

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.00 pm on 21 May 2008 IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

PRESENT

Mr P Sabapathy CBE	Chairman
Mrs J Down	Non-Executive Director
Dr Q Fazil	Non-Executive Director
Ms N Lloyd	Non-Executive Director
Mr R Miner	Non-Executive Director
Mr B O'Brien	Non-Executive Director
Ms N Bengé	Director of Health Improvement
Dr M Bhatti	Clinical Director, Clinical Effectiveness
Ms S Christie	Chief Executive
Dr R Mendelsohn	Director, Chronic Diseases Systems (part meeting)
Mrs L Pritchard	Director of Performance and OD
Dr P Thebridge	Chairman, Professional Executive Committee
Mr J Tringham	Director of Resources

In Attendance

Ms R Cripps	Interim Director, Operations
Ms M Paskin	Minutes
Ms A Shaw	Head of Communications and Involvement
Ms D Shepherd	Staff Side
Mr M Wiltshire	Director of Estates and Facilities

Apologies

Mr M Ford	Non-Executive Director
Mrs S Nixon	Non-Executive Director
Mr A Donald	Chief Operating Officer
Ms K Helliwell	Director, West Midlands Specialised Commissioning Group
Mr T Ruffell	Interim Director, Strategy and Redesign
Ms H Wood	Head of Corporate Services
Dr D Wulff	Medical Director

PROCEDURAL ISSUES

2008/328 WELCOME

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

Several members of the Executive Team had been required to attend a WCC co-produced (with the Health Authority) event and had therefore sent their apologies to the Board.

The resignation was announced of Ms N Lloyd who would be taking up full-time employment with Walsall Acute Hospital NHS Trust. Ms Lloyd was thanked for her valuable contributions as Chair of the Audit Committee and the Exceptional Cases Panel, as well as membership of the Board.

2008/329 DECLARATIONS OF INTEREST

The Chairman declared that he had become an Ambassador for Advantage West Midlands.

2008/330 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 30 April 2008 were agreed as an accurate record and signed by the Chairman.

2008/331 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/303 Monthly Performance Report for March 2008

A definition had been sought about the percentage of complaints resolved within 25 days. It appeared that any complaint outside that limit was not counted in the percentage, even when in the best interests of the patient/s. It was agreed therefore that 100% compliance would not be sought since this would hinder the PCT from dealing properly with some complaints and that an explanation of this would be provided with the next Complaints report.

2008/320 Chief Executive Report

Following attendance at the *Quality by Design* event in Toronto, an email had been received from a Director of the Primary Care Health Unit who was interested in visiting BEN because it was "known to be one of the five best health organisations in the world".

REPORTS FOR DECISION/APPROVAL

2008/332 EQUITABLE ACCESS TO PRIMARY MEDICAL CARE SERVICES PROGRAMME CONSULTATION

The PCT would not consult on policy or location, simply on the range of services and specification. A series of public meetings would take place between 02 June and 24 August and a presentation was scheduled to the Overview and Scrutiny Committee on 23 July.

The proposed practice in Washwood Heath would be located in the new Saltley building; the practice in Hodge Hill would be located in the proposed LIFT scheme; a site had to be identified for the practice in Kingtanding; and a site was still sought for the GP-led health centre in Tyburn.

The consultation period would end in September 2008 and contracts would be signed by the end of December 2008, although it was unlikely that all the practices would be operational by that time.

The BMA view was that this initiative would put some GPs out of business or cause severe loss of income. There would, however, be opportunities for general practice and it was likely that the majority of new services would be provided by existing GPs. The PCT would try to ensure that GPs were fully informed about the opportunities and would repeat the recent letter from Chief Executive/PEC Chair/Medical Director to coincide with the launch of the Communications and Engagement Strategy.

Resolved:

That the Board approved the Strategy and Consultation Plan for implementation from 02 June 2008 to meet deadlines within the national programme and the procurement process.

2008/333 CORE PURPOSE AND DESIGN CRITERIA

The core purpose and design criteria had been extensively reviewed and signed off recently by the PEC; they were unchanged in spirit and the minor amendments reflected the wider requirements of WCC.

Resolved:

That the Board adopted the framework; a suitable acronym would be sought.

REPORTS FOR DISCUSSION

2008/334 CHIEF EXECUTIVE REPORT

A flash report was tabled. The following points were highlighted:

- The International Faculty had been hosted during their LONU (Look Out Not Up) development and testing phase. This would now move into the implementation phase and a three-day workshop would be held 1-3 July.
- Two procurements were in process (OD and Relationship and Intelligence partners). Supplier briefings had been held and proposals were expected at the end of May, with shortlisting in mid-June and hopeful implementation on 01 July.
- Gill Cooper had been appointed Director of Human Resources. Sam German, Director of Process Improvement, was also due to join the PCT on 02 June.

WCC flash report:

- The first version of the work programme for 2008/09 had been adopted. The Gateway process would probably need to be managed to the end of December 2008 (through preparation and delivery of the assurance process); activities could then be mainstreamed.
- The Director, Chronic Disease Systems would attend a workshop in Manchester and learn more about time scales.
- A six-week self-assessment would begin in September, followed by a ratification and review period with McKinseys and the Strategic Health Authority. The PCT would then be expected to produce a development programme.
- The PCT had been approached by the Young Foundation, an independent charitable trust, to become an innovation site which might involve the hosting of a social enterprise. The Foundation also wanted to explore the development of an incentive scheme for patients/public to remain healthy.

Resolved:

That the report be noted.

2008/335 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following points were highlighted:

- Map of Medicine
MoM was a computer program adopted by *Connecting for Health* designed to give guidance about best evidence, best protocols of care, etc. The PCT and Heart of England FT's application to use MoM as a means of clinical engagement for pathways had been approved.
- The relationship between clinicians in the PEC and clinicians in Heart of England FT was being fed into the PEC review process.
- The *Quality by Design* conference had been attended in Toronto, where it had been interesting to learn from exemplars of good practice and to talk to clinicians with different perspectives.
- The PEC review was in its third iteration and had tried to link with *Working Together for Health* and Darzi to ensure appropriate clinical leadership over the next few years.
- Recruitment had begun for a replacement Clinical Director for Erdington.

Resolved:

That the report be noted.

2008/336 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 14 May:

- The Terms of Reference would be amended to include responsibility for the annual Statement of Compliance with Healthcare Commission Standards. Once approved at the June IGP meeting, the Board would sign off.
- The Performance Scorecard for 2008/09 would hopefully be available to the Board in June, as would the revisions to *Standards for Better Health*. The ratification process for the annual Statement of Compliance was underway.
- It was difficult to accurately reflect performance given the existing information flows from GPs, thus the need to develop relationships with GPs had been recognised.
- The action plan for smoking cessation would be reviewed in view of concerns about meeting the various targets – smoking in pregnancy, etc.
- A draft Internal Audit report on clinical governance had been received indicating significant assurance.
- Two policies had been approved – Allocation and Use of Mobile 'Phones, and Mobile 'Phones and Driving.

It was suggested that 'Safety' should be included on the agendas for all meetings.

Resolved:

That the report be noted.

2008/337 FINANCIAL PLANS FOR 2008/09

The following issues were highlighted on the updated report originally considered in March:

- There had been a general increase in investment in the PCT infrastructure – Human Resources, process improvement, clinical governance, etc. All contracts had been

agreed within the resource allocation. A contingency of £3m would be held for over-performance and a general contingency of £1.5m.

- An additional £52m would be available for investment made up of –
 - ★ an increased allocation of £33m,
 - ★ last year's non-recurrent spend of just under £8m,
 - ★ last year's Health Authority top-slice of £6m,
 - ★ the return of £1.8m 2006/07 top-slice,
 - ★ the return of £3.2m 2007/08 planned surplus.
- The audited Accounts for 2007/08 would be compared with other organisations and with the proposed budget for 2008/09.
- No provision had been made for increased energy costs but there was sufficient flexibility in the budget to accommodate the charges.
- The Auditors' report would be considered by the Audit Committee on 17 June and submitted to the Department of Health on 23 June.

Resolved:

That the report be noted.

2008/338 PERFORMANCE REPORT

It was reported that a full report on the Balanced Scorecard would be provided to the June Board meeting. The level of investment might need to be increased in two areas – smoking cessation and healthcare-acquired infections (HCAs) – and it would be necessary to have relevant action plans ready. Attempts were being made to change the four week smoking quitter targets over the next three years to reflect the progress made by heavy smokers in reducing their consumption.

Overall scores of "good" for quality of services and "good" for use of resources were anticipated for core and development standards; the final outcome would be known in October 2008.

The position on Chlamydia screening would be checked since it was not clear whether collection of this information and transmission to the PCT was part of the GP contract.

Resolved:

That the report be noted.

2008/339 AUDIT COMMITTEE MEETING – MINUTES OF MEETING HELD 06 MARCH 2008

Resolved:

That the report be noted.

2008/340 AUDIT COMMITTEE MEETING – HELD ON 01 MAY 2008

Every report from both Internal and External Audit reflected the PCT's commitment to improving controls; a 30% discount had been given by the Audit Commission from its standard tariff in recognition of the PCT's controls and procedures, and position as a low-risk organisation.

The Finance Team were commended for preparing the draft Accounts in time for consideration at the Audit Committee.

Resolved:
That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2008/ 341 DRAFT PUBLIC HEALTH ANNUAL REPORT

It was suggested that future draft reports be provided at an earlier stage (rather than a printer's proof) so they could be more legible.

In terms of smoking cessation, it was ironic that uptake of NHS quit services was greater in areas of lower prevalence. The PCT should therefore perhaps adopt market research techniques to promote the services available.

PEC had recently discussed the subject of immunisation and decided that a more programmatic approach was needed, a different way to target and deliver the service; consideration of this would continue. This was linked to emerging concerns about incoming communities, their understanding of the NHS and ability to access services - and the Birmingham Health and Wellbeing Partnership was undertaking work on this subject.

A final copy of the Annual Report would be available at the next Board Meeting.

Resolved:
That the report be noted.

2008/342 QUARTERLY REPORT: SPECIALISED COMMISSIONING TEAM (WEST MIDLANDS)

Resolved:
That the report be noted.

2008/ 343 QUARTERLY REPORT: BPCSSA ICT SERVICE

The following items were noted:

- Staff absences – most of the long-term issues had been resolved. Some posts were covered by temporary staff and work was continuing, with HR, to ensure other staff returned to work as quickly as possible.
- Internet traffic – the PCT would be investing in software to enable monitoring of staff time. Work also continued on providing reports to managers on staff use of the Internet and of the sites accessed.

Resolved:
That the report be noted.

2008/ 344 QUARTERLY REPORT: PROFESSIONAL SERVICES

It was noted that the process for managing complaints would change in April 2009, when complainants would be able to contact the Health Services Ombudsman direct. The PCT would continue to provide support to GPs in the handling of complaints.

CPD for Practice Nurses

A database was being developed of the nursing workforce in general practice, so that CPD needs could be identified and appropriate support provided. An opportunity existed to build elements of CPD into the specification for the new practices and to link this to the West Midlands skills agenda. The GP Contract also contained a requirement to ensure that staff employed were adequately trained.

Resolved:

That the report be noted.

2008/ 345 DRAFT PCT ANNUAL REPORT, OPERATING AND FINANCIAL REVIEW 2007/08

Members were informed that this draft report covered the financial year 2007/08 and therefore some posts would appear as "interim" that had subsequently become substantive.

It was noted that minor amendments would be needed.

Resolved:

That the Board supported publication of the report.

DATE OF NEXT MEETING

2008/327 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday, 25 May 2008, in the Board Room at Waterlinks House.

Chairman

Date