

NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT
1.45 pm on 22 APRIL 2009
IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

PRESENT

Mr P Sabapathy CBE	Chairman
Mrs J Down	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
Ms N Benge	Director of Health Improvement
Mr A Donald	Chief Operating Officer
Mr J Tringham	Director of Resources
Dr D Wulff	Medical Director

In Attendance

Ms S Brooks	Acting Head of Communications and Involvement
Dr R Mendelsohn	Director, Chronic Disease Systems
Ms M Moore	Interim Director, Operations (part meeting)
Ms M Paskin	Minutes
Mrs L Pritchard	Director of Performance and OD
Mr A Reedman	Interim Director, Strategy and Redesign
Ms H Wood	Head of Corporate Services

Apologies

Dr M Bhatti	Clinical Director, Clinical Effectiveness and Safety
Ms S Christie	Chief Executive
Dr Q Fazil	Non-Executive Director
Ms V Jones	Director of Nursing and Clinical Development
Dr P Thebridge	Chairman, Professional Executive Committee

PROCEDURAL ISSUES

2009/547 WELCOME

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

2009/548 DECLARATIONS OF INTEREST

A record of the Declarations of Interest and Hospitality for the year ended 31 March 2009 was noted.

2009/549 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 25 March 2009 were agreed as an accurate record and signed by the Chairman.

2009/550 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/426 SSDP

It was agreed that a status report would be provided at the May Board Meeting.

2008/474 Birmingham LAA 2008-11

A new Director would join the Birmingham Health and Well-being Partnership on 27 April. The proposed meeting to discuss the Business Plan and proposals on the city-wide work on tackling obesity would probably be held in September 2009.

2009/497 PRIME Baseline Priorities

A report would be provided to the May Board on progress with the programme.

REPORTS FOR DECISION/APPROVAL

2009/552 YEAR 1 REPORT ON PROGRESS OF BENEFIT STAFF WELLNESS PROGRAMME WITH RECOMMENDATIONS FOR ITS CONTINUANCE AND DEVELOPMENT

It was noted that full evaluation of the programme would be completed by the end of July 2009.

Participation by HQ staff was encouraging although engagement with clinical staff was less developed. Problems related to the use of IT were being addressed.

The focus of the initial programme had been on the use of pedometers in an attempt to keep staff healthy; this was linked with the implementation of health checks for staff who met the criteria. Preliminary evaluation was very positive, with high levels of staff satisfaction and the observation of behavioural metrics, e.g. reduction of smoking and alcohol, weight loss. The move would now be made towards more group activities, to providing health coaching to the most appropriate people (those who wanted to make significant changes or needed additional support because of other health problems) and to becoming a patient-based programme.

Following a question about the rising obesity levels in children, it was suggested that the Health Incentive Programme being developed with the Young Foundation, which focused on 16-18 year old girls, could be linked with BENEFIT. Further consideration would also be given to extending the scheme to the families of staff.

Evaluation of the programme would be undertaken within the Trust but the possibility of external evaluation would be investigated. Appropriate statistics would need to be provided for the complete twelve-month evaluation together with a narrative in non-technical language.

Resolved:

That the Board approved the recommendations contained in the report.

2009/553 SAFER BIRMINGHAM PARTNERSHIP

NHS Birmingham East and North was a member of the Safer Birmingham Partnership, a set of partnership arrangements designed to deal with crime and disorder. It was felt important for the Memorandum of Understanding to be signed off by the Board.

Resolved:

That the Board approved the Memorandum of Understanding.

2009/554 DRAFT TRANSFORMING COMMUNITY SERVICES; THE
ESTABLISHMENT OF BEN PCT COMMUNITY HEALTH SERVICES
AS A DIRECT PROVIDER ORGANISATION WITHIN BEN PCT

A number of revisions had been made to the document following discussions in the Board's private session:

Degrees of Freedom

- In January 2009 the Board had approved a proposal, outlined in Appendix 1. The table illustrated the progress made in ensuring a robust approach to governance; column 1 now reflected the agreements at the January Board with changes noted in the 'Progress' column.
- The documents in Appendix 2 needed Board approval to demonstrate sufficient separation between the Provider and Commissioning Arms in terms of Department of Health guidance.
- The Provider Arm Committee had a clear relationship with the Board through its Chair. Three Non-Executive Directors had been proposed, two existing and one being recruited; a possible lay member to follow. This would be kept under review. This change had been reflected in the Terms of Reference and Memorandum of Understanding.
- The clause on protocols for external and internal communication had been reinstated.
- Terms of financial surplus and deficit – had been amended to ensure the Provider Arm was treated no better or worse than any other provider.

Memorandum of Understanding

- Minor amendments had been made, particularly to clauses J (dispute resolution) and M (intellectual property).

Terms of Reference

- These now reflected the change in membership. It was clarified that the Deputy Director of Nursing and Clinical Development would attend in a non-voting capacity.
- The Governance Structure had been updated (Annex 2d).

Resolved:

That the Board –

- Agreed the proposed naming conventions identified in Section 2,
- Approved the adoption of the governance documents in Annex 2,
- Approved the Community Health Services Committee membership,
- Approved the sub-committee and sub-group structure, proposals to review the terms of reference of existing sub-committees and reporting arrangements,
- Approved the proposed Community Health Committee reporting arrangements to the PCT Board,

- Note the progress and challenges presented by achieving the financial element of the business readiness criteria and endorse the delegation of decision-making from the Board to the Board Chair and Chief Executive on moving forward on financial separation.

REPORTS FOR DISCUSSION

2009/555 CHIEF OPERATING OFFICER REPORT

The following issues were highlighted:

- A Social Entrepreneur in Residence had been appointed whose job would be to build local community capacity as well as develop three social enterprises in the next year. This post would link with Partnerships UK, holders of a £250m social enterprise budget to support organisations in the development of social enterprises. There would also be links with the Health and Employment work, given the evidence that in times of economic downturn the number of social enterprises dramatically increased.
- Most Locality Boards had now been visited and many interesting comments had been received on the reinvigoration of practice-based commissioning.
- A meeting had recently been attended with NICE on the subject of assessing the NICE drugs that had a major impact on Trusts. There had been agreement to develop a much closer relationship with Trusts as budget-holders with responsibility to consider the opportunity costs of commissioning high-cost drugs v. commissioning services for a larger population.
- The Trust had agreed to participate in a BBC film about NICE drugs and the related decisions forced upon Trusts. The programme *The Price of Life* would be televised on 08 June (BBC2 at 9.00 pm) and was a very well balanced documentary.

Resolved:

That the report be noted.

2009/556 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

In the absence of the PEC Chair no report was provided but it was noted that the NHS Alliance had granted an award to the Trust as *Best PCT for Clinical Engagement*.

2009/557 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 08 April 2009:

- Smoking quitters:
IG&P had been pleased to hear that more workers had been appointed in an attempt to ensure the Trust reached its target. Future reports to IG&P would be required to focus on means to improve progress linked with BHWP work streams and other cross-city initiatives. Related reports would be provided to the Board, particularly on work with young mothers.
- Assurance Framework and Risk Register:
It had been agreed that IG&P would concentrate on large strategic objectives and would expect Directorates to monitor their own Risk Registers, reporting quarterly to IG&P.

- Commissioning Finance Report:
The issue of complex care packages was explored given the significant increase in overspend. It was hoped that the situation would stabilise over the year.
- Executing the Financial Strategy:
A presentation had been provided on addressing investment/disinvestment proposals particularly in relation to acute contracts. The strategy would need to be achieved against a background of national recession and the likely targets to be set for 2011/12.
- Core Standards Assurance:
The Trust intended to declare compliance against most of the Standards with separate declarations for commissioning and provider services. Third party statements would be needed to accompany the submission to the Care Quality Commission. New guidance had been received, the implications of which would be investigated.
- Health Trainer:
More information had been requested particularly with regard to the outcomes of the interim service.
- Information Governance:
The Trust declared 79% compliance compared with 70% in 2007/08.
- Reports had been received on Local Security Management and Diversity, Equality and Human Rights.

Resolved:

That the report be noted.

2009/558 DRAFT ANNUAL ACCOUNTS 2008/09

The Audit Committee had met on the morning on 22 April, having previously received delegated authority from the Board to sign off the Accounts. Thanks were given to the finance team who had produced the Accounts in four days over the Easter holiday. The headlines were:

- A surplus of £1,892m had been achieved against a target of £1,893m (on a budget of £1.5bn).
- The £1.892m would be returned to the Trust in the next financial year for reinvestment.
- The capital position had been supported by land and property sales of £4.8m (mainly properties transferred from the Strategic Health Authority).
- The Trust continued to perform well against payment of non-NHS creditors though less well against NHS creditors. The Board had previously been informed of discussions about the large volume of small value invoices from suppliers with whom there were no contracts; work would continue to clarify the status of valid invoices.
- The Provider Arm, required to demonstrate full cost recovery, had posted a year-end surplus of just over £1m – mainly the result of holding vacant posts.
- The working capital in terms of assets had improved; the Trust had improved its performance at collecting debts and managed to reduce the value of creditors.
- Gross operating costs increased by £231m mainly as a result of the West Midlands Ambulance Service contract being added to the specialised commissioning portfolio. Income from other PCTs had risen by £189m to reflect the increased subscriptions. The overall operating costs had risen by 7% consistent with the additional increase in allocation.

Three issues were of particular note –

- Management costs had increased from £24 to £30 per head of population. This was a consequence of additional investment including in the Pan Birmingham Mental Health Commissioning Team, posts in Complex Care and Performance to support new functions. There was a threshold over which any member of staff counted as management. As the PCT continued to invest in additional clinical services there were associated management costs, e.g. the intermediate care team would have an element of management costs.
- Management consultancy – a new line had been added to the columns of expenditure; this related to the PRIME programme, OD consultancy, Partnerships UK and the Young Foundation.
- PCT Board costs – the classification of costs for the Board now included Executive Directors which had previously been shown as management costs.

The Accounts conformed to the standard format prescribed by the Department of Health. Once completed, the Trust would ensure the inclusion in the Annual Report would be as clear as possible so that people could understand the management costs increase, consultancy fees and some of the movements in the Balance Sheet and operating cost statement. It was agreed that a three or four page summary report would accompany the Annual Accounts, a narrative that could also be included on the website.

The Accounts would be submitted by the end of 20 April. A meeting with the District Auditor would follow and Auditors would visit the Trust during the first week of May to audit the Accounts. The Audit Committee would consider the Auditor's report and the final Accounts would be presented to the Board in May for approval.

The thanks of the Board were noted to the Finance Team for turning the Accounts around so quickly and achieving such a close match with the Trust's surplus target.

Resolved:

That the report be noted.

2009/559 PERFORMANCE REPORT

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

- The "books" would not be closed until the last quarter's data had been included; some targets were subject to longer time frames.
- There had been some improvement on A&E although the target had not been met for the year with the main provider; discussions continued with the Strategic Health Authority on this point. The target for March had been met as a result of some of the Trust's measures at Heart of England FT and particularly at Good Hope Hospital.
- There was an improved performance on GP extended opening hours and people with HbA1c status.
- Deteriorating performance continued on some of the waiting times in out-patient and in-patients.
- There had been a focus on smoking cessation, a critical target for the population and an area in which the Trust needed to improve if it was to extend life expectancy. A number of social marketing measures had been introduced but it was not yet clear whether the target would be met.
- The rate of admissions for ambulatory care sensitive conditions (ACSC) had deteriorated in quarter 3, partly because the indicator had changed from registrant to registered population. The Trust was trying to reduce the number of people going to hospital and wanted to see a percentage reduction in ACSC; there was evidence to suggest that high

numbers of people attending A&E may not be registered with BEN GPs and this information would be fed into the social marketing work stream. It was agreed that the issue of change to registered population would be raised nationally.

- It was the first time a report had been provided on the rate of admissions for alcohol-related harm and, since the data was complex, it would be some time before valid information could be ensured. This was one of the issues on which the Core Cities would focus and would enable the Trust to determine its performance against other cities as opposed to NHS comparators.
- All *Vital Signs* data and Core Standards work was on Performance Accelerator which had been demonstrated to Non-Executive Directors; GPs were also being given demonstrations of the system.

Resolved:

That the report be noted.

2009/560 PROGRESS REPORT ON PROVISION OF NHS WALK-IN CENTRE SERVICES IN BIRMINGHAM CITY CENTRE

It was agreed that information on the percentage of BEN attenders at the Centre and cost per patient would be emailed to Members.

Resolved:

That the report be noted.

2009/561 CORE STANDARDS ASSURANCE AT QUARTER 4 2008/09

It was clear from the guidance that Trusts were expected to declare non-compliance even if they believed they were compliant. A meeting would be held with the Care Quality Commission on 21 April to explain that, having taken a rigorous view of the assessment last year and invested to improve performance and quality of services, the Trust believed that 'compliant' was a fair reflection of the Trust's position. The Strategic Health Authority endorsed this approach.

The letter from the Care Quality Commission in respect of registration to provide services was noted; main commissioner services had also received their registration.

Resolved:

That the Board –

- Noted the final position on compliance,
- Ratified the annual statement of compliance,
- Noted the unconditional registration of the PCT.

2009/562 HEALTH AND EMPLOYMENT

The report provided an update on the year 2008/09 for information. The priorities for 2009/10 were to ensure the recruitment of a Programme Manager and follow through the *Fit for Work* service proposal.

In Hodge Hill there had been a pilot project with two employment advisers seconded to make links between people on Incapacity Benefit and the Health Services. The pilot had lasted a relatively short time and it took a longer time to embed pathways with inter-agency staff. However, approximately 50% of people had entered training, education or voluntary work as a result of the project.

In the present economic climate work was taken to mean many things – even a full-time carer would fall within the definition of work (i.e. effort, purpose and commitment). Unfortunately, the Local Area Agreement target related to employment, which meant that some of the successes would not be officially counted. It was suggested that the definition be renegotiated to ensure that people doing something useful, not necessarily employment, could be included.

It was noted that volunteering was a good route through to employment and some volunteers were eligible for Incapacity Benefit, Income Support and other benefits. The ultimate aim, however, was to move people from the benefit system into employment. There were also instances where people tried to obtain work experience and found themselves disqualified from benefits. Further to the 'Exercise on Prescription' scheme, it was suggested that a 'volunteering on prescription' service could be piloted. It was agreed that this suggestion would be pursued.

Resolved:

That the report be noted.

2009/563 AUDIT COMMITTEE MINUTES – 08 JANUARY 2009

Resolved:

That the report be noted.

2009/564 AUDIT COMMITTEE – HIGHLIGHTS OF MEETING ON 09 APRIL 2009

It was noted that –

- LIFT leases were likely to be included on the Balance Sheet and this would have an impact on some financial results;
- The new strategic Risk Register would form the basis of much of the work of Internal Audit;
- The General IT Controls Review was almost complete; a report was expected at the July Audit Committee meeting;
- A development session had been arranged for week beginning 27 April on the Gateway process following comments from the external auditors;
- Richard Miner had been appointed by the Appointments Commission as Chair of the Audit Committee.

Resolved:

That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2009/565 QUARTERLY REPORT: CONTRACTOR AND FINANCIAL SERVICES

It was suggested that a note of the governance structure would be useful so the Trust could ensure the report related to the customers it served.

Resolved:

That the report be noted.

2009/566 QUARTERLY REPORT: HEALTH IMPROVEMENT

It was proposed that future reports provide a glossary of terms, e.g. Mosaic.

Resolved:

That the report be noted.

2009/567 QUARTERLY REPORT: PERFORMANCE AND OD

Requests under the Freedom of Information Act

A review continued on "leaning" this process, at present dealt with by the Business Manager in Corporate Services. It appeared that other Trusts had similar problems and a standardised response was being investigated with perhaps greater information about structure and posts included on the website. If the rate of increase continued, there would be further discussion with the Executive Team.

MP and Stakeholder Briefing (now NHS Birmingham East and North Update)

This was circulated to anyone with a specific interest in the Trust (and would in future include Non-Executive Directors).

PALS

No new resources (but reallocation of existing resources) had been devoted to the service to take account of the increased workload.

Pacesetters Wave 2

The "registered disabled people" referred to were self-registered employees. The Trust was trying to undertake baselining work – through HR and through the Diversity and Equality Group – to track improved representation. It was also trying to work with staff not "registered" to provide the right level of support.

Resolved:

That the report be noted.

DATE OF NEXT MEETING

2009/568 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 13 May 2009 in the Board Room at Waterlinks House.

Chairman

Date