

YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY

MINUTES OF THE MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON TUESDAY 6 FEBRUARY 2007 AT BLENHEIM HOUSE, LEEDS

PRESENT:

Mrs K Riddle	Chairman
Mr R Cooper	Deputy Chief Executive/Director of Finance and Investment
Mrs J Dean	Non-executive Director
Ms M Edwards	Chief Executive
Mrs J Fenwick	Non-executive Director
Mrs J Jack	Non-executive Director
Prof P Johnstone	Regional Director of Public Health
Dr S Proctor	Director Nursing and Patient Care
Mr I Walker	Non-executive Director

IN ATTENDANCE:

Mr T Gilpin	Director of Workforce and Education
Mr B Hughes	Head of Planning, Delivery and Performance (for Mrs Laban)
Mr K Milner	Director of Communications and Public Relations
Mr P Molyneux	Chief Information Officer (item 07/18)
Ms R Roughton	Director of Strategy and System Reform
Ms J Dally	Secretary
Five members of the public	

07/07 APOLOGIES FOR ABSENCE

Apologies were received from Mrs Laban.

07/08 CHAIRMAN'S OPENING REMARKS

The Chairman welcomed Karl Milner, newly appointed Director of Communications and Public Relations to his first meeting of the Authority.

The Chairman reported that Mike Collier had been appointed on an interim basis as Chairman of Scarborough and North East Yorkshire Healthcare NHS Trust. Mr Collier was expected to return as a member of the SHA Board in April 2007. In the interim, Ian Walker had taken over Chairmanship of the Audit Committee.

07/09 MINUTES OF THE MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON 21 DECEMBER 2006

The minutes of the meeting held on 21 December 2006 were approved as a correct record.

07/10 MATTERS ARISING

06/75 SHA Corporate and Hosted Budgets

Mr Cooper confirmed that a report on the budget for 2007/08 would be brought to the March Board.

06/77 Development of Rotherham Primary Care Centre

Mr Cooper reported that the outstanding issues noted at the last meeting had now been resolved and that the scheme was proceeding as a leasing deal. The bid for Department of Health Community Hospital funding had been revised down to a minor bid for equipping/enabling funds.

06/83 Report of the Local Supervisory Authority on the Achievement of the LSA Statutory Functions

Dr Proctor reported that the Integrated Governance event had been very successful and had included senior representation from all the NHS organisations in Yorkshire and the Humber.

In response to Members' interest in consistency in standards of midwifery, Dr Proctor had obtained confirmation that the Yorkshire and the Humber Local Supervisory Authority (LSA) reports were classified as amongst the top three nationally. In addition, the clinical risk themes identified locally were entirely consistent with those being reported in other areas.

07/11 DECLARATION OF MEMBERS' INTERESTS

The Chairman reminded Members of the need to report any changes to the Register of Interests and to declare any interests in items on the agenda.

07/12 CHIEF EXECUTIVE'S UPDATE

The following recent Chief Executive appointments were reported:

Julia Squires – Mid-Yorkshire Hospitals NHS Trust
Maggie Boyle – Leeds Teaching Hospitals NHS Trust

It was noted that Hull PCT provider services and a scheme in North East Lincolnshire PCT had been awarded pilot Social Enterprise status.

Later in the month, the SHA would be participating in a two-stage desktop exercise organised by the World Health Organisation to test preparedness in the event of pandemic influenza. A national plan for pandemic flu would be issued following the exercise.

The Chief Executive reported that she had recently been appointed to membership of Health England, advising the Cabinet on Public Health and to the Cancer Strategy Advisory Group.

07/13 PERFORMANCE MONITORING REPORT

The Board received a report on the progress being made by each health community within NHS Yorkshire and the Humber against the Department of Health's priority work streams from the Head of Performance and Delivery.

The main challenge continued to be achieving and maintaining trajectories towards the 18-week maximum wait to be achieved by December 2008. Current performance against outpatient waiting time trajectories was good. There were issues with diagnostic waiting times, particularly in audiology, mainly arising from the switch from analogue to digital hearing aids, which was creating a backlog. Organisations were working to identify solutions.

At the end of November 2006, inpatient waiting time performance was behind trajectory. The SHA was working with commissioners and providers to ensure that patients were being managed so that targets were not being breached.

Patients whose treatments were cancelled had to be rescheduled within 28 days and although challenging, the SHA was confident that this would be delivered. Daily monitoring was in place to support this.

The December figures reflected a mixed picture across the region in trajectories for reducing levels of MRSA infections. SHA Performance staff were working with SHA Nursing colleagues to try to address every incidence that occurred and to look at the most effective actions to reduce the incidence of infection.

On Patient Choice and Choose and Book, work was ongoing to embed choice in provision, linking with technological solutions. The dip in performance seen in November/December was due to a technical release during this period, which made systems unavailable for a number of days.

In response to a query about Sheffield PCT's performance against trajectory (number of converted Unique Booking Reference Numbers (UBRNs) as a % of GP Referrals), Mr Hughes explained that for historical reasons the PCT had been a slow starter, but that progress was now being made.

Significant efforts were also being focused on achieving targets in cancer waiting times.

The smoking cessation figures for the second quarter were disappointing and the SHA had been working with PCTs to emphasise the importance of this Local Delivery Plan (LDP) priority. Performance on this target was subject to variation quarter to quarter, with a seasonal increase in quitters normally occurring in quarter 4, leading to likely improvements to the position from quarter 2.

Access to GUM clinics was on course according to trajectory. Improvements had also been made in data quality.

The 98% standard for A&E waiting times had been consistently achieved throughout the winter to date. Significant efforts continued to be made to sustain delivery.

Maximum inpatient and outpatient waiting time targets/guarantees were being sustained across the health system.

The Performance Report incorporated Productivity Metrics for the second quarter (July – September 2006). Work was now focusing on drilling down beneath the headline messages.

Members asked that for the future, tables depicting activity be accompanied by a key explaining the period covered and giving numbers as well as percentage changes. An annual summary of overall performance was also suggested.

The Board noted the Performance Report.

07/14 SHA CORPORATE AND HOSTED BUDGETS

The Board received a report on the financial position of the SHA from the Director of Finance and Investment.

The report summarised actual expenditure to date and gave an overview of the SHA's financial position. Mr Cooper commented that the SHA administration and reserves showed a balanced position.

Hosted programmes and projects were contributing to the £7.9m expenditure being deferred into 2007/08, with the major contributors being the National Programme for Information Technology (NPfIT) and the Core Learning Unit.

Mr Walker asked for further information on the scale of hosted programmes and projects in order to better understand the potential risks.

In response to a question about the integration of financial systems, Mr Cooper confirmed that a contract was in place with Shared Business Services. This would be subject to scrutiny by Internal Audit.

The Board noted the report.

07/15 FINANCIAL POSITION ACROSS THE YORKSHIRE AND THE HUMBER HEALTH ECONOMY

The Board received an update on the 2006/07 financial position across the region at month 9 from the Director of Finance and Investment.

The report summarized the forecast revenue position at month 9, which was shown as aggregate financial balance, with unresolved risk assessed as £19m.

The month 9 forecast included forecast deficits at 6 NHS Trusts and 6 PCTs totalling £128.4m, offset by a forecast surplus at the SHA of £123.4m and forecast surpluses in Trusts and PCTs totalling £5.0m.

Identified financial risks included uncertainty around DH funding for accelerated depreciation and restructuring costs associated with Commissioning a Patient-led NHS.

Efforts to manage the financial position across the patch were beginning to yield improvements in reducing risk and increasing potential offsets. Fortnightly meetings continued to be held with all organisations presenting high levels of risk. Meetings were also being held with the other organisations to increase the SHA's understanding of how the underspend position would impact on the wider community.

The Board noted the updated financial position.

07/16 OUTLINE BUSINESS CASE ON ADULT MENTAL HEALTH FACILITIES, GRIMSBY (NORTH EAST LINCOLNSHIRE PCT)

The Board received a report seeking approval for the North East Lincolnshire PCT Outline Business Case for the relocation of Adult Mental Health facilities in Grimsby from the Director of Finance and Investment.

Approval was being sought conditional upon the SHA being able to secure additional Strategic Capital Funding from the Department of Health. As a result of changes to the capital regime across the NHS, SHAs would no longer be in a position to fund major capital schemes. In the event that Strategic Capital Funding could not be secured, the PCT would need to consider alternative sources of funding, such as leasing.

In response to a question about the implications on assets and organisations' abilities to upgrade facilities in the light of the changes to the capital regime, Mr Cooper commented that Trusts whose financial positions allowed it, would be able to borrow money for capital investment. PCTs could not borrow in this way and this presented a difficulty for those PCTs responsible for service provision, as well as for commissioning. Solutions to address this anomaly were being pursued with DH.

Mr Walker queried why capital expenditure of £11m to improve facilities would lead to an increase in revenue costs. Mr Cooper undertook to provide a breakdown to explain this outside the meeting.

Members were supportive of the suggestion that capital approvals should also take account of environmental considerations. Work undertaken by organisations including Calderdale and Huddersfield and Hull and East Yorkshire Hospitals with the Carbon Trust could be used as a platform on which to progress this.

The Board approved the Outline Business Case subject to the SHA being able to secure the required additional capital funding from the DH.

07/17 BARNSELEY LOCAL IMPROVEMENT FINANCE TRUST (NHS LIFT) TRANCHE 2 STAGE 2 BUSINESS CASE

The Board received a report from the Director of Finance and Investment seeking conditional approval of the Barnsley LIFT Stage 2 Tranche 2 Business Case for the development of two primary care centres at Cudworth and Grimethorpe.

Mr Walker queried the apparent subjectivity of the assessment of the unsuitability of the existing facilities in this case, compared to the previous case that the Board had considered. Mr Cooper confirmed that there was a significant degree of scrutiny of the Business Case by the Capital Management Group, including of the various options considered by the PCT and to assess how the scheme would contribute to the overall business strategy.

Members felt it would be helpful in the future for reports seeking approval of Business Cases to contain more information on the size and scale of the scheme and on its expected benefits, in terms of measurable outcomes. Information as to how schemes were linking with partner organization, such as local authorities, and dovetailing with regeneration strategies would also be of benefit.

After discussion it was agreed that it would be helpful to have a stock-take of what had been put in place over the past 18 months, along with a checklist of criteria being applied by the Capital Management Group in its assessment of capital schemes.

It was proposed that the Audit Committee might wish to consider making recommendations on an appropriate format for reports seeking capital approvals by the Board.

The Board approved the Business Case for Barnsley LIFT Stage 2 Tranche 2, subject to receipt of Strategic Partnering Board approval and noted the further work that would be done around future capital papers.

07/18 NATIONAL PROGRAMME FOR INFORMATION TECHNOLOGY (NPfIT) - UPDATE

The Board received an update on progress with the National Programme for Information Technology (NPfIT) from the Chief Information Officer, on behalf of the Director of Finance and Investment.

Mr Molyneux outlined the purpose of the NPfIT as being to improve the quality of IT and IT systems to support clinical care across England. The programme had now been in operation for three years, with mixed results to date.

In Yorkshire and the Humber considerable progress had been made on the replacement of systems in primary care. This progress now enabled the sharing of information across extended primary care services.

The position in secondary care was more challenging, although there remained an expectation that the new system would start to become available towards the end of 2008. At that stage systems would enable the sharing of information within and across organizations, for example, electronic patient records. Although there were some doubts about the Programme's ability deliver systems in time, recently better progress was being made.

The NPfIT Repositioning Programme would result in greater ownership of the National Programme by the NHS, with SHAs responsible for implementation of the Programme. This would be a challenging role for the SHA and would involve the transfer of resources from Connecting for Health into the SHA.

Mrs Jack asked about the role of the Board in ensuring the SHA delivered on the National Programme. Mr Molyneux explained that agreement on roles and responsibilities was expected shortly arising from the Repositioning Programme. Once this clarification had been received, new governance arrangements would be implemented, a key element of which would be to generate ownership of the Programme by all NHS organisations in Yorkshire and the Humber. Another important element would be clinical engagement.

The Board noted the position to date and asked for a further update on governance arrangements in due course.

07/19 THE JOURNEY TO AN ACUTE AND MENTAL HEALTH FOUNDATION TRUST ECONOMY BY DECEMBER 2008

The Board received an overview report from the Director of Strategy and System Reform on the journey to a Foundation Trust economy in Yorkshire and the Humber.

The report set out the current trajectory for existing Yorkshire and the Humber acute and mental health Trusts becoming NHS Foundation Trusts (FTs), together with a comparison of this trajectory with the national position.

All potential FTs from wave 3a applicants onwards had FT action plans that had been signed off and were being performance managed by the SHA.

The Board noted the position and actions outlined in the report to support FT development in Yorkshire and the Humber.

07/20 LEASE CAR POLICY

The Board received a Lease Car policy for the SHA for approval.

Presenting the policy, Mr Gilpin explained that the three predecessor SHAs had had differing schemes which would continue to apply to staff who had

TUPE transferred into the employment of Yorkshire and the Humber SHA with existing car leases. The proposed scheme would be applied to new leases and would apply to all employees except those on Very Senior Manager's Pay, who would be subject to separate arrangements.

Eligibility for a lease car would be subject to having a business travel commitment of at least 4,000 miles per annum.

The proposed policy had been benchmarked against the policies of other SHAs and found to be consistent in terms of the base vehicle rate.

In response to a question about the costs of early termination of leases due to the resignation of a member of staff, Mr Gilpin confirmed that for inter-NHS moves, leases could be transferred. Penalty charges due to early surrender would be payable by the individual member of staff, unless their departure was due to ill health retirement or redundancy, in which case the remaining lease could be offered to another member of staff.

Mr Gilpin confirmed that lease cars were shown on tax form P11D and tax codes adjusted for receipt of benefit in kind.

The Board approved the Lease Car policy as drafted.

07/21 ESTABLISHMENT OF THE NHS YORKSHIRE AND THE HUMBER WORKFORCE STAKEHOLDER GROUP

The Board received a report from the Director of Workforce and Education, which set out a proposal to establish a Workforce Stakeholder Group for NHS Yorkshire and the Humber.

£365m of the SHA's budget was for commissioning education and training throughout the region and it was essential that employers and key stakeholders were engaged in the process. The Workforce Stakeholder Group was intended to promote effective partnership arrangements, achieve an inclusive approach and enhance governance arrangements.

The Board noted the proposed membership and Terms of Reference of the group and appointed Ms Dean as Chairman. It was agreed that membership of the Group be extended to include Social Care representation. It was also agreed that the Stakeholder Group would provide periodic reports to the Board on significant issues and the progress being made to address these, for example, graduate employment.

07/22 RECORDS MANAGEMENT POLICIES

The Board received and approved policies and strategies for the Production, Retention, Publication and Destruction of Records and Records Management (with associated Retention Schedule).

07/23 DATE OF NEXT MEETING

The next meeting was scheduled to take place on Tuesday, 6 March 2007 at Blenheim House, Leeds.

07/24 RESOLUTION FOR BUSINESS TO BE CONSIDERED IN PRIVATE AT THE NEXT MEETING

The Board resolved that representatives of the press and other members of the public be excluded from the confidential section at the start of the next meeting, having regard to the confidential nature of business to be transacted, publicity of which would be prejudicial to the public interest (*Section 1(2) of the Public Bodies (Admissions to Meetings) Act, 1960*).

07/25 ANY OTHER BUSINESS

Membership of the Audit Committee

In the absence of Mr Collier and his replacement as Chairman of the Audit Committee by Mr Walker, Mrs Fenwick was appointed as a member of the Audit Committee until Mr Collier's return to the SHA.