

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.15 pm on 19 MARCH 2008 IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

PRESENT

Mrs J Down	Non-Executive Director	
Dr Q Fazil	Non-Executive Director	
Mr M Ford	Non-Executive Director	
Mr R Miner	Non-Executive Director	
Mrs S Nixon	Non-Executive Director	
Mr B O'Brien	Non-Executive Director	
Mr P Sabapathy	Chairman	
Ms N Benge	Interim Director of Health Improvement	
Dr M Bhatti	Clinical Director, Clinical Effectiveness	
Ms S Christie	Chief Executive	
Mr A Donald	Director, Redesign and Commissioning	
Ms V Jones	Director of Nursing and Clinical Development	
Dr R Mendelsohn	Director, Chronic Diseases Systems	(part meeting)
Mrs L Pritchard	Director of Operations	
Dr P Thebridge	Chairman, Professional Executive Committee	(part meeting)
Mr J Tringham	Director of Resources	

In Attendance

Ms T Norris	Service Director, Children and Families
Ms M Paskin	Minutes
Mr J Simcox	Interim Director of Performance and OD
Mr M Wiltshire	Director of Estates and Facilities
Ms H Wood	Head of Corporate Services

Apologies

Ms N Lloyd	Non-Executive Director
Ms D Shepherd	Staff Side Representative
Dr D Wulff	Medical Director

PROCEDURAL ISSUES

2008/294 WELCOME

The Chair welcomed Members to the meeting and confirmed that any questions from members of the public could be taken at the end of the meeting.

2008/295 DECLARATIONS OF INTEREST

There were no new Declarations.

2008/296 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 27 February 2008 were agreed as an accurate record and signed by the Chairman subject to the following amendments:

2008/283 Report on the Outcomes from the Public Consultation on the Redesign of End of Life Care Services and the Proposed Next Steps

A few areas from the summary report on the consultation were highlighted and then a broad-ranging and lively debate ensued:

2008/297 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/259 Richmond Primary Care Centre

Discussions had been held with the Chief Executive of LiftCo on the subject of vandalism at the Chelmsley Wood LIFT scheme. Design of the building would be carefully considered and would take into account the balance between minimising the risk of vandalism and providing something aesthetically pleasing.

A positive meeting had been held with local GPs, which had dispelled some myths about the PCT's intentions. The Director of Resources would confirm the outcome of discussions to the GPs and regular monthly meetings would follow. A constructive meeting had also been held with GPs at Stockland Green, who had agreed to consider how they could work together.

REPORTS FOR DECISION/APPROVAL

2008/298 OPERATING PLAN 2008/09

A brief presentation was provided, copy of slides attached.

The procedure laid out by the Department of Health had changed this year and required the PCT to produce –

- an Operating Plan for 2008/09-2010/11 (with a one-year plan at this stage to be submitted by 20 March) which had introduced the concept of *Vital Signs*,
- a strategic plan covering three-five years in the autumn,
- a Local Delivery Plan by the end of April,
- a local health economy plan to 2012/13 (first iteration to be submitted by 21 December).

Only one year's financial allocation had been announced, i.e. for 2008/09; it was likely that the allocations for the following two years would be linked to the outcome of the Darzi Review, to be published in June. Trajectories for *Vital Signs*, however, had been required for three years and had already been submitted to the Strategic Health Authority.

Vital Signs included some 64 targets which covered national requirements, national priorities for local delivery and local targets. These were related to the PCT's core business and effectively represented a business plan for the organisation; a link would also need to be maintained with the Local Area Agreement. There was concern that the Department of

Health had withdrawn some targets, although this appeared to be connected to the fact that such targets would be impossible to measure. There was also concern that some Local Authority measurements were not the same as those in *Vital Signs* and this would be pursued with the Strategic Health Authority. The next Performance Report would include a revised balanced scorecard which would reflect the *Vital Signs* hierarchy of targets.

Given the amount of additional money in the system next year, regular reports would be provided on slippage and reallocation of funds would be undertaken as appropriate. It was agreed that a paper would be provided to a future Board Meeting on proposed efficiency savings.

Resolved:

That the Board approved the Operating Plan.

REPORTS FOR DISCUSSION

2008/ 299 CHIEF EXECUTIVE REPORT

A flash report had been previously circulated. A summary had been attached from the *Be Birmingham* Programme Board relating to the Local Area Agreement and the Whitehall Champion. Birmingham would derive benefit from the Champion given its role as a Core City and its position in delivering key targets on such issues as crime, educational performance, health, etc. Birmingham was again ahead of other cities in agreeing its indicator set and submitting to Government Office.

BEN's Chief Executive was a member of the BSP Programme Board and the *Be Birmingham* Board. Good progress was being made although two indicators were proving controversial – a Home Office indicator related to promoting community cohesion and another on reducing congestion.

Progress was also being maintained on Core Cities work and Birmingham would host a Tackling Inequalities conference at the ICC on 16 June.

World Class Commissioning: the procurement process on assurance and performance management had been fast-tracked and the contract awarded to McKinsey. There was no parallel strategic development programme, the Strategic Health Authority having decided to establish regional development programmes. It was hoped that a proposal would be supported at a forthcoming meeting of the PCT Network Board of the NHS Confederation enabling PCTs to form a group and work with consultants to design and deliver their own development programme, to run from June/July 2008.

The subject of NHS "branding" would be considered by the Executive Team and discussed with other PCTs.

Resolved:

That the report be noted.

2008/ 300 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The February PEC Meeting had focused on organisational design and the question of whether the PEC was "fit for purpose". Discussions on this would continue and feed-back would be provided to the April Board Meeting.

Resolved:

That the report be noted.

2008/301 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

A verbal report was provided on the meeting held on 12 March, which highlighted the following items:

- Following a meeting with the Chair of the Audit Committee, it had been agreed that the terms of reference for the IG&P would be reviewed at the April meeting.
- Corporate Risk Register – full assurance had not been received on the Register at the March meeting; further details had been requested.
- The Performance Report had been considered with a focus on areas in which the PCT was doing less well; the process for compiling future reports would be reviewed.
- There had been a long discussion on smoking targets and comparative national data had been requested.
- Equality, Diversity and Human Rights: Disappointment had been expressed at the lack of feed-back from the Healthcare Commission on a recent visit to pilot a Race Equality Review. The PCT already met the requirements of the Single Equality Scheme, though further guidance would be provided which would be forwarded to the IG&P and to the Chair of the Equality, Diversity and Human Rights Steering Group.
- Attendance at the Equality, Diversity and Human Rights Steering Group had improved once the time-table had changed to monthly meetings.
- A report had been received from the Patient and Public Involvement Committee.
- Further information had been requested on the Gateway Process and this would be provided following the current review.
- Members had been pleased to learn that compliance on information governance had risen to 70% (from 47% last year).
- A CSCI Inspection report had been received on Independence, Well-being and Choice in relation to the Local Authority. The case had been made for a Safeguarding Adults post in the PCT to mirror the existing Safeguarding Children arrangements.
- The IM&T Policy and Records Management Strategy had been approved.
- A visit from the Audit Commission had been mooted recently and would be pursued.

Resolved:

That the report be noted.

2008/302 FINANCIAL PLANS 2008/09

A verbal update was provided on the 2007/08 position. A surplus of £3.2m was still forecasted for the year-end and the Finance team was confident that this could be managed. The rules relating to cash had been tightened to ensure there was no lending of cash between NHS organisations. Many of the PCT transactions would not involve the spending of cash which meant that the organisation was under-drawing significantly. A minimum cash balance was still required at year-end and it was hoped that cash could be retained in the health economy.

The plans for 2008/09 were broadly similar to those previously reported to the Board and included a planned surplus of £1.9m, 03% of turnover. A £1.5m contingency would be held, with a £3.4m buffer against the statutory break-even duty. No specific risk reserve had been identified.

An additional £14m would be invested during the year which would need to be tracked from Month 1; where investment was not possible to the levels expected, investment would be made in alternative areas. A more detailed paper would be provided to the April Board meeting and the Chairman requested that management costs be included.

Resolved:

That the report be noted.

2008/303 MONTHLY PERFORMANCE REPORT FOR MARCH 2008

The report had been considered in detail at the Integrated Governance and Performance Committee. The following were noted:

- It was confirmed that a new process would be devised to highlight areas of focus for future IG&P; the greater use of graphs had enabled systemic shifts to be identified and might perhaps be used as criteria for future reports. It was suggested, however, that focus on 'red' areas was very useful for other Directorates. A new Healthcare Commission scorecard would be available in April which would run parallel with the existing scorecard for a few months.
- Access to Reproductive Health Services: although the PCT's performance against this target was poor, when benchmarked against other organisations, it was likely (according to the Health Protection Agency) to be one of the highest performers nationally.
- Breast-feeding Initiation rates: it was hoped that recent errors in data collection had been remedied and this would be verified at a meeting on 20 March. It was clear, however, that progress would be difficult on some issues and thought would be given to next year's action plan.
- Smoking during Pregnancy: this was a difficult target for BEN with some wards having rates of 34%. Pressure would be exerted on providers and the smoking cessation team to support women since smoking during pregnancy was strongly linked to infant mortality.
- Percentage of Complaints Resolved within 25 Days: it was clear that some complaints could not be resolved quickly if issues of sensitivity were involved. It was agreed that the definition of "resolution" would be checked with the Healthcare Commission.

Resolved:

That the report be noted.

2008/304 HEALTHCARE COMMISSION CORE STANDARDS 2007/08 – APPROVAL PROCESS

The PCT would need to submit the Annual Statement of Compliance with Core Standards by 30 April 2008. Appendix C provided expected levels of performance on a selected set of indicators from the HCC perspective benchmarked against other PCTs but this was of limited value and did not give a year-end position. The Performance Group would review all standards in the coming week; areas of non-compliance were largely those with issues relating to assurance and compliance of independent contractors although this position had improved significantly and action plans had been implemented. It was agreed that this matter (likelihood that access to the Sentinel system would not be possible until the end of March) should be pursued urgently. It was further agreed that the PCT would only declare compliance where there was absolute certainty.

Resolved:

That the Board noted the report and delegated approval of submission to the Integrated Governance and Performance Committee with sign-off by the Chief Executive and Chairman in order to meet the timescales of the Healthcare Commission.

2008/305 AUDIT COMMITTEE MINUTES –
MEETING HELD ON 10 JANUARY 2008

It was agreed that clarification would be obtained about the paper required for 'Feedback on Self-Assessment Exercise'.

Resolved:

That the report be noted.

2008/306 AUDIT COMMITTEE MINUTES –
MEETING HELD ON 06 MARCH 2008

A verbal report was provided which highlighted the following:

- The Committee's responsibility for ensuring adequate internal control had been reiterated and clarification about clinical governance and complaints procedures had been sought.
- Internal Audit tracking reports had been finalised. Sixty seven of 72 Internal Audit recommendations had been implemented. Quality and value measures had been developed for Internal Audit and were being developed for External Audit.
- Full assurance had been given on cash management.
- A tender waiver report would be provided to the Committee to ensure that Standing Orders were being followed.
- There had been a discussion about IFRS (International Financial Reporting Standards) with which the PCT would need to comply, although implementation had been delayed for a year.
- The contract for Internal Audit services, which had been provided by a consortium, had been extended for a maximum of one year; the merger of two predecessor consortia had yet to take place. A procurement process would be undertaken for this, possibly jointly across Birmingham and Solihull.
- The Integrated Governance and Performance Committee would review its Terms of Reference and those of the Audit Committee to ensure there were no gaps in assurance.

Resolved:

That the report be noted.

2008/307 BRIEFING ON FREE CHOICE

From 01 April Free Choice for elective care would be available and it was important for the PCT to appreciate that the local population, whilst generally choosing the local Acute Trust, could now make a choice.

For GPs the IT system would change and they would need to make a choice between primary and secondary care; a screen would then provide every choice available across the country. This would mean that individual GPs could not be prevented from automatically referring to secondary care and it had been made clear, through practice-based

commissioning, that this would not benefit them but would be a significant issue for the PCT.

Once patients knew that choice was available, research indicated they would exercise this choice. That could begin to change the nature of relationships between patients and GPs, given that choice could be based on such criteria as infection rates in certain hospitals or availability of car parking.

There were also other issues to be considered:

- The PCT would not be able to take people off lists so long as they met the relevant criteria.
- Should a provider not meet the 18 week target, the PCT would need to escalate.
- Transport: because this was part of *Payment by Results* an eligible patient could theoretically receive treatment in Cornwall and recoup transport costs from the Acute Trust. However, from April 2009 PCTs would assume responsibility for commissioning transport services.
- If hospitals added new treatments to their menus from which the PCT had not commissioned services, the PCT might need to charge for elements of activity generated (otherwise there would be a return to Extra Contractual Referrals). It was agreed that a message needed to be transmitted to GPs, through Locality Boards, that the PCT should be informed if new treatments were noticed on the menus.
- There were difficulties with the IT system for *Choose and Book* and GPs would need to be confident that this issue was being addressed by the PCT. In less than a year, there would be directly bookable services for patients and GPs, which might help solve some of the problems.
- There was agreement with Heart of England FT that a joint approach should be made to GPs to ensure appropriate referrals were made through Orthopaedic Triage (OT). If relevant information was provided to GPs, e.g. local performance indicators, this could demonstrate shorter waits for OT than for appointments at the Royal Orthopaedic Hospital.

Resolved:

That the report be noted.

2008/308 TACKLING HEALTH INEQUALITIES – FEEDBACK FROM EXTERNAL REVIEWS

The most significant report had been that on the National Support Team's visit to Birmingham in November 2007, which had reviewed progress on inequalities in this spearhead area and had generally provided very positive feed-back. The Board requested a further report in six months' time.

Resolved:

That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2008/309 QUARTERLY REPORT: CONTRACTOR AND FINANCIAL SERVICES

The following items were noted:

- The Board requested a report on the outcome of the staff survey when available.

- Information was requested on action being taken to obtain outstanding GP pension certificates.

Resolved:

That the report be noted.

2008/310 QUARTERLY REPORT: HEALTH IMPROVEMENT

Resolved:

That the report be noted.

2008/311 QUARTERLY REPORT: PERFORMANCE AND OD

It was reported that a number of Locality Stakeholder events would be held in 2008; discussions continued about the need for a whole-organisation event.

Resolved:

That the report be noted.

2008/312 IMMUNISATION AND VACCINATION REPORT

Problems with matching child health and primary care data had been identified and were being addressed. An action plan had been prepared three months previously and submitted to the Strategic Health Authority; actions were being implemented and a specification being prepared. A further report would be made to the Board in three months' time.

Resolved:

That the report be noted.

DATE OF NEXT MEETING

2008/313 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday, 30 April 2008, in the Board Room at Waterlinks House.

Chairman

Date