

Bury Link Board Meeting

21ST APRIL 2010 10AM -1PM
CONFERENCE ROOM, EUROPA HOUSE,
BARCROFT ST, BURY

Present	Paul Mainwaring	Graham Evans (Vice-chair)
	Tony Sergeant	Rochelle Abrahams
	Mick Ainsworth	Brenda Headley
	Geoff Goldberg,	Barbara Barlow
	Hilary Brown,	Ron Shambley
	Frances Halligan	Leslie Berkeley
	Vicky Butcher	Gillian Parker

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Observers Judith Kelly (Care Quality Commission)
Annette Goodfellow (LINK member)

PART A NHS BURY SERVICE RECOVERY REVIEW

1. Chairs introduction

Paul Mainwaring, Chair of Bury LINK welcomed John Boyington (Interim Chief Executive,); Kathy Reade (Interim Chair); Andrew Harrison (Director of Finance) and Celia Gaze (Turnaround Director) from NHS Bury and those present introduced themselves. The Chair explained for the benefit of NHS Bury, the background to Bury LINKs, its structure and the composition of the Board. The rationale behind the request for the meeting was explained, in that, whilst all NHS organizations are having to find savings within their budgets but that Bury LINKs wanted to understand how and why NHS Bury's financial situation appears to be so much worse.

2. Conflict of Interest Declaration

None declared

3. Presentation by Representative(s) from NHS Bury

Due to purdah restrictions, it was felt more appropriate that the Chair of Bury LINK pose questions from the LINK board rather than NHS, Bury giving a presentation.

3.1 How has NHS Bury got itself into such a financial mess, allowed Pennine Acute Hospital Trust to overcharge NHS Bury by £10 million and why is it only now that the public are starting to find out?

Director of Finance: - There is a standardized charging policy across the country. The deficit for NHS Bury could be said to have been caused by Pennine Acute counting their activity a lot better and charging for that activity rather than NHS Bury being overcharged for activity which has not been undertaken.

One contributory factor to the rise in costs is the '18 wk rule' from central government, GP referral has not increased significantly, what may have happened is that the threshold for receiving treatment has lowered and people seem to be accessing the services from other routes such as A& E.

In fact, NHS Bury have successfully challenged Pennine Acute on costing with some success and has helped other health authorities to achieve refunds not just itself.

As to why we are only finding out now, firstly we tried to manage /contain increase ourselves but now cannot contain and are looking at various measures to reduce expenditure. One example is testing strips for diabetes, where as always decisions need to be made regarding changes in levels of activity versus changes of level of cost.

Chief Executive: - There have been lots of changes in NHS, for example, people don't wait as long, the cost and types of medicines available has changed, and finally the eye hasn't always been firmly on the ball over last 12-18 months. Turnaround Director has spent the last 3mths analyzing activity with Pennine Acute.

Chair NHS Bury: - sees priorities as having a broad spread of experience within the governance, financial recovery, and the future form of the PCT, moving towards joint commissioning, review of governance, and an action plan now. The board is the engine of performance management, need much more clarity, RAG (Red, Amber, Green) notification, but where are the mitigation plans and actions plan. The NHS Bury board is critical, we have a LINK person on the board (Barbara Barlow) so that we can include systematic patient experience, we are commissioners, and we are the advocates for the public.

Paul Mainwaring: - LINKs is a monitor, should not be involved in decision-making.

3.2 What services have you already changed/moved/removed due to the position you are in and how will we know if your proposed changes are for the best?

Paul Mainwaring: - Example pointed to is Whitefield and Mile Lane; now having services a taken out, what can we do to work in partnership with NHS Bury?

Chief Executive:-Some things have changed due to clinical changes and changes in what constitutes a better quality service, differs between what you need local and further afield. It is very likely, that the closures are not linked to financial problems it is just coincidental, but we need better communication.

Ron Shambley asked what are the tough decisions that need to be made.

Chief Executive:-Not to cut services, to be cleverer for example, looking at areas such as repeat 6mth follow check up, rather than varying according to patient need. There is the

possibility, if pushed to absolute limits that people will have to wait longer or worst option, that there is no service at all.

Paul Mainwaring: - such as should x-rays be done on sprains? Far better if we take journey with you, however patient experience remembers things like the Whitefield saga.

Chief Executive: - Communication, but communication at the right level and right time.

Turnaround Director: - Looking at developing a criteria which will involve patients and clinicians, looking at running road shows in May

Chief Executive: - The mindset within NHS Bury needs to be changed regarding consultation from added on at the end to consultation at the centre.

Geoff Goldberg raised the point about NHS Bury paying for outside contractors to deliver Expert Patient courses when the skills are in-house to deliver these services at no extra cost and that Bury PCT uses two of the most expensive testing strips when cheaper alternatives are available, both of these observation have been fed back to NHS Bury without response.

Turnaround Director: - One of the first things we've developed is a central e-mail for ideas and issues, using staff suggestions, suggestions from clinicians and also members of public, live now.

Paul Mainwaring: - We're talking about taking a project of work from you and allowing us to get to the real heart of patient experience.

Annette Goodfellow: RE Procurement, is there a national procurement strategy or greater Manchester procurement, can good practices or savings be shared.

Director of Finance: - Not always better to negotiate on a national level, often local suppliers can match or beat other quotes

3.3 Where has the non-executives directors (NED) been, they are there to act as the people voice? Is it not clearly a conflict of interest to have acting councillors as NEDs? Surely we need our NEDs to be there for one thing only and that health.

Chair, NHS Bury: - Cannot discuss due to purdah but the criteria for NED's is developed by the National Appointments Committee for whole of country. Recruiting at moment for permanent chair and would encourage everyone to apply. New chair will take next 12mths to assess the non-exec and would need a spread of skills, financial literacy, and HR experience, someone rooted in local community.

Chief Executive: - Don't like to make distinctions between non-exec and exec board directors. Problems have occurred around becoming more inward looking when really should be communicating with partners.

Paul Mainwaring, Barbara Barlow, and Leslie Berkeley to come up with terms of reference between Bury LINK and NHS Bury.

3.4 How can we ensure real people from Bury are involved in planning and agreeing change when NHS Bury does not have a good record for involving people?

How can Bury LINK get involved in the transformation programmed, needs to be clinically lead patient experience, really looking to develop patient engagement

3.5 Why our meetings always are cancelled with the Chief Executive and Chairs, how does this help build a relationship?

Chief Executive: - Willing to come to our meetings.

Chair, NHS Bury, :- Head line thing, PCT needs to get better at listening and communicating and Bury LINK are holding out the hand of partnership, which NHS Bury are looking to accept, Chief Exec and Chair are looking to be accessible.

3.6 How does PBC benefit us when you already have a commissioning arm? Surely, Bury is not that big that this is needed to be localised.

Paul Mainwaring; - my view is that when its works it's brilliant but not often works.

Chief Executive :- Quick view, Doctors are best placed to see where money is needed and how much is spent, what we would call the 1st tier, not to have them involved in the commissioning is nonsensical. We need to get GP's to own their patients; previously the standard format has been to stuff GP's pockets with money. PCT trying to engage with DRs Not been resourced and dealt with properly in Bury. PCT has to really support this we have differing experiences ranging from fairly well engaged, not engaged and excellent engagers who can be used as exemplars, the patient who treads the concrete is central to this .

3.7 Why have we taken on overly price health centres in such times? Example why move Bury out of hours and Bardoc which supplied a good service to Moorgate health centre at a rent over 5 times greater than before?

Chief Executive -Gave a commitment to come back to Paul Mainwaring with figures for difference in rent for Moorgate and previous walk-in centre in Bury.

Director of Finance ; - does have a big hitters list, working with Turnaround Director, agreed to let Paul Mainwaring know what they are.

Part B Review of presentation from Part A

4. Agree actions arising from above

The LINK board discussed their impressions of the meeting with the representatives from NHS Bury. Firstly, regarding CE offers to attend our meeting quarterly versus every meeting, more inter-involvement required from us. We need to become more involved in monitoring. £42million deficit we need to have details of the big hits, what about peaks in

attendance at A & E between 5 and 7 at night at Moorgate, How long can PCT borrow money for, Adult social services at working level are unaware of level of problem, worry about turnover of temporary key people.

Agreement reached to quarterly attendance of Chief Executive, NHS Bury at Bury LINKs meetings.

Judith Kelly; - CQC, changes in regulation and how CQC are going to interact with PCT. Next meeting JK to come along and explain re the changes,

Terms of reference will be the test, Paul Mainwaring to send a letter to Chief exec, thanking and formally requesting answers to key questions (AP)

Tony Sergeant remarked that the Executive level of culture of engagement and openness needs to filter down to the middle management ceiling, whom this openness and engagement cannot break through, we need to get smarter in monitoring.

Barbara Barlow: - those who attend meetings NHS Bury to get together informally and streamline internal communication.

Part C Bury LINK Board Meeting

5. Formal Apologies

None, all members attended

6. Conflict of Interest Declaration (per agenda)

No conflicts of interest declared.

7. Minutes of last meeting (Appendix A) & review of action log (Appendix B)

7.0 The minutes of the last meeting 1st March 2010 were reviewed. Leslie Berkeley noted that his apologies were omitted from the record and Barbara Barlow had noted that Pennine Care and Pennine Acute had been used instead of NHS Bury in the minutes and action point log. The chair pointed out that the new Bury LINK website should read www.burylink.org and subject to these amendments being made, the minutes were accepted as a true record.

7. 1 Action point log 1st March 2010 was reviewed

1/JAN /10 has been partly answered by paper no's 0001/210410/1 and 0002/210410/1 on today's agenda

2/JAN /10 A & E figures have been obtained but they are not up to date, BB thinks she has up to date. Page 3 of report from A&E to be sent to all board members, BB to supply new figures to Host office (backup plan, write to Tom Wilders, copy John Saxby)

3/JAN /10 Geoff has e-mailed his press release as the response to this AP

4/JAN/10 Commissioning contract from NHS Bury received, very large complex document. Rochelle, Hilary, Tony, and Barbara to work as sub-group looking at the document from NHS Bury and produce a simplified version/ summary. Rochelle to chair this group, to feedback by next meeting (10.6.10)

5/JAN /10 Reply received from NWSA, attached. Paul Mainwaring arrange meeting with NWSA to discuss protocol.

1/MAR/10 complete NHS Bury representatives attended today.

2/MAR/10 complete see 3.1 to 3.7 above.

3/MAR/10 not to cut across what others are doing? Mike Kelly at council sees our roles as monitor. Why are we there? Why do they want us there? Objections should be minuted; we need terms of reference for attending these meetings. C/F

4/Mar/10 Complete, copy of e-mail attached, point raised regarding a column in BT, but only four reporters cover Bury, there are short online courses, PM to investigate and get back

5/Mar/10 Complete, copy attached

8. Financial Review

Nothing to report

Barbara Barlow had to leave the meeting at this point due to other commitments.
(12pm)

9. Enter & View Work-stream Update

Paul Mainwaring has been informally discussing with a number of organisations such as the Council, NHS Bury the future of Bury LINKs after 2011 and partly as a result of these discussions paper no 0005.210410.1 has been produced for debate/ approval.

There followed a lively discussion surrounding the three options. Several board members raised strong concerns regarding the proposal of a Bury LINK kite mark mainly from the standpoints of a legal and moral basis and how would this kite mark benefit the community amongst others. It was stated that many other LINKs around the country have

shelved 'enter & View', LB requested that we confirm how many and where are doing enter & view. (AP)

Reasons for moving towards a kite mark were the immediacy of results availability to the public versus the delay from feeding the results to Care Quality Commission and subsequent publication.

Options one and three were discarded by the board and discussion the focused upon Option Two.

It was established that the whole cost of proceeding with option two would be around £5-£6000. A vote was taken by those present on Option 2 proposal seek out fast track enter and view members and revisit the tendering process for 'enter and view' with the intention of training new members when the training issue has been resolved.

8 members supported the proposal; 1 member abstained 1 against.

It was agreed that the Chair would issue a letter to current enter and view training participants outlining our draft criteria for fast-tracking and plans for the future.

Geoffrey Goldberg left meeting at this point due to other commitments (12.30)

10. Host update

See attached

11. The Future of Community Engagement and Board Involvement Papers 0001.210410/1 and 0006.210410/1.

11.1 Paper 0001.210410/1 given approval to proceed.

11.2 The board structure paper will be looked at in further detail by a sub-group containing Paul Mainwaring, Chair, Graham Evans, Vice Chair, and Hilary Brown, Board member to report back asap.

12. Bury Safeguarding Adults Strategic and Operational Board (Paper 0002.210410/1 attached)

The Chair wanted to point out that there have been instances when Host staff have felt compromised because of the way the LINK is funded. Ron Shambley advised that he currently sits on the Bury Safeguarding Adults Strategic Board and was in fact attending the next operational board to see if it was more suitable for him, he is happy to be our LINK representative and feedback to the Board via the Host office.

GP to write resigning from the BS Operational Board.

13. Age of Opportunities Event (Paper 0003.210410/1 attached)

Due to time constraints, a discussion was not feasible. The Chair was of the opinion that letters should be sent to the heads of relevant organizations advising them of the feedback.

14. Greater Manchester Links Meeting (Paper 0004.210410/1 attached)

TS mentioned he was involved with the 'CLARK' group which is linked to Manchester University whose aim is to facilitate innovation within 'Health'. TS will bring along slides (PP) to cascade to the Board re 'CLAHRC' (Collaboration for Leadership in Applied Health Research & Care)

15. Any Other Business

Frances Halligan asked for an update on the issue of mixed gender wards that we rose with Henry Ticehurst. The Chair is in receipt of an e-mail, which seems to suggest that Irwell House will be single sex up and down. GP to get details and forward on to Frances.

Next board meeting 10th June 2010 10.30-12.00

AP No	Action Required	Person(s) Responsible	Deadline /Status
3/MAR/10	All board members to review their attendance at meetings etc why are we here etc	All Board Members	
1/APR/10	Geoff Goldberg to produce a discrete 150 words article for Newsletter on outcomes of the course for Asian patients	GG	
2/APRIL/10	To supply new A & E figures to Host office	BB	
3/APRIL/10	Page 3 of report from A&E to be sent to all board members	GP	
4/APRIL/10	Investigate availability and the cost of short online course on writing press releases	PM	
5/APRIL/10	NHS Bury those who attend meeting get together informally, streamline internal communication		
6/APRIL/10	Meeting to develop terms of reference between Bury LINK and NHS Bury.	PM, BB, LB	
7/APRIL/10	Paul Mainwaring arrange meeting with Nwas to discuss protocol Reply received from Nwas		
8/APRIL/10	NHS Commissioning Contract Document Sub-group to look at the document from NHS Bury and produce a simplified version/summary.	Rochelle, Hilary, Tony and Barbara Rochelle to chair	
14/APRIL/10	Provide Bury LINK Chair with the difference in rent for Moorgate and	Chief Exec, NHS	

	Walk-in Centre Bury	Bury	
9/APRIL/10	Financial Director, NHS Bury to forward big hitting list to PM	Financial Director, NHS Bury	
10/APRIL/10	Send a letter of thanks to Chief Executive and formally requesting answers to key questions	Paul Mainwaring	
11/April/10	Letter to be sent to enter and view trainees on behalf of chair outlining draft criteria and way forward.	PM/VB	
12/APRIL/10	Find out what other LINKs are doing re 'enter and view', how many are doing etc	Host Office	
13/APRIL/10	Host staff to resign from safeguarding adult operational (and strategic?) board	GP	