

NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT
1.00 pm on 25 NOVEMBER 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 Benga	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
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 R Monaghan	Deputy Director Performance and OD
Ms H Wood	Head of Corporate Services

Apologies

Ms D Shepherd	Staff Side Representative
Dr D Wulff	Medical Director

PROCEDURAL ISSUES

2009/675 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. He reported that in the last two weeks he had visited the two wards at Good Hope and Heartlands Hospitals, and reported an excellent response from patients about the care they were receiving, and from staff about feeling valued.

Ms Down reported that the Non Executives had visited the Perry Trees Unit, it was a lovely facility, well constructed and fitted out, and the grounds were safe for patients. The patients were very appreciative of the care they were receiving and were feeling confident about going home.

2009/676 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/677 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 28 October 2009 were agreed as an accurate record and signed by the Chairman.

2009/678 MATTERS ARISING FROM THE PREVIOUS MINUTES

2009/614 Flash Report: Community Health Services (2009/608)
The revised terms of reference were on the agenda. The Chief Executive clarified that as a sub committee of the Board the CHS Committee should produce a monthly summary in the same way as IG&P. This was separate from the quarterly report that CHS should produce as a directorate of the PCT.

2009/679 USE OF TRUST SEAL

Resolved:
That the report be noted.

REPORTS FOR DECISION/APPROVAL

2009/680 IMPROVING THE QUALITY AND VALUE FOR MONEY OF HEALTHCARE IN THE WEST MIDLANDS

The PCT had been represented by the Chairman, Chief Executive, Medical Director and Director of Process Improvement at a West Midlands wide meeting convened three weeks ago by the SHA. A statement was agreed by all the organisations in the West Midlands. This statement would be considered and adopted by all PCT Boards and Provider organisations.

Resolved:
To note the agreed proposition signed off by Chief Executives to meet the economic challenge ahead.

2009/681 WORLD CLASS COMMISSIONING – HEALTH OUTCOMES AND COMMISSIONING ASSURANCE PROCESS

The paper outlined the performance and trajectory against health outcomes, the only change to which was infant mortality which was being measured separately. The paper highlighted the challenges to trajectories, requiring a reduction of activity to meet the targets. The focus of the activity would be taken forward through the operating framework for the next year.

There had been a helpful session with the NST about tackling inequalities when they had brought their proposals for making a difference to adult life expectancy in Birmingham over the next 18 months. A powerful intervention would be identifying and registering people with disease and actively managing it. Infant mortality was a very challenging area and this

set of proposals would focus attention, in particular the level of infection amongst very small babies in the neonatal period, which was an area where the PCT was a major outlier.

GP practices telephone access was still a major cause of concern, additional capacity was being provided with the opening of the new practices, this would reduce the number of patients per practice. There was also additional capacity in the Primary Care Commissioning team to work with practices to improve access.

Resolved:

To note the predictive modelling for year 2 of the assurance process, and

Support the team in implementing the actions outlined in this report, in our Strategic Plan and the series of reports around these outcomes already presented at previous Board meetings.

REPORTS FOR DISCUSSION

2009/682 CHIEF EXECUTIVE REPORT

The following issues were highlighted:

- There had been a meeting with the 3 Birmingham Chief Executives and the Chief Executive of the SHA last week to focus on collaborative commissioning. It was looking increasingly likely that the operating framework for next year would impose management cuts whilst facing the challenge of WCC assurance and being able to demonstrate level 3 across 11 areas.
- There was a very challenging economic environment which would require considerable effort to manage the acute providers whilst tackling the health inequalities agenda.
- The three CEOs met last week to outline a process for a single event for the three Boards and stakeholders including the local authority and GPs to agree the most appropriate working arrangements going forward.
- A paper would be prepared following this event which would be presented to the SHA by 4 January 2010.
- Congratulations were extended to everyone involved in winning the Investing in Diversity award.

Resolved:

That the report be noted.

2009/683 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following issues were highlighted:

- Attended the NAPC conference on Partnering with the Chief Operating Officer.
- An event had been organised for the 15 December where localities have been invited to send representatives to develop further the idea of partnering between the GPs and the PCT.

Resolved:

That the report be noted.

2009/684 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE – MEETING HELD ON 11 NOVEMBER 2009

The following issues were highlighted:

- Equitable access in primary care - the retendering for the new GP led centre in Erdington and Tyburn and GP practices in Kingstanding. There had been a very high quality of bidders, and the award of the contracts had been reported in the private session of the Board.

- Finance report – there was still an overperformance in activity at the main provider.
- Performance report – there were specific issues in relation to cancer referrals which were still behind schedule and were being investigated. Members expressed concern at the assertion the failure to meet this target could be due to patient choice. They were assured this was being challenged with HoEFT and GPs and further information on this was being gathered.
- Ambulance waiting times were still a concern and were being reviewed in more detail.
- There was positive feedback in terms of smoking quitters, congratulations were extended to the social marketing campaign.
- There were also positive results on delayed transfers of care and stroke targets.
- There was further discussion about the assurance framework and the work with the Audit Committee to refine the report to enable the Board to review the key 10 to15 strategic risks monthly.
- Quality and safety has been a major area of work with an informal review in January and a full inspection in March 2010.
- Core standards – the PCT was now reporting full compliance.
- City wide H1N1 vaccination plan was requiring a lot of activity, vaccines were now being distributed.

Resolved:

That the report be noted.

2009/685 FINANCE AND ACTIVITY REPORT PERIOD ENDING 31 OCTOBER 2009

The following was noted:

- The month 7 figures indicated a year to date deficit of £4.6 m. It was still anticipated that the statutory duties to keep within the revenue resource limit would be achieved, however there were key risks to be managed. The strategic initiatives such as the impact of the step down beds and Birmingham Own Health must reduce the overperformance at HoEFT which was still volatile. The Director of Resources was working closely with the Director of Finance at HoEFT.
- The finance team were assessing the risks and making provision for those risks that remained, a major one being the West Midlands Ambulance Trust.
- The Community Health Service budget was showing a forecast outturn surplus of £1.9m.
- Over the next couple of weeks the Director of Resources would be talking to each of the Directors about what measures could be put in place for the rest of the financial year to ensure the delivery of the planned surplus of £2.4m. The control target could be revised before Christmas, however that would leave less to spend next year.
- Table 7 summarised the performance of activity at HoEFT showing A&E activity underperforming and Outpatients appearing to be back on line.
- There were discussions with HoEFT about the emergency activity, in particular long stay and short stay AMU. The Chief Operating Officer had written to HoEFT to reiterate that the AMU at Good Hope had not been commissioned by BEN, that it appeared to be a mechanism to avoid the 4 hour wait target, and that it had to be closed. Work was being undertaken to make sure that charges were appropriate.
- The registrations to Birmingham Own Health were being monitored weekly and were on track for 5000 by Christmas.
- Health Care at Home – The staff were in place and ready to go, the Director of Nursing was dealing with some final quality and safety matters.

Resolved:

That the report be noted.

2099/686 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:

- The issue of cancer referrals was being picked up by the 18 week Group at their meeting tomorrow. The two week wait was complicated by problems of data at HEFT around the telephone booking system with people unable to make or cancel appointments and GPs not being kept informed. The Performance Management Group had a plan in place to review this on a weekly basis.
- There was concern expressed about A&E performance falling below 98% at HEFT and the link with the ambulance performance. This was being monitored by the Emergency Care Network although there were concerns about the lack of seniority of the person representing WMAS.
- Ambulance performance (cat A) was only 66% despite the commissioners providing them with additional resources. Members agreed that additional payments should be subject to delivery. Letters would be drafted for the Chief Executive to send to the SHA, and WMAS making this clear.

Resolved:

That the report be noted.

2009/687 COMMUNITY HEALTH SERVICES COMMITTEE REPORT AND REVISED TERMS OF REFERENCE

- Some concerns had been expressed about the HR report, in particular relating to health visitors, and further information had been requested.
- Terms of Reference - There was debate about the wording of paragraph 4a Relationship with the Boards. The Chief Executive stressed that the Trust Board could request the minutes of the CHS at any time, but they would not be routinely submitted to Board meetings.
- With this amendment the revised Terms of Reference were approved.

Resolved:

That the report be noted, and the revised Terms of Reference approved.

2009/688 WORLD CLASS COMMISSIONING FLASH REPORT

Resolved:

That the Board noted the report.

The Chief Executive stated that the three PCT Boards would be considering how to work together in the future to decide how individually and collectively to build the assurance process for the coming year. She would be discussing the OD plan with Julie Beedon from VISTA to ensure the best use of time.

REPORTS FOR INFORMATION AND NOTING

2009/689 QUARTERLY REPORT: BIRMINGHAM HEALTH AND WELL BEING PARTNERSHIP HALF YEAR REPORT

- The Director of Resources raised the issue that there was no finance report and in view of the significant investment in BHWP he would have expected to be able to see how they were performing. The Chief Executive had had a discussion with the Director of BHWP about the financial issues in particular a considerable underperformance against the Working Neighbourhoods Fund. There appeared to be uncertainty across different areas of the programmes from the directors about authority to commit expenditure. This would be addressed.

- In relation to the JSNA this was a huge amount of work and the Chief Executive expressed some concerns about the alignment of processes, it was essential that the lead Director of Public Health was dealing with this and ensuring the information was posted on the website.
- The issue of dementia and the relationship to delayed transfers of care was raised and it was clarified that under Working Together for Health there was now better understanding around the effect on length of stay.

Resolved:
That the report be noted.

2009/690 QUARTERLY REPORT: CONTRACTOR AND FINANCIAL SERVICES

Resolved:
That the report be noted.

2009/691 QUARTERLY REPORT: HEALTH IMPROVEMENT

It was noted that there were some recommendations on page 14 of this report. It was stressed that these reports were for information and noting only. The Chief Executive would discuss this with the Director of Health Improvement.

Resolved:
That the report be noted.

2009/692 QUARTERLY REPORT: PERFORMANCE AND ORGANISATIONAL DEVELOPMENT

Resolved:
That the report be noted.

DATE OF NEXT MEETING

2009/693 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 16 December 2009 in the Board Room at Waterlinks House.

Chairman Date