

NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT
1.15 pm on 13 MAY 2009
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
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 Bengé	Director of Health Improvement
Dr M Bhatti	Clinical Director, Clinical Effectiveness and Safety
Ms S Christie	Chief Executive
Mr A Donald	Chief Operating Officer
Ms V Jones	Director of Nursing and Clinical Development
Mr J Tringham	Director of Resources
Dr D Wulff	Medical Director

In Attendance

Ms J Belza	Locality Director	(part meeting)
Ms S Brooks	Acting Head of Communications and Involvement	
Ms M Paskin	Minutes	
Mrs L Pritchard	Director of Performance and OD	
Mr A Reedman	Interim Director, Strategy and Redesign	
Mr M Wiltshire	Director of Estates and Facilities	
Ms H Wood	Head of Corporate Services	
Ms M Young	Senior Commissioning Manager – Managed Care Pathways	(part meeting)

Apologies

Dr R Mendelsohn	Director, Chronic Disease Systems
Ms D Shepherd	Staff Side Representative
Dr P Thebridge	Chairman, Professional Executive Committee

PROCEDURAL ISSUES

2009/569 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.

Two awards from the NHS Alliance were displayed – one for “Most Advanced Progress in World Class Commissioning competency – Collaborating With Clinicians” and one for “Outstanding Achievement in World Class Commissioning in 2008”. The Chairman passed on his congratulations to all concerned. Consideration would be given to displaying these and other awards in the Reception area.

2009/570 DECLARATIONS OF INTEREST

The following declarations were noted:

- The Chairman had relinquished his role as Chairman of the Board of Governors at Birmingham City University.
- Mr B O'Brien's daughter had recently become a nurse at Heart of England Foundation Trust.
- Ms S Nixon had been invited to become a Trustee at Banners Gate Counselling Centre.

2009/571 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 22 April 2009 were agreed as an accurate record and signed by the Chairman subject to the following amendments:

2009/557 Report from the Integrated Governance and Performance Committee

Core Standards Assurance: The Trust intended to declare compliance against all the Standards.

2009/561 Core Standards Assurance at Quarter 4 2008/09

It was clear from the guidance that Trusts were expected to declare non-compliance if they had declared either *non-compliance* or *insufficient assurance* in March 2008 for 2007/08. A meeting would be held with the Care Quality Commission on 21 April 2009 to explain that, having taken a rigorous view of the assessment last year and invested to improve performance and quality of services, the PCT believed that ‘fully compliant’ status was a fair reflection of the PCT’s position. The Strategic Health Authority endorsed this approach.

2009/572 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/474 Birmingham LAA 2008-11

Alan Lotinga was the new Director of Birmingham Health and Well-being Partnership. It was noted that a presentation would be provided by an Ofsted team to the Children’s Trust; once approved, it would be possible to give this presentation to the PCT Board in June or July.

2009/502 Quarterly Report: Health Improvement

A report on fuel poverty was planned for the September 2009 Board Meeting.

2009/558 Draft Annual Accounts

The Auditors were reviewing the Annual Accounts which, when completed, would be considered at the Audit Committee meeting in June and then at the June Board.

2009/559 Performance Report

The Chairman would attend a meeting of the PCT Network on 14 May and would raise the issue of the change of indicator from *registrant* to *registered population*.

2009/562 Health and Employment

The Chief Executive had been invited by the Audit Commission to become one of two Health members of the national CAA Sounding Board.

2009/573 USE OF TRUST SEAL

Resolved:

That the report be noted.

REPORTS FOR DECISION/APPROVAL

2009/574 COMMISSIONING STRATEGY – DELIVERING WORLD CLASS SERVICES FOR STROKE

The Strategy described a managed care pathway that would enable the PCT to commission interventions to provide a universal holistic service. There were no specialist rehabilitation facilities within the PCT and it was hoped the Strategy would enable a business case to be prepared for the development of such services. Any investment proposals along the pathway would need to follow the normal processes, e.g. Gateway. The Strategy would develop once the health needs assessment had been completed and the PCT could identify where its efforts should be focused.

Stroke was one of the biggest causes of disability and the PCT could achieve one of its goals (adding years to life) by limiting the effects with appropriate prevention and care. A great deal of money was spent on stroke services but poor outcomes were achieved compared with USA and Europe. The PCT had benchmarked itself against 20 quality markers of the National Stroke Strategy and identified key areas for improvement. It could also benchmark itself against other PCTs in its comparator cluster and try to learn about interventions that made a difference. As the *GP My Practice* approach developed, it could begin to show practices where they could obtain help. Residents in the PCT area were at present likely to have strokes younger and die younger, so the PRIME group would use social marketing to encourage people to take responsibility for their health, e.g. to stop smoking, and encourage practices to manage hypertension, etc.

Heart of England Foundation Trust (HoEFT) had a specialist Stroke Unit but only 49% of patients received treatment in this unit. The Chief Executives of both HoEFT and the PCT would in the next few weeks walk round some of the wards to view the facilities first-hand and discuss the PCT's intentions for stroke patients. Most patients with stroke would enter the hospital via A&E and would therefore be subject to the same time scale, i.e. treatment within 4 hours. However, a clear emergency pathway was needed to fast-track them into quick scans and thrombolysis if indicated.

What appeared to be missing from the strategy was any mention of patient support. It was agreed that cross-reference was needed with the End of Life Strategy and in that context there had been discussion recently about the development of a Family Liaison Service which would "wrap around" individuals and carers. It was noted that much of this care assumed

an end of life trajectory and more work was needed on sudden deaths, which were equally traumatic for families.

Resolved:

That the Board approved the commissioning methodology and proposals for development of a quality assured stroke pathway.

REPORTS FOR DISCUSSION

2009/575 CHIEF EXECUTIVE REPORT

The following issues were highlighted:

- The PCT had been approached by the Government of Ontario to consider mentoring three of their organisations in Phase 2 of the *Quality by Design* programme. This request was being reviewed in the light of the more strategic approach being taken to managing local and international interest and it was likely a formal programme would be designed.
- A private screening of the BBC documentary, *Price of Life*, had been seen; the film – outlining the difficult decisions and cost pressures faced by PCTs - would be shown on 15 June and information would be circulated to Members in advance.
- Mr Ian Cummings had been appointed as Chief Executive of NHS West Midlands and would begin in June 2009. He had previously been an acute trust Chief Executive and PCT Chief Executive, and was a visiting professor at the University of Lancaster.
- Discussions had been held with a range of partners about opportunities offered by Eastern Corridor regeneration. The PCT had also been approached by the Treasury to potentially be one of ten pilot sites for the latest Bichard Report recommendations. The PCT was in one of 12 areas of highest long-standing unemployment in the country; six areas were in the West Midlands and of those 3.5 were in NHS Birmingham East and North. It was perhaps timely to take a collective approach to public expenditure and the maximising of investment.
- A number of activities had been focused on tackling inequalities, including a second Core Cities Collaborative Conference to be hosted by Liverpool. An invitation had also been received to attend the launch of the Commercial Operating Model, the Department of Health redesign approach to procurement.

Resolved:

That the report be noted.

2009/576 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

Discussion at the May PEC Meeting had concentrated on the large practice-based commissioning (PbC) event held on 29 April which had been very successful, attracting representatives from 78 of the 83 practices in the PCT. A number of messages had been given – that the existing model of PbC had not worked particularly well, that the economic climate in the next few years would be difficult and that the PCT was required by the Department of Health to take certain actions. It was hoped that a new set of relationships could be developed looking at PbC from the perspective of helping to deliver better health outcomes. It was clear there was a large degree of alignment between practice and PCT in that both wanted to reduce health inequalities, increase prevention, remove waste from the system, etc.

The next step would be for a small team from the PCT to talk to each Locality to refine the future shape of PbC. Indicative budgets had already been set and some “stress tests” had been developed to ensure a governance framework was in place and to ensure alignment of performance.

Resolved:

That the report be noted.

2009/577 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 12 May 2009:

- Swine ‘Flu:
A briefing had been provided which confirmed that the outbreak was in the containment phase; information had been distributed to GPs; a city-wide group had been established; distribution centres for Tamiflu had been investigated as had command and control arrangements and the role of the SHA. It was acknowledged that the position could deteriorate in the autumn with the natural incidence of ‘flu. The Board recorded its thanks to the Emergency Planning Team for their efforts during the outbreak which had enabled all the systems and processes to be tested; all the lessons learned would be incorporated into the ‘Flu Pandemic Plan.
- The Assurance Framework and Risk Register had been reviewed. Whilst this would be restricted to strategic risks, it was agreed a meeting would be organised with auditors to consider other corporate risks.
- Commissioning Finance Report:
The situation surrounding the over-performance at HoEFT was considered in detail.
- Performance:
 - It was noted that the PCT had declared full compliance in terms of Standards for Better Health, a position supported by the SHA and the Care Quality Commission.
 - Attendance at A&E - there would be further investigation to discover whether there were groups of people who made frequent visits or whether certain GPs routinely referred, so that the PCT could understand the escalating costs.
 - 18 weeks – clarity had been requested about the timing at which 18 weeks began. One or two Board Members disputed the timings provided and agreed to pursue their concerns with officers outside the meeting.
 - Smoking quitters – the PCT had missed its target by 450 people but recognised that the target had been set at a very high level.
- NHS West Midlands Urgent Care capacity problem:
The full report on last year’s problems did not appear to reach any firm conclusions that would allay fears for the coming year. Further follow-up work would be undertaken.
- Delayed Transfers of Care:
A presentation had been provided about delayed transfers and a further discussion would be held at the next meeting on the possibility of increasing capacity at Berwood Court.
- Quarterly reports on Gateway Review and Patient and Public Involvement Committee had been considered.

Resolved:

That the report be noted.

2009/578 UPDATE ON FINANCIAL PLANS 2009/10

The attempt had been made to provide condensed information on activity, workforce, etc; the report also summarised how budgets had moved. The overall amount of resources had changed slightly because the surplus for last year had been different from the planned surplus. Prescribing had also been slightly better than expected, which had impacted on the budgets for the current financial year. The increase in "other" contract activity was the result of including direct access in the 2009/10 figures, i.e. direct referrals by GPs.

Month 1 activity had yet to be received from HoEFT. This would be the first time activity would be based on HRG Version 4 and new reference costs. In terms of co-morbidities, clear principles had been agreed that charges should reflect activity; it was interesting to note, however, that the number of cases with cellulitis which had dropped in 2006/07 had again risen. The number of co-morbidities associated with dementia had also risen and an arrangement was needed through the contracting route to deal with this. Regular reports would be provided at Directors' Meetings.

Resolved:

That the report be noted.

2009/579 PERFORMANCE REPORT

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

- Information was still awaited to enable a final position for 2008/09 to be provided.
- The methodology for assessment was not known and the number of targets and measuring means would be different for 2009/10.
- Ambulance Service Category A target – would be measured across the West Midlands (which would be advantageous to the PCT). There would be no complacency about this target; a clear set of expectations was in place that would be monitored by the Emergency Care Network. There was also representation on the Ambulance Commissioning Steering Group. An external review of ambulance services was being conducted which would hopefully tackle the unacceptable variation across the West Midlands.
- TIA Access to Scans – the national measurement had been changed.
- Total Time in A&E/4 Hour Wait – the target had been met in March; the activity included Urgent Care and Walk-in Centre. The SHA was expecting the PCT to create headroom in the first quarter of the year.
- The PCT had supplied action plan information on HPV and MMR immunisation targets.
- It was unlikely the PCT would meet the smoking cessation target. A strategy and action plan would be developed for the next year including work through the PRIME programme.

In terms of 4 week smoking quitters, the Quarter 3 draft Health Improvement Summary had been received from the SHA. The PCT had set itself a much higher target than other PCTs with comparable populations and would continue to set ambitious targets; the Board had considered this before and committed itself to doing the right thing. Work was being undertaken through the PRIME programme on social marketing, to use a much more targeted and specific approach to "hardened" smokers and undertake service redesign to ensure services were being offered in as attractive a way as possible.

- Delayed Transfer of Care – performance had deteriorated on this target and attention would need to be focused on a work programme through commissioning and other routes.

Resolved:

That the report be noted.

2009/580 STAFF SURVEY 2008

This had been the sixth annual survey and the PCT had received the best ever response rate at 65%, with improvements in 13 areas. The following points were made in answer to questions:

- Key Finding 19: Percentage of staff suffering work-related stress in last 12 months
Given the driving forward of World Class Commissioning and the determination to be the best PCT in the country, it was not surprising there would be challenges for managerial and other staff. The PCT needed to address this issue effectively in future reports and to be mindful of the need to support staff who might struggle in periods of great change.
- Key Finding 20: Availability of hand washing materials
The question had been written from the perspective of clinical staff. Given that the PCT hosted Estates, ICT and Contractor Services, with a high proportion of office-based staff, it was not surprising that it had achieved a low score. It was hoped that the Care Quality Commission would begin to differentiate between provider services and commissioning to provide more accurate assessments in future.
- Key Finding 21/22: Percentage of staff witnessing/reporting potentially harmful errors, near misses or incidents in last month
One of the messages from a recent Patient Safety conference was the importance of having a “no blame” culture.
- Key Finding 25: Percentage of staff experiencing physical violence from staff in last 12 months
Although recorded as 2%, this related to very small numbers; the one case discovered appeared to relate to an external contractor.
- Key Finding 33: Staff intention to leave jobs
As the PCT improved in terms of talent management, it would become legitimate for more people to consider leaving. This finding needed to be cross-referenced with the percentage of staff who would recommend the PCT as a place to work (Key Finding 34).

It was clear that more work was needed in certain areas, particularly appraisals and understanding the reasons people gave for intending to leave the organisation. A Directorate action plan would be prepared and considered at the Corporate Business Team.

There would need to be a differentiation between the provider and commissioning organisations. Reports from other providers – HoEFT, Birmingham and Solihull Mental Health Foundation Trust, etc – could be compared since some areas would be relevant in terms of messages about organisational culture. The PCT could ensure that the outcome of the staff survey was included on the agenda of commissioning meetings so that relevant challenges could be made.

Resolved:

That the report be noted.

2009/581 DELIVERING 18 WEEKS

The PCT had made great progress in eliminating some long waits as shown in Figure 1. The intention had been to reduce long waits, manage patient journeys, improve out-patient and diagnostic capacity, and redesign the system. Work had been undertaken with HoEFT and Solihull Care Trust on specific areas to ensure the right investment was in place.

Although many improvements had been delivered, there were still many challenges, e.g. orthopaedics where the PCT needed to monitor acute providers to ensure there were no delays in the system. The improvements would not be sustained unless major redesign was undertaken, e.g. on integrating more community-based services in orthopaedics to reduce referrals into secondary care.

Two Members raised specific problems experienced by members of the public and were invited to pursue these issues outside the meeting. The strategic issue identified related to the *Choose and Book* system and the fact that there would not be a directly bookable service at Heartlands Hospital until June 2009.

Resolved:
That the Board noted the report.

2009/582 CHILD PROTECTION ANNUAL REPORT

The report provided an update on child protection and safeguarding issues during 2008/09, information on the progress made on Birmingham Safeguarding Children's Board *Quality Improvement Plan* and a report on performance and safeguarding issues in connection with Baby P.

In terms of Serious Case Reviews, the PCT did not wait for the results but took action immediately and some of the issues raised were the same – poor communication between professionals, failure to recognise key risk areas, mental health or alcohol problems, and too high a tolerance of risk in areas with a prevalence of problems, e.g. where there were many vulnerable families. The PCT would need to start using some of the initiatives like Family Nurse Partnership to pilot different ways of integrated working with social work teams and with the Police; doing more of the same was no longer an option.

It was important to improve at risk assessment and to translate it into a population-based approach to children's services, to manage a universal support system with a more interventionist service for vulnerable mothers and those who put their children at risk. A key source of information in this respect could be school teachers. The role of the voluntary sector would also need to be recognised since it provided many services but was not regularly included in communications. It was agreed that the leaflet recently circulated to staff and contractors should be distributed to voluntary organisations.

Resolved:
That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2009/583 QUARTERLY REPORT: PRIME PROGRAMME

The real impact of PRIME would be seen in perhaps five years' time, when – using the information provided - services had been commissioned to reduce health inequalities. Some of the typology information had already been used in, for example, the Stroke Strategy to help decide where services should be targeted. It would be useful to have a time-table so that as information became available, it could be tracked and communicated appropriately. Feedback from *GP My Practice* was expected in September/October.

Resolved:
That the report be noted.

2009/584 QUARTERLY REPORT: PROFESSIONAL SERVICES DIRECTORATE

There had been an enormous improvement across the health economy in control of infection in the last twelve months and this would be reflected in the annual report of the Director of Infection Prevention and Control at the next Board Meeting.

Members were informed about the dissolution of the partnership of Drs Hakeem/Bhatti on 31 March as a result of irreconcilable differences which had resulted in termination of the contract. The PCT had been forced at short notice to make alternative arrangements to provide medical services to affected patients and these had been provided by the Amanaah Practice. Amanaah had been given a six-month contract and the PCT would undertake a procurement process to identify a long-term provider of healthcare. There had been much local support for Dr Hakeem who had practised in the area for more than 20 years and it was confirmed that, since he was still on the Performers List, he would be able to practise.

Resolved:
That the report be noted.

2009/585 QUARTERLY REPORT: COMMUNITY HEALTH SERVICES DIRECTORATE

It was noted that the Diabetes Team had won a Primary Care Poster award at the national Diabetes UK annual conference. In due course a place would be found at the PCT Reception for the display of such awards.

The Communications Team had been shortlisted by the Association of Healthcare Communicators for "best annual report of the year" with the PCT's 2007/08 Annual Report.

Resolved:
That the report be noted.

2009/586 QUARTERLY REPORT: ESTATES AND FACILITIES DIRECTORATE

There was not yet an official date for the opening of the Richmond Primary Care Centre and Members would be informed as soon as this was available. Consideration would also be given to informing local residents.

Resolved:
That the report be noted.

2009/587 QUARTERLY REPORT: STRATEGY AND REDESIGN DIRECTORATE

It was agreed that the quarterly reports would continue to provide a broader narrative picture of work undertaken in Directorates whilst business-critical issues would be provided in individual reports.

Resolved:
That the report be noted.

2009/588 QUESTION FROM MEMBER OF THE PUBLIC

Question (from Tony Green, Birmingham City Council Scrutiny Team (with responsibility for statutory scrutiny of health bodies)).

The rate of teenage pregnancy was significantly higher than in other urban areas. What measures did the Trust have in place to reduce the incidence of teenage pregnancy and would this matter come to the attention of the Board?

Answer

Teenage pregnancy was a key LAA target tracked by the PCT. It formed part of the Health and Well-being Business Plan with a programme of work across the city. Birmingham Health and Well-being Partnership had always targeted the reduction of teenage pregnancy and it had been the subject of previous quarterly reports from Public Health. A pack could be provided giving information on planned activity and activity previously undertaken.

Mention was also made of the family nurse partnership pilot starting in January 2010 through which mothers under 19 having their first child (whose eligibility would be assessed using a social risk assessment tool) would receive two years of intense visiting from a specially trained nurse and a midwife. The area of focus would be Shard End, a district with a high percentage of teenage pregnancies.

One other request for information was handed to the Chief Executive.

DATE OF NEXT MEETING

2009/589 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 24 June 2009 in the Board Room at Waterlinks House.

Chairman Date