

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.00 pm on 24 SEPTEMBER 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	
Ms N Benga	Director of Health Improvement	
Dr M Bhatti	Clinical Director, Clinical Effectiveness	(part meeting)
Ms S Christie	Chief Executive	
Mr A Donald	Chief Operating Officer	
Ms V Jones	Director of Nursing and Clinical Development	
Dr R Mendelsohn	Director, Chronic Disease Systems	(part meeting)
Dr P Thebridge	Chairman, Professional Executive Committee	
Mr J Tringham	Director of Resources	
Ms H Whitehall	Head of Corporate Finance	
Dr D Wulff	Medical Director	(part meeting)

In Attendance

Ms S Brooks	Communications Manager	
Mr S German	Director of Process Development	
Dr M Goldman	Chief Executive, Heart of England NHS Foundation Trust	
Ms J Grant	Acting Director, Shared Services Agency	
Ms M Moore	Acting Director, Contractor and Financial Services	
Ms T Norris	Interim Director, Operations	
Ms M Paskin	Minutes	
Mrs L Pritchard	Director of Performance and OD	
Mr T Ruffell	Interim Director, Strategy and Redesign	
Mr J Sellars	Director of Asset Management, Heart of England NHS Foundation Trust	
Ms D Shepherd	Staff Side Representative	
Mr A Stokes	Director of Finance, Heart of England NHS Foundation Trust	
Mr M Wiltshire	Director of Estates and Facilities	
Ms H Wood	Head of Corporate Services	

Apologies

Mr P Sabapathy CBE	Chairman
Mr B O'Brien	Non-Executive Director

PROCEDURAL ISSUES

2008/397 WELCOME

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

2008/398 DECLARATIONS OF INTEREST

There were no declarations of interest.

2008/399 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 30 July 2008 were agreed as an accurate record - with minor amendments - and signed by the Chairman:

Apologies: Dr Q Fazil

2008/381 Report from Integrated Governance and Performance Committee

Performance Report – “ .. concern had been expressed about the complexities of having multiple sets of targets.”

2008/400 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/352 Proposed Financial Reporting Framework

The terms of reference for both Audit Committee and Integrated Governance and Performance Committee had been approved and would be signed off at the October Board Meeting.

2008/359 LAA Targets 2008-11

Appropriate action taken including the preparation of an impact assessment.

2008/363 Quarterly Report: Performance and OD

Workforce planning and review of recruitment strategies would be considered in detail at the Integrated Governance and Performance Committee.

2008/401 USE OF TRUST SEAL

Resolved:

That the report be noted.

REPORTS FOR DECISION/APPROVAL

2008/402 CAPITAL PROGRAMME – HEART OF ENGLAND NHS FOUNDATION TRUST

Heart of England NHS Foundation Trust was only 18 months old and comprised three sites, i.e. Heartlands, Good Hope and Solihull Hospitals. The sites contained many elderly buildings and a capital programme had been devised to ensure they were fit for purpose. It would take eight to ten years to either bring existing “stock” up-to-date or undertake new

builds where structural reasons would preclude revamps or the nature of service delivery had changed.

Financing through PFI had been avoided as this would have committed the Trust to a rigid financial package and design, whereas the current plans would enable a more flexible approach which could be reviewed after three or four years.

A brief presentation was then provided, copy of slides attached. In answer to questions, the following points were made:

- The same number of beds would be retained overall (though in different configurations), with flexibility to increase or decrease.
- Continuous planning would be undertaken with the PCT if initiatives, e.g. on end of life and intermediate care, led to the need for bed numbers to be reduced.
- Sufficient funding had been built up to obviate the need for PFI and enable a flexible procurement methodology.
- The FT's return on investment would reduce over the period of the programme; it would become an organisation achieving break-even rather than a surplus but there would have been a significant investment in quality. This was particularly important at a time of greater choice when patients could choose to access facilities elsewhere.
- The PCT expressed disappointment that Sheldon Ward at Good Hope Hospital was not included in the immediate programme and suggested that this be the subject of speedy review.
- The remodelling of the Out-Patient Department at Heartlands Hospital would need to be undertaken after careful discussion with the PCT to take account of the shift for planned care.
- A forum was needed at which joint estate modelling could be considered so that the work of various strategy groups could be aligned, alongside workforce planning. The project team (to which staff were being recruited) could provide the basis for this forum.
- Interim arrangements were being investigated for car parking, e.g. deck car parking, whilst a longer term solution was sought. Car parking would also be a crucial element of planning for the Yardley Green site and work was being undertaken with the City Council and Regional Development Agency on appropriate proposals.

Resolved:

The representatives from Heart of England FT were thanked for attending and it was hoped that appropriate joint planning would continue.

2008/403 BIRMINGHAM CHARTER FOR DISABLED CHILDREN AND YOUNG PEOPLE

The following comments were provided on the draft Charter:

- 'A training plan should be in place .. ' – the PCT had a range of disability and equality training in place but none specifically related to children. A review would be undertaken of the core elements included within professional competences and the areas where additional work would be needed.
- No mention had been included of advocacy especially for families from ethnic minority backgrounds. The implications of this were the need to move to a more integrated way of commissioning (to avoid the problem of funding splits between Housing and Social Services) and this was perhaps an area for pooled budget arrangements.

- It was regarded as inappropriate that the LAA “should include targets for the level of service to be delivered to families with a disabled child or young person.” The LAA was a specific mechanism and should include a limited number of key indicators.
- The section on commissioning needed to be strengthened with commissioners including key performance indicators for safety, quality and accessibility of services.
- The language used in the charter was not particularly positive or assertive.
- Membership of the Children and Young People Executive Board, as with other BeBirmingham partnerships, was in transition and it was expected that summit arrangements would include greater involvement of third sector partners and clarity about Executives.

Resolved:

That the Board in principle approved the Charter but that significant amendments were needed to the draft as discussed.

2008/404 NHS CONSTITUTION CONSULTATION

Copies of the NHS Constitution and ‘Your Guide to the proposed NHS Constitution’ were tabled.

A response would need to be forwarded to the Strategic Health Authority by 17 October; they in turn needed to report to the Department of Health by 07 November, following which feed-back the Constitution would be revised. A survey monkey would be added to the Intranet in the near future and a link provided to Board Members; a copy of the feed-back would be provided to the October Board.

It was suggested that the document was weak in terms of the responsibility of the public compared with the rights outlined.

Resolved:

That the Board approved the planned communications and engagement activities for the consultation.

2008/405 KNOWLEDGE MANAGEMENT APPROACH

The key items from the report were highlighted:

- It was important to establish the basic infrastructure, e.g. large repository for storing information without duplication; a basic dataset from which information could be retrieved quickly.
- An audit had been conducted to demonstrate that activities could be aligned to the PCT’s core goals/priorities. An analysis of the results would be brought to Board at some point in future and would provide target areas for process improvement.
- Around November the PCT would reflect on its next steps and take comments on, for example, PRIME and digital technologies.
- One difficulty identified was the building of staff confidence that any knowledge management system would work. Some building blocks were in place, i.e. the performance accelerator. Another challenge would be overcoming individual preferences of how information was stored and accessed.
- A meeting had been held with Dr Foster Intelligence about a subscription model; the PCT might also think about profiling users, use of its systems and ability to modify the profiles based on use.
- Clinical Directors had discussed filing all the data held by practices and it would be interesting for the PCT to link with this intelligence.

- It was agreed that a report would be provided to IG&P, together with a summary of learning and proposed action, by early November.

Resolved:

That the Board noted the report.

REPORTS FOR DISCUSSION

2008/ 406 CHIEF EXECUTIVE REPORT

A flash report was tabled, on which the following comments were made:

- A paper would be provided to the next PEC Meeting outlining the proposal by the Core Cities Collaborative to tackle health inequalities across eight cities.
- A range of partnership work had begun:
 - Birmingham had been a pilot site for the Comprehensive Area Agreement and a positive assessment of the City Council's Adults and Communities Directorate had been given by CSCI in terms of structures and processes in place.
 - The BeBirmingham Partnership had been launched in its new form of Summit and Executive.
 - A report would be provided to the next Board Meeting on confirmed strands of work being undertaken through the Birmingham Health and Wellbeing Partnership (and leads for each).
- Arrangements for the WCC Assurance process were progressing and confirmation had been received that Eamonn Kelly from the Strategic Health Authority would chair the Panel. The Medical Director and PEC Chair would both sit on Assessment Panels for other PCTs in the West Midlands and the Chief Executive would sit on the Panel for Leicester City and Nottinghamshire County PCTs.
- The PCT had received many visits over the last few months from organisations interested in its redesign work, including representatives from Japan, Spain, New Zealand and South Africa. Consideration had been given to the organising of a two-day workshop to showcase the PCT's work, which could be marketed and enable the scheduling of staff time more appropriately.
- The Department of Health's lead on policy and commissioning would be spending a day at the PCT in November.

Resolved:

That the report be noted.

2008/ 407 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following highlights were noted:

- The focus of the September PEC had been on healthcare acquired infections, the link with antibiotic prescribing, etc.
- A paper on clinical leadership in the new WCC environment would be considered at the October meeting.
- There had been a discussion about quality and performance benchmarking; this and prescribing would be drawn into the PRIME work.
- Further meetings had been held about *Map of Medicine* (an internet based care pathway) and the tension considered between those who wanted information to read and those who were "too busy".

- A paper would be considered at the October meeting on a revamp of practice-based commissioning.

Resolved:

That the report be noted.

2008/408 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 10 September:

- The Terms of Reference for the IG&P and the Audit Committee had been reviewed; a report on the outcome would be provided to the Board in October.
- There were concerns that the contract for Local Security Management Service did not cover contractor premises, which posed a risk for the PCT; a further report would be provided to IG&P.
- The Corporate Risk Register had been considered and the risks relating to Wet AMD were being reviewed. A report would be provided to the Local Collaborative Board on numbers receiving Lucentis since many patients were being re-assessed. The IG&P, however, had been assured that the risks were being managed effectively.
- The payroll service – in partnership with Birmingham Children’s Hospital and HoBt PCT – was being re-tendered; bids would be considered in October with a view to the new service starting in April 2009.
- Project Gateway reviews were noted and a report had been requested on the revision of the process.
- A re-drafted tender for laundry/linen services had been approved.
- Two policies – Study Leave and Complaints – had been referred to their authors for amendment.
- Performance Report: it was noted that the Health Authority had been reviewing ambulance turn-round times across the region. A recent meeting had been held involving Dudley and BEN PCTs which had been very positive in terms of progress in areas of concern; a report would be provided to the Health Authority and the relevant actions would eventually filter through to the Ambulance Commissioning Group.

Resolved:

That the report be noted.

2008/409 FINANCE AND ACTIVITY REPORT

The following issues were highlighted:

- A small number of volatile budgets showed significant variances; all contributed to a position largely in line with the £1.9m surplus control target. The Health Authority had made it clear that anything other than £1.893m would be regarded as a failure of financial management and result in action being taken against the PCT.
- Over-performance on the Heart of England FT contract was forecast to be £13.4m; following meetings and correspondence with the FT this figure had been revised to £10.7m. A series of actions had been agreed in an effort to reduce demand and, as activity reduced, the forecast would be appropriately adjusted.
- Prescribing: the Prescription Pricing Authority had forecast a £4.8m underspend which had not been anticipated although recent information showed the latest position to be £4.1m. In terms of Lucentis the PCT had made provision for new drugs approved by NICE, an estimate of which would be £2m.

- New investments: pressure was being maintained to ensure that money originally intended for 2009/10 was spent this year in line with commissioning intentions and providing value for money.
- The Provider Arm continued to underspend and that would be factored into the final surplus target. Over the next few months work would be undertaken on knowledge management to build information systems to enable capacity and budget to be managed sensibly.
- Detailed analysis had been undertaken of the Complex Care portfolio, showing a £4.8m overspend for the year (where provision of £2m had been made); that had also been factored into the final surplus target.
- The PCT was confident that it could manage its final position to £1.9m (0.3% of allocation) which would compare very favourably with other organisations, e.g. Wolverhampton at £27m, Liverpool at £40m and Coventry at £40m. BEN's view was that the money had been voted for by Parliament to be spent on healthcare and 99% would be so devoted.
- A Financial Strategy would be presented to the October Board to provide clarity to the investment programme for the next five years.

Resolved:

That the report be noted.

2008/410 PERFORMANCE REPORT

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

- A key area of focus had been ensuring that Heart of England FT were making progress with the *18-week* target.
- The *Category A 8-minute response time* target had been made for the Health Authority as a whole but not for BEN's population. This had been discussed at the Emergency Care Network and appropriate measures would be taken.
- Performance had deteriorated on *Primary Care Access* and the Primary Care Commissioning Team would investigate to ensure improvement.
- Heart of England FT would report to Monitor on the *A&E 4 hour* target and, given this was an area of major concern, more detail would be provided to the October Board. This was a problem across the region and the Working Together for Health Group would consider it in the next few weeks.
- *Percentage of women assessed by 12 weeks of pregnancy.* The PCT had been disappointed at the delay in receiving relevant data and it was agreed that a letter be drafted to the Perinatal Institute outlining the PCT's exact expectations and time scales.

Resolved:

That the report be noted.

2008/411 AUDIT COMMITTEE MINUTES

The minutes of 01 May and 01 August had been circulated, together with a flash report on the meeting held on 17 September.

The terms of reference for the Audit Committee and IG&P had been finalised. The focus of the Audit Committee over the last few months had been finishing the internal and external audits. Progress was being maintained with IFRS (International Financial Reporting Standards) and issues previously raised on the Counter Fraud Service had been resolved.

Resolved:
That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2008/412 FEED-BACK FROM LOCALITY STAKEHOLDER EVENTS

Resolved:
That the report be noted.

2008/413 PATIENT SAFETY REPORT

The report outlined a structure for monthly reports to the IG&P. It was agreed that further discussions be held between Directorates to ensure that only those items deemed appropriate should be referred to the Board through the IG&P, all other items being channelled through the Performance Report.

Resolved:
That the proposed format be accepted for routine reports to IG&P.

2008/414 QUARTERLY REPORT: SPECIALISED COMMISSIONING (WEST MIDLANDS)

Congratulations were extended to the Specialised Commissioning Team for becoming finalists for the HSJ Awards (the Chief Executive declared an interest, being a judge for the awards).

Resolved:
That the Board noted the report.

2008/415 QUARTERLY REPORT: BPCSSA ICT SERVICE

Resolved:
That the report be noted.

2008/416 QUARTERLY REPORT: WORLD CLASS COMMISSIONING SUMMARY

Resolved:
That the report be noted.

DATE OF NEXT MEETING

2008/417 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday, 22 October 2008, in the Board Room at Waterlinks House.

Chairman Date