

## NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT  
2.00 pm on 28 OCTOBER 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
Mr M Smith	Non-Executive Director
Ms N Bengé	Director of Health Improvement
Ms S Christie	Chief Executive
Mr A Donald	Chief Operating Officer
Ms V Jones	Director of Nursing and Clinical Development
Dr P Thebridge	Chairman, Professional Executive Committee
Mr J Tringham	Director of Resources

### In Attendance

Ms S Brooks	Interim Head of Communications and Involvement
Ms M Paskin	Minutes
Mrs L Pritchard	Director of Performance and OD
Ms H Wood	Head of Corporate Services
Dr D Wulff	Medical Director

### Apologies

Dr M Bhatti	Clinical Director, Clinical Effectiveness and Safety
Mr S German	Director of Process Improvement
Dr R Mendelsohn	Director – Chronic Disease Systems
Ms D Shepherd	Staff Side Representative

## PROCEDURAL ISSUES

### 2009/656 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.

2009/657 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/658 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 30 September 2009 were agreed as an accurate record and signed by the Chairman.

2009/659 MATTERS ARISING FROM THE PREVIOUS MINUTES

*2009/614 Flash Report: Community Health Services (2009/608)*  
Members enquired about the appointment of a lay member for the CHS Committee. It was confirmed that a report on progress would be provided to the next meeting of the Committee.

*2009/638 Joint Commissioning of Adult and Older Adult Mental Health Services*

Ms Nixon had declared an interest in this item. For clarity it was recorded that her partner worked at South Staffs Acute Trust – not a major provider of services for NHS Birmingham East and North.

*2009/642 Finance Report*

Page 6: an explanation was provided – ‘With a £1m reduction on overspend, the forecast variance by year end could be £4.9m (£4.9m from the statutory duty to break even and £7.3m from the surplus target).’

*2009/644 Performance*

It was confirmed the question about the CAMHS Service had been resolved.

*2009/651 Quarterly Report: Community Health Services Committee*

Confirmation was provided that brief monthly reports would in future be expected from the Committee as well as the type of quarterly reports provided by other Directorates.

2009/660 USE OF TRUST SEAL

Resolved:

That the report be noted.

## REPORTS FOR DECISION/APPROVAL

2009/661 EMERGENCY AMBULANCE SERVICE REVIEW

The paper highlighted the findings of the independent review of the emergency ambulance service. Whilst funding had been identified as one problem, it was clear that simply providing additional resources would not remedy the situation; in 2008/09 and 2009/10 substantial additional funds had been allocated but that had neither resulted in any improvement in relation to targets being achieved nor any real redesign activity.

Two PCT chief executives were leading work to:

- prepare service specifications that would result in very different commissioning arrangements and begin to de-couple Category C services from emergency services.
- ensure improved productivity and efficiency before any further funds were allocated. Any further allocation would have an impact on the PCT's financial position so it was important to understand how existing funds were being spent. The SHA had been asked to arbitrate between West Midlands Ambulance Service and the PCTs, and external auditors would undertake due diligence work to establish how funding had been used. There was a recognition that WMAS worked on a traditional model and needed to undertake redesign to ensure best use of investment.

It was hoped the Core Cities network and other regional commissioning networks could be used to obtain better benchmarking information such as spend per head of population as a proportion of overall spend in, e.g. Merseyside and Manchester. Existing information suggested that WMAS was "in the middle" and was not particularly under-funded.

The role of the WMAS Board was queried and it was suggested that PCT Chairs write to ensure the Board had a clear understanding of the strength of feeling about the current concerns. The letter could explain that PCTs welcomed the report and understood the pressures facing the service but believed there were a range of activities that would clearly give broader assurance on value for money; further investment would be dependent on improved performance and progress in those areas.

It was proposed also that in terms of future performance management arrangements the PCTs strengthen expectations that the Emergency Care Network provide a forum for discussion and feed-back. A further suggestion was that quality and safety aspects, not particularly covered in the independent report, be raised with the Clinical Quality Group led by Shropshire PCT's Medical Director.

Resolved:

That the Board noted the recommendations from the Review and the actions being taken to address them.

#### 2009/662 ANNUAL HEALTH CHECK RATINGS 2008/09

It was noted there had been a change in the way PCTs were assessed which meant that results were not directly comparable with the previous year; the number of targets were different and the way in which PCTs were measured was different. Despite a "fair" rating, the PCT had made good progress in many areas including financial management and safety and cleanliness, including a reduction in incidences of C.Diff. Core standards on quality and safety had been achieved and a favourable report received following an inspection by the Care Quality Commission. Progress had also been made in the fields of smoking and CVD (all causes all mortality), the latter being particularly gratifying given the PCT's position five years ago and the fact that this demonstrated a real impact on the lives of the local population.

There was disappointment – in view of the PCT's strategic goal on waits - that progress on "waiting to be seen" was less evident. Focus would be concentrated on those areas where performance could be improved over the next five months.

Resolved:

That the Board noted key areas of under-performance and focus for improvement over the next six months.

## REPORTS FOR DISCUSSION

### 2009/663 CHIEF EXECUTIVE REPORT

The following areas were highlighted:

- The Specialised Commissioning Team had facilitated a 2.5 day event on paediatric surgery which had identified six big goals to be addressed in the strategy and made progress in considering how clinical teams could work together in future across organisational boundaries. This in turn had set a challenge for PCTs as commissioners to review and strengthen arrangements for collaborative commissioning for paediatric services.
- Balancing a strategic focus and good partnership working with the operational management of local health services had been particularly challenging over the last few weeks.

Resolved:

That the report be noted.

### 2009/664 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following issues were highlighted:

- Practice-based commissioning re-invigoration: members of the Executive Team were visiting Locality Boards to continue discussions on this subject and build on the concept of partnering - taking the opportunity to develop a new relationship between practices and the PCT.
- The PEC Chair had attended the paediatric surgery event which had achieved one of its aims of getting clinicians to talk to each other.
- The PEC Chair had also been involved in the International Health Learning Event.

Resolved:

That the report be noted.

### 2009/665 FINANCE AND ACTIVITY REPORT PERIOD ENDING 30 SEPTEMBER 2009

The following issues were highlighted:

- At the beginning of the year a budget had been set that would allow the PCT to break-even with a balanced set of risks. In August the position had improved slightly with another slight improvement in September. Over performance on the acute contract was still causing concern at £6.1m after six months; however, this had been £5.1m after four months of the year at which point HoEFT had anticipated a potential overspend of £15m. HoEFT's forecast had now been revised to an overspend of £12.4m so the over performance was moving in the right direction and the indications were that the PCT's initiatives were helping to control the position.

- Prescribing had improved in-month and there was confidence that it would deliver the £1.1m forecast underspend.
- Financial Risks: There were currently £2.73m worth of risks on the Risk Register for which no provision had been made. This situation would be closely monitored.
- Outlook for the year: This showed an improved position as a result of the PCT's initiatives, e.g. Birmingham OwnHealth, where most recent information suggested the membership target might be exceeded. It was hoped the expenditure controls agreed at the last Board would generate £5m. With the forecast underspend on Community Health Services of £1.8m, there would be a surplus for the year of £1.1m. This would be £1.3m away from the surplus control target and every effort would be made to achieve that target. Members were reminded that, should the surplus control target not be achieved, that money would not be returned to the PCT next year for investment. The Board therefore needed to be aware of the level of risk involved – that the forecast position assumed continued reduction of the over performance on the HoEFT contract, that £5m would be generated from discretionary expenditure controls and that risks (currently £2.73m) did not materialise. There was, however, a greater degree of confidence than had been the case over recent months that the PCT could deliver its surplus of £2.4m by the end of the financial year.
- It was generally healthier to have an acute contract that was over-performing since it continued to ensure discipline in the system. Conservative budgets often resulted in underspends and the PCT had always been clear it wanted to pursue a philosophy of investment in developments/redesign.
- Discussions would continue with HoEFT to ensure fair and reasonable charges were levied. A system that allowed seven-day access to hospital but only five-day discharge would continue to be challenged.
- The PCT could help HoEFT to do the right thing by ensuring people were treated in the right places. Investment had already been made in chronic disease management, assertive case management, etc., which had resulted in people having better experiences and not needing hospital beds. By working together, the PCT and the hospitals could make the transition to a different, more 21<sup>st</sup> century, model of service.

Resolved:

That the report be noted.

2009/666 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE – MEETING HELD ON 14 OCTOBER 2009

The following highlights from the meeting were noted:

- Individual Funding Requests Panel: a revision of the policy was being conducted to ensure consistency across the region.
- Performance: a review had been undertaken to ensure the Corporate Risk Register concentrated on strategic risks. There had so far not been a discussion at Board level on the consequences of strategic risks not being managed.
- Delayed transfers of care: the PCT now had 51 beds in two wards with the aim of reducing delayed transfers by 50%. HoEFT had initiated their own discharge arrangements and were investigating other ways to reduce length of stay. It was noted that the Comprehensive Area Assessment for Birmingham potentially identified a "red flag" on delayed transfers for the city as a whole. The Audit Commission would review red flags at intervals; if the PCT could demonstrate significant improvement over the next four months it could request a review at the sixth month. It would also be helpful to achieve the target on step-down units and would demonstrate to the Care Quality Commission that the PCT had a model worth sharing with the rest of the city.

- 26 Week Breaches – Paediatric Cardiac Surgery: an issue of concern was the fact that the local lead commissioner for Birmingham Children’s Hospital (HoBt PCT), responsible for clinical governance, had seen a number of reports from January 2009 signalling problems with waiting list management on which no action had been taken. This was being pursued with HoB. Meanwhile an action plan was in place to ensure the 41 children identified as “breaches” were treated as priorities. Another concern was that, having reviewed capacity, it was clear that Birmingham Children’s Hospital was able to undertake ten paediatric cardiac surgery operations each week; since 4-6 were emergencies, only five slots were then available for planned cardiac surgery. At least ten children were currently waiting for surgery. This had in part been driven by changes in referral patterns; should those patterns be sustained, the work of the hospital over the last 20 years to become internationally known as a major provider of specialist surgery would be compromised. As commissioners PCTs wanted BCH to be a successful highly-performing unit but there were clear challenges to ensure more than just clinical effectiveness - to ensure timeliness and access, to treat children within 18 weeks. Work would continue with BCH to gauge the need for specialist surgery and protect the elective environment.

It was evident that breaches would be seen throughout the rest of the year since clinical need would always be prioritised, resulting in less urgent cases having longer waits. This issue had been raised with the Care Quality Commission, i.e. that the situation was unfair, and a request had been made that breaches be allocated on an average basis across all PCTs.

Resolved:

That the report be noted.

#### 2099/667 PERFORMANCE REPORT

The report had been considered in detail at the Integrated Governance and Performance Committee. A number of *red* areas, descriptions of risks and PCT actions were noted:

- Ambulance service: assurance had been provided that WMAS would achieve the Category A target by September for the whole of the West Midlands. There was still concern, however, about performance for the PCT’s population.
- GP referrals: this would continue to be monitored against the *Vital Signs* trajectory and against the local target. It was clear there had not been sufficient engagement of GPs in the north of the district in the consistent use of orthopaedic triage. This service had proved its productivity and quality, and it was important that mechanisms be introduced to ensure the referral system was water-tight, that it was contractually clear the PCT would only pay for consultant activity that had followed the correct referral path.
- Number of emergency bed days: a detailed description had been provided of the target and all strategic initiatives employed. There was rarely a single provider solution, with generally a health economy response and multi-agency effort required across a number of systems.
- Immunisation: an action plan had been prepared which would prioritise the five or six targets where performance was poor and identify whether additional resources needed to be directed to them.
- Delayed transfers of care: one of the PCT’s *Vital Signs*. Action on this was required both from the PCT, from HoEFT (to ensure improved flow through the hospitals), and from Birmingham City Council.

Resolved:  
That the report be noted.

2009/668 AUDIT COMMITTEE MEETING HELD ON 15 OCTOBER 2009

Resolved:  
That the report be noted.

2009/669 AUDIT COMMITTEE – MINUTES OF MEETING HELD ON 02 JULY 2009  
The issue of clinical case notes, used by clinical coders to assign codes which in turn triggered payments, was a significant issue for the whole service. It was suggested that both Finance and Professional Services Directorates could consider whether the *Payment by Results Data Assurance Framework* reports could usefully be reviewed by the PCT in the context of quality and safety.

Resolved:  
That the report be noted.

2009/670 REPORT FROM COMMUNITY HEALTH SERVICES COMMITTEE

It was confirmed that the style of report produced was acceptable; quarterly reports would also continue to be prepared providing greater detail of the Directorate's activities.

The response to NHS West Midlands had been considered in detail at the Board's private session and would be submitted by 30 October, i.e. before the next meeting of the CHS Committee.

Resolved:  
That the Board noted the report.

## REPORTS FOR INFORMATION AND NOTING

2009/671 QUARTERLY REPORT: WEST MIDLANDS SPECIALISED SERVICES COMMISSIONING TEAM

Resolved:  
That the report be noted.

2009/672 QUARTERLY REPORT: INFORMATION AND COMMUNICATIONS TECHNOLOGY

Resolved:  
That the report be noted.

2009/673 QUARTERLY REPORT: PROFESSIONAL SERVICES DIRECTORATE

Resolved:  
That the report be noted.

**DATE OF NEXT MEETING**

2009/674    DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 25 November 2009 in the Board Room at Waterlinks House.

Chairman .....

Date .....