organisations.

Dr Moyle said that in recognising any change takes time, and does have consequences, can the CCG get assurance that the Trust under its new leadership would support proposals that CCG colleagues develop interventions to deliver integrated care. Sir David acknowledged the need to work together to deliver integrated care but would like to see the future as both Primary Care and Secondary Care working together to deliver good care and not a divided approach. However, in creating a local care system it is important that there is a single shared governance in place – he recognised that this may not be a view shared by all partners. In relation to the CCG's proposal for Urgent Care Redesign, the proposal of placing Primary Care Practitioners, as a first point of contact where people turn up for care was a sensible way forward.

Mr North went on to say that this has been a service that the CCG has approached the Trust with in the past, but has not been fully supported. The next item on the agenda is around out of hospital urgent care system and alongside that the front end A and E support. Ms O'Dwyer agreed often the support has been halted due to management and finance involvement creating delays. The CCG welcomes Sir David's comments to progress this system solution and now hoped to navigate jointly moving forward.

Mrs Jones asked if some reflection had been given as to why Rochdale was rated as 'good' with the other sites requiring 'improvement' or 'inadequate'. Sir David expressed that on his visit to Rochdale they have created something that is a shared service with Community, Primary Care and Social Care working together to deliver a service. The Urgent Care Centre is different to the service provided by Fairfield. The service at Rochdale is a jointly led center and behind that is an intermediate care facility step down and step up run by General Practice, with a bespoke unit. The staff at the Rochdale unit employ their experience looking at many other things than just the medical issue using a more holistic perspective. They have found a way to share leadership with Consultant Physicians and GPs.

Dr Patel thanked Sir Dalton for attending the meeting today; the Governing Body have a further degree of assurance about changes are being made.

6 Intention to Consult re Urgent Care Redesign System for Bury

Mr North presented the Intention to Consult re Urgent Care Redesign System for Bury report to the Governing Body. This report outlines the proposal to engage with the public and stakeholders regarding the proposed redesign of Urgent Care System in Bury.

The paper describes some of the options and appendix 1 is an analysis of the Walk in Centre

(WIC) service provided at the moment. It is the desire of the CCG to ensure that people are directed and given the appropriate service. If agreed today the CCG will commence a period of engagement with the public and stakeholders.

Dr Moyle described the current system as overburdened, stretched and confusing for patients. It is the intention to introduce a system with resilience and which is efficient for patient. This is not about disinvestment; it is effectiveness in delivering the right services with the right outcomes.

It is the intention to engage with the public, during September and October. This will include attending local meetings and events. At the end of that period of engagement the Governing Body will consider the results; this may require a public board to be convened in December.

Mr Owen and Mrs Jones welcomed the paper and the principles behind the proposals. This demonstrates agencies working together towards neighborhood working. This gives the opportunity to deliver a system that fits the need and not the behaviours of the population of Bury.

Mr McCann will be sharing the paper with the Patient Cabinet to gain their view. This is not about disinvestment; though there is an element, that it will create savings for reinvestment. Any proposal to change current service often poses a shock for individuals and may require a softer lead over a period of time. It is imperative that the proposals do not cause any inequity across Bury.

Ms O'Dwyer went on to say that the landscape of services has changes since the development of the Walk in Centres with the introduction of NHS 111, Extended Hours and Primary Care amongst other services. There is confusion for the public to know where to go to get the right level of treatment with the right level of professional at the right time. We need to engage with the public and all interested parties to explain the proposals and benefits and to seek views.

Dr Moyle in closing thanked Mr Latham for the inputs and work to get to this point of engagement.

ID	Type	Risk/Issue/Action/Decision/Outcome/Noted Description	Owner
		Received the Urgent Care Redesign Proposals.	
DC/03/24/08/16	Decision	Agreed to undertake a public engagement process lasting two months on these proposals which will include the recent review of the current Walk-In Centres.	
	Noted	Subject to the above to note that an engagement strategy has been developed to enable the CCG to seek views from the public.	
DC/04/24/08/16	Decision	Acknowledged that if these urgent care proposals are accepted, the Governing Body would be invited to confirm a proposal, to not renew the current contract with Pennine Care Foundation Trust for Walk-In Centres and to redistribute resources, as required, to support the model as described.	
AC2/24/08/16	Action	Await the results of the engagement period to be presented to the Governing Body in December (subject to agreement for the public engagement period with the Health and Scrutiny Committee) for final decision.	VM/MOD

7	Closing Matters
	None

Next meeting scheduled to take place 28th September 2016, 3.00pm – 5.00pm, Room 503/4, Townside Primary Care Centre, Knowsley Street, Bury.

