



Board Meeting Minutes

Pier Room, Fourth Floor, BICS, 177 Preston Rd, Brighton

Tuesday 9th June 2015

09:00 – 15:00

Present

Lindsay Coleman (LC- Chair)

Peter Devlin (PD)

Zoe Nicholson (ZN)

Jonathan Serjeant (JS)

Jan Austeria (JA)

Matthew Riley (MR)

Craig Milne (CM)

In Attendance

Marcus Doyle (Minutes) (MD)

Jon Ota (JO)

Helen Curr (HC)

Sarah Bartholomew (SB)

Michelle Eades (ME)

15/15 Apologies

Sarah Bartholomew (SB)

16/15 Declaration of Interests

No new interests were declared.

17/15 Minutes of the last meeting

JA to formally signed off the previous minutes.

18/15 Integrated Services Performance & Update Report (Quarter 3 2014/15)

Referral Management Services

- Brighton and Hove

The Board recognised that the performance against KPIs had improved January – March 2015. Contingency plans are in place for the service to maintain good staffing levels, temporary personnel are in place.

- CReSS, Croydon

Achievement of KPIs has been sustained despite an increase in demand for the service. The service is currently recruiting additional administrative staff.

Brighton and Hove Wellbeing Service

The Board noted that there has been a down turn in performance linked to increased demand, however a good relationship with commissioners is in place and the service is currently in negotiations with the CCG to alter the KPI structure in the light of the experience of the last three years.

A finance risk pool standing at £480,000 has resulted from clearing down the waiting lists and the underperformance resulting in no incentive payments. Discussions with the CCG to establish payment previously set aside for clearing down.

Work is underway to improve the understanding of the data being monitored and to focus on the correct information leading to an improved awareness of performance levels.

MSK

The subcontract with BSUH is unsigned to date. The option of moving to a 2 site model is being considered by the CCG. This would assist in enabling mobilisation at pace.

Operational pressures centre on ESP capacity relating to recruitment and training.

GPs and practice staff are using e-referral which is slower. SS is working on streamlining the process for contacting GPs in relation to following referral guidelines.

The board noted that pathway redesign work has commenced within the pain pathway and the rheumatology pathway also needs redesign, however there is poor engagement by local clinicians. Work will be done to re-engage and explore options.

Dermatology

Transition to the BSUH has been successful. Referrals come to BICS through the RMS team and they are directly passed to BSUH for triage. Learning from the transition process is to be written up for future transition requirements (RMS).

MAS

The service has accrued a backlog due to staff vacancies. An action plan is in place to clear the waiting list by the end of October 2015, this includes recruitment at pace.

CM & JA offered to carry out a hypothetical test to establish the length of time required to learn to do a MAS assessment.

19/15 Finance Report

The deficit for the end of year is currently forecast at around £100,000.00 if the payment for the Wellbeing waiting list recovery is not realised.

Dermatology showed a notable small loss.

Gynaecology showed a loss of £160.00

20/15 Budget 15/16

A deficit of £600,000.00 is forecast by April 2016 assuming no additional income streams. The loss of EpiC and RMS plus the development of the 4th & 5th floor have increased overall costs. Opportunities to reduce this deficit are being explored

The board approved the budget for 2015/2016

21/15 Information Governance Update

Discussed in 22/15, 23/15 and 24/15.

22/15 Subject Access Request Policy

The Board were advised that there is a new appendix for this policy due to Wellbeing having a different approach to subject access requests which is working well for the service.

It was agreed that further standardising the policy with BMA guidance should be looked into.

Thanks were given to JSy and MR for a successful IG assessment.

The policy was agreed.

Action: **MR** to review standardising the subject access request policy with BMA guidance.

23/15 Information Risk Policy

The Board reviewed the policy. It was noted that there were improvements to the policy which are non-contentious. The policy was agreed.

24/15 IG Toolkit assessment

The Board recognised the hard work undertaken by JSy and the achievement of the assessment.

Learning for 2015/16 includes:

- using Information Flow Mapping techniques, complete IG assessment of all systems and processes, identifying the areas of specific risk, and mitigate these;
- tightening up on the register of mobile equipment for the asset register;
- maintaining the pressure on IG training compliance for all staff.

25/15 Annual Safeguarding report.

The Board were alerted to two risk areas:

- Wellbeing- 2 Incidents logged
- MAS- 3 alerts raised but not logged as incidents.

All contracted clinicians are compliant with safeguarding training and administrative staff are 65% compliant. Administrative staff have had a high turnover with some not completing their two week induction period. The training provider has been changed.

The Board approved the recommendations in the report:

1. All service leads are required to ensure the staff in their service area have completed the training no later than 31 August 2015. This will be reviewed by the Middle Management team and Quasar will receive an update report on achievement in September 2015.
2. The Safeguarding Manager to work with the Middle Management team to increase staff awareness of this resource and to enable improved cross organisation learning. This will take place by the end of September 2015
3. Ensure all safeguarding alerts are also logged in the BICS incident database to enable systematic review and analysis.

HC to become CQC manager for the BICS service and JO for the MSK service and attention will be given to aligning the services and ensuring safeguarding manager knows the correct pathways.

Action: HC to implement recommendations of the annual safeguarding report.

26/15 Safeguarding Children Policy

This is a new policy. The policy was ratified.

27/15 Safeguarding Vulnerable Adults Policy.

This is a new policy. The policy was ratified.

28/15 Annual Infection Prevention and Control Report

Risk assessment of the services has shown a largely low risk with dermatology showing the slightly higher risk. Self- assessment of clinical location infection control arrangements will be conducted by trained assessors managers who require support in assessing are able to undertake audits with a colleague who is more experienced in infection control assessment.

Site assurance is monitored by JSy who notifies HC of any issues.

29/15 Standing Financial Instructions

The SFIs were approved by the board.

30/15 Progress on TEAL- Discovering the authentic voice of BICS progress towards a Teal organisation.

The board discussed the pace and behaviour/ communication changes that would support the move to self-management.

31/15 How the money works.

The board discussed the BICS income, expenditure and overhead arrangements.

32/15 Project Update Report Quarter 4 2014/2015

The project update report was not discussed but the following points arose:

EpiC

The board noted the recent progress. An action plan for 7 day access is to be prepared.

Proactive Care

The project is on track however there is no contract between the CCG and BIC or sign off of LCS 5 year contract.

Actions:

LC to formally sign off the previous minutes;

MR to review standardising the subject access request policy with BMA guidance;

HC to implement recommendations of the annual safeguarding report.

Signed:

Name: Lindsay Coleman

Date:

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

The next meeting will take place:

Date: Tuesday 6th October 2015

Time: 12:00- 17:45

Venue: Palace/Pier Room, 177 Preston Road, Brighton, BA1 6AG
