



Board Meeting Minutes

1st Floor, Prestamex House, 175 Preston Rd, Brighton
Tuesday 25th November 2014
09:00 – 15:00

Present

Lindsay Coleman (LC - Chair)

Peter Devlin (PD)

Zoe Nicholson (ZN)

Jonathan Serjeant (JS)

Jan Austeria (JA)

Matthew Riley (MR)

In Attendance

Marcus Doyle (Minutes) (MD)

Jon Ota (JO)

Helen Curr (HC)

Sarah Bartholomew (SB)

Richard Chell (RC)

Claire Mattocks (CM)

56/14 Apologies

Craig Milne (CMi) sent apologies.

57/14 Declaration of Interests

No new interests were declared.

58/14 Minutes of the last meeting

Action: MD to send minutes to JA and ZN to sign off.

59/14 Integrated Services Performance & Update Report (September 2014)**Referral Management Services****- Brighton and Hove**

The Board recognised Brighton and Hove RMS' poor performance however, a significant improvement has occurred during October with a remedial action plan in place with the CCG. The recovery phase put in place early October has led to Choose & Book referral imports on Veda 2 functioning more solidly.

- CReSS, Croydon

A combination of IT system instability, higher than forecast referral rates and the transition to using Veda 2 has led to an extended period of poor performance against KPIs.

We have been awarded the contract for the new service, due to the rollout of the new service taking place after March, the current contract will be extended to reflect this; the rollout delay of the new service is a result of the procurement delay.

The Board discussed the new contract and the issues arising in implementing a stratification of practices and peer review.

The Board recognised and congratulated the team on the success of the bid and the hard work that went into it.

Action: JS/JO to ensure BICS experience and feedback on stratification and impact on uptake of referrals are addressed with the CCG through the contracting process.

Brighton and Hove Wellbeing Service

The Board noted that the remedial action plan which was put in place for the support service has met its target for the previous three months – the plan would now end due to the success of it. Two significant risk areas were identified:

- **National IAPT data reporting.** The contractual measures and national measures are not aligned – the service has been achieving 15% of patients with anxiety and depression accessing psychological interventions as required for some time, the reporting format will be changed to capture this.
- The contractual obligations need to be met by **Quarter 4 for the Support Service.** As part of the achievement of this, the service is running a major campaign on the main referral route and is planning a similar campaign for the Stepped Care approach.

MSK

The new Sussex MSK Partnership (Central) service started accepting referrals on 1st September in preparation for service go live on 1st October. The Board recognised that certain processes were affected in the system change over and that this could cause them to remain under KPI for the first 3 months of the new contract whilst new processes are embedded as a part of the large scale transformational change.

Dermatology

Performance is of significant concern with waiting times currently at 11 weeks against a KPI of 4 weeks; an action plan has been put in place to mitigate this. The Board discussed the organisation's withdrawal from the procurement process and the action plan for 18 weeks that would be implemented.

MAS

The existing backlog of patient waiting for assessment was cleared at the end of August and patients are now seen within acceptable time frames – the Board recognised the variability of this due to patient's varying circumstances.

A year one evaluation has been completed and service development and improvement areas were identified. These included working closer with GPs and practices to improve referral quality and to also target the low referring practices. Other improvements included benchmarking the services diagnosis sub-types against other MAS services to improve learning service quality.

The Board suggested the annual review of the service be published on the website.

Action JO

Eyes and Gynaecology

The Community Gynae contract stopped receiving new patients at the end of October following the termination of the contract. The Board noted that performance in both services is broadly in line with expectations with good patient feedback being sustained.

60/14 Finance Report

The Board received the finance report for Quarter 2; the year's end position is showing a predicted surplus of £293,951. As agreed at the previous Board meeting, all budgets are in the process of being delegated fully along with the previously agreed savings targets. The Board requested the full budgets for 2015/2016 be set by the end of January.

Action: AR and ZN

61/14 Information Governance Update

64/14 Information Governance Policy

The completion of the IG Toolkit will be underway over the coming three weeks.

Board approved the policy included in the papers and agreed changing it from an annual review of the policy to a bi-yearly review.

62/14 Business Continuity Plan

63/14 BCP Exercise Report

A review of the Business Continuity Plan has taken place and it was recognised that regular reviews should be put in place to keep the plan up to date.

The Board discussed the benefit of raising awareness regarding the BCP plan and process and suggested running a quarterly exercise. The Board agreed the plan and exercise should become a part of staff member's inductions.

Action: JSY to initiate a quarterly review of the BCP.

65/14 Annual Workforce Report

The Equalities report and Annual Workforce report has been merged for better continuity. The Board analysed the statistics and felt there is nothing outstanding of concern. It was agreed that the following year's report should include the previous year's data as a comparison line and that the report should be put onto the website each year.

Action: JSY to check data on pg.8 isn't duplicated and to plan on collecting data on disability and ethnicity for existing staff to add to data on pg.14.

RC and CMA joined the meeting

66/14 Pay Policy and Structure

RC and CMA updated the Board on the recent review of the policy. It was agreed that length of service would not be recognised as a means to increased responsibility and therefore pay, it would continue to be recognised through the 'Pioneer Scheme'.

The Board agreed the policy.

RC and MCA left the meeting

67/14 Safeguarding Children Policy

This policy is now compliant with CCG requirements as a result of agreeing the Central MSK contract. The Board ratified the change and agreed that a contact sheet would be created allowing the contact numbers to be changed without the policy requiring additional review.

Action: JSY to create a contact sheet for all members listed in the policy.

68/14 Strategy and Development Plan

The Board agreed the focus on primary care and whole pathway service development; they were recognised as opportunities to put patients in control. The Board agreed the Strategy and Development Plan for 2015 - 2018.

69/14 Interim Integrated Governance Arrangements for MSK Central

The full management and leadership structure is not yet in place for the new service. Under the interim integrated governance arrangements, BICS' would be the employer of the Clinical Director, Patient Director and Managing Director of the SMSKP. The Board agreed the arrangements as set out in the paper.

70/14 Open Session – Primary Care Collaboration

It was agreed the shareholder session for the next Board meeting would take place towards the end of the meeting with a longer session time.

71/14 Projects Update

The Board received and discussed the report.

An update on the mobilisation of both Central and East Sussex for MSK and the current status of the Vedas 2 project was given.

72/14 Board of Directors' meeting only – Infrastructure Investment

Signed:

Name: Lindsay Coleman

Date: 02.12.14

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

The next meeting will take place:

Date: Tuesday 24th February 2015

Time: 09:00 – 17:00

Venue: Prestamex House, 173 Preston Rd, Brighton
