
Quarter 2 Board Meeting Minutes (2016)

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

Tuesday 1st November 2016

9:30 – 3pm

Present

Lindsay Coleman (LC), CHAIR- Non Executive Director

Zoe Nicholson (ZN)-Chief Executive

Jan Austera (JA)-Non-Executive Director

Peter Devlin (PD) –Clinical Director

Matthew Riley (MR), - Non-Executive Director

Craig Milne (CM), - Non –Executive Director

In Attendance

Gillian Howson (GH)-Executive Assistant

Michelle Eades (ME)- Director of Business Development

Jon Ota (JO)-Director of Sussex MSK Partnership Central

Helen Curr (HC)-Director of Clinical Services

Mark Cannon (MC)-Director of Primary Care Collaboration

Sarah Bartholomew (SB) – Director of Primary Care Development

1.0 Apologies

Paul Deffley (PDe)-Primary Care Collaboration Clinical Lead

Jonathan Serjeant (JS)- Clinical Director

All reports were circulated to the Board prior to the meeting except the Quality Action Plan which was tabled at the beginning of the meeting.

2.0 Declaration of Interests

No new interests were declared.

3.0 Minutes of the last meeting

The formal minutes of the previous meeting of 26th July 2016 (quarter 1) were noted by the Board. Small amends to the minutes are to be made before sign off by JA.

4.0 Annual SIRI Report

The Board received the Annual SIRI report, noted the themes and the actions taken. The purpose of this report is to provide the board with an annual summary giving cumulative information on closed serious incidents would help to enable:

- the identification of themes;
- assurance on whether the learning and actions within each SIRI had been implemented.

The Board also discussed a recurring theme of incidents which may involve people with medically unexplained symptoms and/or a complex presentation of conditions. It was agreed that HC would raise this with the Wellbeing Partnership to discuss and review around themes. **Action HC**

The report in future would also show the status of open SIRIs and reports would also be seen at Quasar/Board meetings. We confirmed that as per the Incident Procedure all SIRI Reports would be seen by the Board/Quasar **Action HC**

5.0 Quality Action Plan

The Board discussed the purpose and content of the Quality Action Plan. CQC readiness plans and the policy review process were also covered. It was agreed that further discussions on CQC readiness would be held at the December Quasar Solutions Focus meeting and that an Enabling Team meeting would be assigned to attending to CQC readiness. It was agreed that the focus needs to be to achieve Outstanding and that a team would prepare a strategy to ensure that we can demonstrate the quality & safety of our services to the people we serve and the regulator. **Action HC/JO and SB to work together to produce a strategy and approach by the end of November.**

6.0 Workforce Report

The workforce report was discussed. It was agreed that final amends were to be made to the report, which included ensuring that we used the data to have the conversations about the potential meaning and impact of some of this data, specifically in enquiring about the experiences of those with protected characteristics. **Action GH/MR/HC**

7.0 Primary Care Collaboration Highlight Report

MC drew attention to the key points of the report and brought the Board up to date:

- The Workflow Optimisation team is working on their final offer and have secured a number of income streams.
- Proactive care funding ends in March 2017 and work is being conducted to ensure any transition is as painless as possible. There is a refined approach to Proactive Care proposed by cluster 1 to be considered.
- HWLH have completed the year 1 milestones and the year 2 milestones are being agreed.
- The extended hours service is not in place at present due to funding not being in place . Communication with practices to ensure that they were aware was discussed.

The Board noted the report and agreed that Workflow Optimisation would be the focus of the next Quasar Solution Focus meeting.

8.0 Project Update Report

The Board noted the report and acknowledged that Sussex MSK Partnership was not going forwards with the Hastings and Rother bid. It was agreed that further conversation regarding Vedas 2 would be held at Quasar Solution Focus.

9.0 Community Eye Service Annual Report

The Board noted the report and were delighted with the feedback from patients They understood that the referral numbers have now returned to levels comparable to years prior to the change in RMS provider in August 2015. HC also advised that YAG activity is currently at about 30% of the expected amount. The team are working with the CCG and Warmdene Surgery to explore ways of reaching the right activity levels.

10.0 Financial Performance Report

The Board noted the report and understood the Q2 surplus position and plans to spend some surplus on the clearance of the Wellbeing waiting list as approved by the Budget Holders Group. The Board are also aware of risks relating the finishing of the CReSS contract in March 2017, the projected revenue for Workflow Optimisation and SMSKP Central finance.

11.0 Three Year Financial Forecast Report

ZN highlighted the key points and assumptions of the financial profit and loss forecast report covering three scenarios (Best case, likely case and worst case in relation to service contract and income stream assumptions). The Board noted the implications for retaining, developing or losing some contracts/ services.

12.0 Integrated Performance and Update Report

12.1 CReSS

The Board noted the report and HC presented an update on recent proposals from Croydon CCG. The view of the Board was that the new proposal made by the CCG would not enable Here to deliver value in terms of an RMS service. It was agreed that this would be explored with the CReSS team and that HC would stay in touch with Croydon Federation over the coming months. **Action HC.**

12.2 Wellbeing

The Board noted actions underway, following the action group work, to plan piloting of delivery of routine assessments through telephone screening to improve patient experience and reduce wastage. The Board were also made aware of the remedial action plan that is currently in place. HC updated the Board on the position with the Wellbeing tender process. It was agreed that further discussion would be held at the next Enabling Team meeting.

12.3 Memory Assessment Service

HC outlined the key points of the report and updated the Board on the current status of discussions with the CCG on proposals for a new service model. Clinical triage/ contact capacity have now increased which will aide KPI compliance.

12.4 MSK Central

JO drew attention to the key points within the report to the Board which included:

- Site/ staff assurance where site assurance shows generally good compliance and where work on 'fit to work' assessments and DBS checks is planned for completion by the close of November.
- Plans for improvement to service performance where hand and wrist remain the most challenging and foot and ankle has shown significant improvement
- The forward financial risk including the potential for increased CCG MSK investment.

12.5 Diabetes Service

HC highlighted the key issues and the Board discussed relationship building as well as support for the Diabetes team. The Board understands that a temp team is in place to address the backlog and that discussions are underway with SCFT regarding better ways of working together for the clinical and operational teams. It was agreed that this would be further discussed at the next Enabling Team meeting.

12.6 CPAMS

The Board noted the content of the CPAMS service report and understand that performance is generally good and that the contract runs until the close of March 2017. A follow up with Boots regarding contracting is now due to be undertaken **Action HC**

Signed:

Date:

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

Name: Lindsay Coleman

The next meeting will take place:

Date: Tuesday January 31st 2017

Time: 12:00- 18:00

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