



Board Meeting Minutes

BICS, Beach Room, 177 Preston Road, Brighton

Tuesday 29th April 2014

14.00 – 17.00

Present

Jan Austera (JA - Chair)

Peter Devlin (PD)

Zoe Nicholson (ZN)

Jonathan Serjeant (JS)

Lindsay Coleman (LC)

Jon Ota (JO)

Steven Penney (Minutes) (SP)

Sarah Bartholomew (SB)

In Attendance

Jimmy Smith (JSm)

Claire Mattocks (CM)

12/14 Apologies

The meeting was in full attendance. CM and JSm joined the meeting at 3.30pm.

13/14 Declaration of Interests

No new interests were declared.

14/14 Minutes of the last meeting

15/14 Integrated Services Performance & Update Report (April 2014)

Referral Management Services

JO reported to the Board that KPI's over the past three months have not been achieved. Booking time and patient contact rates are responsible for this as a knock-on effect of the combination of the VEDAS2 rollout and staff absence. We can anticipate a KPI recovery at the end of April.

Brighton and Hove Wellbeing Service (Read in association with paper 17.14)

JO reported to the Board that access to treatment for all three parts of the service has now been consistently above target for the past 4 months. The Waiting List Reduction Plan is on target. The performance report shows a stark drop in the time for treatment figures.

Of 10 Wellbeing practitioners listed, 5 have secured places on special training course which is impacting how many treatment slots are available.

Non-Talking Therapy areas are showing low levels of activity. JO explained that February experienced a deviation which worsened in March. The result will be not achieving the promised 220 in May as per the CCG agreement. The Wellbeing Action Plan paper attempts to explain the factors that lead to the current situation:

- The service modelling overestimated internal capacity.
- Those people entering treatment weren't monitored closely enough. Thus early warning signs were missed that would have indicated the requirement of further support being put in place.

Not enough people entered treatment in October/November and insufficient number of CBT's were secured in August and September. As a result there was a knock on effect to January/February. The reasons for which include: the flow model system in place needed to be more efficient. The CCG has requested closer monitoring, as well as a robust plan. Counselling and groups will be as agreed by August. This will be achieved through an increase of internal capacity.

ZN proposed whether the appointment of a designated NED would be useful. JO commented that a monthly Partnership Board meeting had been suggested as a plan to balance the promise of delivery with how realistic some actions are.

The group looked at the table and none that need to be amended were discussed. Sarah made an important point. Not reduction in quality, an indication that varying length leads to drop in quality. ZN added 'impact on quality' to the table and raised possibly re-shaping the team and potentially reducing the CBT work force. ZN requested the Wellbeing Action Plan be reported on a monthly basis in order to keep track of accountability and ensure scrutiny

MSK

JO reported that patient experience has been highly positive, as evident in the Net Promoter scores. JO explained how Net Promoter works. We are looking at how other services achieve high scores and how we can implement similar patient satisfying actions.

Dermatology

JO informed the Board that Dermatology is well ahead of waiting times for the community

service. Overall demand and activity is 2% above last year, most of which is in relation to the two week rule allowing a bypass to BSUH.

MAS

JO reported there has been a significant backlog for assessment. A delay in capacity has been due to finding suitable nurses with the necessary skills. A plan to clear the current backlog exists but recruiting staff is 2 months behind goal. Financially, there is no impact as it is cost per case.

Eyes and Gynaecology

JO informed the Board that both services are within KPI targets.

CPAMS

All is well operationally. Following the last meeting with Boots and CCG it is unlikely to receive an extension.

CReSS

Has made use of slower rollout of VEDAS2. At the contract meeting 3 months ago they were alerted to the fact that the new system rollout would occur. JO will soon be in negotiations for a 1year extension.

16/14 Finance Report

Money has been spent on the Women's' Centre and Aurora. The overspend is as a result of consultancy used to win tenders, VEDAS2 etc. The expense has been capitalised. Regarding Dermatology, there are some risks but the service is showing surplus despite being split with BSUH. MSK, Cress and the Referral Management Service have made significant contribution to surplus. This financial year will see some money recouped.

The group discussed the financial position and the implications for the future.

17/14 Wellbeing Action Plan

Discussed above.

JSm and CM joined the meeting (3.30pm).

18/14 Staff Pay Review and Recommendation

Two workshops were held within the Time & Spaces Group during which ideas were raised and ranked in order of importance to the group as follows:

1. Progression within a role: A member of staff can take on more responsibility to progress.
2. Rewards based on organisational performance.
3. The organisation should be transparent and decisions behind progression and increases should be transparent.
4. Cap of pay for specific role.
5. Salaries should remain competitive – pay in line with competitors.
6. Performance within a role should be considered.
7. Promotional opportunities and career structure should be considered.
8. Loyalty within the organisation.
9. Equal opportunities to progress.
10. Learning and development opportunities for everyone to progress.

CM discussed the themes of the group discussion as a whole as listed in the paper.

The group discussed the points raised above.

JO explained the pay grading structure versus single point structure: Inflationary uplift or increased responsibility bonus. The group agreed the pay structure needs to be linked to organisational performance and yet remain flexible whilst taking into account the economy as a whole. The pay structure also needs to keep eye on NHS pay structure as a main competitor whilst still accounting for inflationary uplift.

The Board agreed that further discussion needs to happen.

JSm and CM left the meeting at 4:15pm

SB and JO left the meeting at 4:15pm

19/14 Bonus for 2013/2014 - Confidential.

20/14 Information Governance Update – Annual Report.

Score has increased since last year to 86%. System security audits revealed area of weakness were staff leavers and closing people off system leaving. This is common across all systems.

ACTION: MR Change the leavers form to include the responsibility for closing off accounts and operational accounts.

Choose & Book smartcard sharing: improvements have been made however more will be required once VEDAS 2 is introduced.

IG online training: the group discussed changing the frequency of some modules. The proposal is to change the frequency of the core module to every 2years.

21/14 Annual Complaints and Incidents Report.

ZN stated the report should describe where risk sits and where our focus should be as well as describe the path whereby learning is processed into the organisation.

JO stated the next report will look at themes across all teams. Capturing even low impact incidents needs a comprehensive approach. With complaints there is a need to interrogate themes with more scrutiny. Numbers are still small.

ACTION: JO suggested he take the report and make sure people have appendices at service level

22/14 Non-Executive Director Recruitment Strategy.

The Board acknowledged that BICS is obliged to have 3 NED's at any time. The current recruitment strategy was created 7 years ago and, therefore, should be updated to reflect BICS as it is currently. JA suggested an assertive business mind would be the best approach when considering this strategy.

23/14 CQC Inspection Report.

For information. The JO commented that meeting the essential standard is meeting the legal standard. With the new service that comes in the system will change and pathways will be considered.

24/14 Sussex MSK Partnership Update.

ZN explained the presentation and discussed the financial arrangement. The CCG have chosen an option of not wanting BICS to be responsible for 100% of referrals. Considering the pace of change of lifetime of contract, we are not expecting to deliver everything on year 1. There may be changes in pathways and the value of the contract, but mainly changes in primary care.

The group discussed the financial risks of the MSK contract. ZN explained the dynamics of the risk taken on in this scenario.

The risk is delivering on what has been promised. ZN stated that Sussex Community Trust would be a reliable ally in the future.

25/14 Brighton Dermatology Update.

JO spoke about the joint venture with Sussex Community Dermatology, mentioning the discussions held with BSUH in order that a financial decision be made.

The main concern is regarding 2 week waits as there needs to be assurance they can be managed in sage from August.

JO explained to the group the different strategies that could be taken in approaching the Dermatology contract. The group agreed this should be discussed at the following QuASAR meeting.

ACTION: JO to raise for discuss at the next QuASAR meeting.

26/14 Primary Care Development Update & PM Challenge Fund.

SB explained the presentation in detail covering each work stream and what outcomes are needed. The group discussed the importance of Looking at GPs that will want to take part in the service, those who are “we-focussed” and those involved in EPIC as in “this is my practice” because BICS is not just about practices.

27/14 Date and Time of Next Meeting.

Tuesday 10th June, 14:00 – 17:00

Signed:

Name: Jan Austeria

Date:

I agree the above as an accurate record of the meeting held.

The next meeting will take place:

Date: 29th July 2014

Time: 14.00 – 17.00

Venue: Pier Room, 4th Floor, 177 Preston Road
