

**EAST STAFFORDSHIRE PRIMARY CARE TRUST BOARD  
OPEN TO THE PUBLIC  
Minutes of the Meeting held on 27<sup>th</sup> September 2006 at 3.30pm  
In the Anderson Room, Trust Headquarters, Burton**

**PRESENT:**

- Mr. A. Fox, Chairman
- Ms. S. Price, Interim Chief Executive
- Mr. M. Docherty, Director of Operations
- Dr. A. Wakeman, Director of Public Health
- Ms. J. Jobson, Non-Executive Director
- Mr. C. Thomas, Director of Finance (part)
- Mr. J. Carr, PEC Chair
- Ms. T. Harte, Non-Executive Director
- Mr. A. Patel, Non-Executive Director (part)
- Dr. T. Scheel, Associate Medical Director
- Mrs. S. Edgson, Non-Executive Director
- Mr. S. Poynor, Chief Executive

**IN ATTENDANCE:** Ms. J. Tanner, Associate Director of HR

		<b>ACTION</b>
TB/06/674	<p><b>APOLOGIES</b></p> <p>Apologies were received from Mr. P. Aldred. Mr. Aldred had asked the Chairman to pass on his best wishes and thanks to all.</p>	
TB/06/675	<p><b>MINUTES OF THE LAST MEETING</b></p> <p>The minutes of the meeting held on 23<sup>rd</sup> August 2006, were agreed as an accurate record and signed by the Chairman.</p>	
TB/06/676  676.1	<p><b>MATTERS ARISING NOT COVERED BY THE REST OF THE AGENDA</b></p> <p><b>Partnership Working</b> Dr. Wakeman updated members on local partnership initiatives.</p> <p>A bid had been submitted through the Community Safety Partnership to fund an alcohol worker in A&amp;E at Queen's Hospital. It was hoped that this would capture alcohol misusers who were at present slipping through the system to offer support and help in reducing their dependence on alcohol.</p> <p>The PCT was also working with Queen's Hospital on a joint stop smoking clinic for staff and patients.</p> <p>Mr. Fox updated on the Local Area Agreements (LAA). This was a three-year agreement with Government and it was a mandatory requirement to be part of a LAA. The Staffordshire LAA had been signed up to by all District and County Councils with the aim for public sector to work together in partnership. The first draft of the Staffordshire LAA would be available by the end of the month.</p>	

	<p>Significant main service funding was attached to this and the Strategic Board that had recently held its first meeting had significant powers to scrutinise, monitor and recommend on funding for public services. The Board had representation from Local Authority, District, PCTs, universities, voluntary sector, police, fire and the Stoke/Staffordshire Strategic partnership.</p> <p>This was an important arrangement and would have a significant impact on the area.</p>	
TB/06/677	<p><b>QUESTIONS RAISED BY THE PUBLIC</b></p> <p>The following questions were raised by a member of the public:</p> <ol style="list-style-type: none"> <li>1. How many Non-Executive Directors are currently employed? <i>Answer: Five</i></li> <li>2. What was the total remuneration for 2005/06? <i>Answer: £29,793.43, based on the national remuneration rates</i></li> <li>3. Will there be fewer Non-Executive Directors following reconfiguration? <i>Answer: Yes, there are currently approximately 20 Non-Executive Directors and within the new PCT it is likely to be six or seven.</i></li> </ol>	
TB/06/678	<p><b>TO APPROVE STATEMENT OF REQUIREMENTS</b></p> <p>Ms. Price presented the Statement of Requirements, previously distributed as Enc. 3.</p> <p>This was the new NHS West Midlands performance-monitoring tool and the Board was required to make monthly governance declarations in relation to finance and quarterly declarations in relation to the governance framework. Supporting documentation explaining this in more detail had been circulated within Enc. 3.</p> <p>It was noted that this PCT's rating of four was low risk due to its good performance.</p> <p>The Board approved the documents to be signed off by the Chair and Chief Executive for submission to the Health Authority by the end of September.</p>	
TB/06/679	<p><b>CHIEF EXECUTIVE'S REPORT</b></p> <p>Ms. Price, as Interim Chief Executive, reported on the local position.</p> <p>Financial position – when the PCT's expected budget was reduced by over £5million at the beginning of the year a considerable financial plan had to be put in place to meet the shortfall. To date the gap had been reduced through this plan to £730k and the expectation was that the breakeven position would be achieved by the year-end. Ms. Price stated that the magnitude of this achievement should be acknowledged.</p> <p>She continued that the impact of the period of change over to the new PCT was obviously difficult and unsettling for staff, but they would be kept informed. Courses had commenced for staff to update their skills and the HR department would be running road shows to offer advice and support.</p>	

	<p>Ms. Price would be taking up the role of Managing Director from 1<sup>st</sup> October for the interim period to maintain continuity and a local focus.</p> <p>The Treatment Centre was now open and although some settling in problems had been experienced these were being dealt with as they arose. It was anticipated that the Centre would be in a position to see patients from other areas in the near future.</p> <p>Ms. Price stated it was pleasing to note that the Branston Medical Centre had been completed ahead of schedule and that the key ceremony had taken place earlier that week. A lot of interest had been received from local people about registering with the new practice and although the practice was keen to expand their list, this had to be done in a managed way. A position statement was tabled advising of the registration process for the new centre.</p> <p>Ms. Price, on behalf of health, had also recently attended a meeting around the Local Area Agreement. This was an exciting opportunity to come together and share expertise and would be key for the new organisation.</p>	
TB/06/680	<p><b>INTEGRATED PERFORMANCE REPORT</b></p> <p>Mr. Thomas presented the Integrated Performance Report for September 2006, previously distributed as Enc. 4.</p> <p>This report had been scrutinised by the Performance Committee.</p> <p>Overall, this was a pleasing report but two areas of 'red' risk remained, MRSA, and access to GUM appointments. These were both ongoing issues and work was underway to improve the position.</p> <p>Work was also ongoing to improve the presentation of the report and previous comments had been incorporated. It was anticipated that further work would be undertaken to develop the report in an amalgamated PCT. However, four-way reporting would continue for the majority of this year.</p> <p>One query was raised in respect of the casemix showing 12% elective daycases /inpatients and 12% increase in cost. Mr. Thomas agreed to look into this anomaly.</p>	CT
TB/06/681	<p><b>FINANCE REPORT</b></p> <p>Mr. Thomas presented the Finance Report for the period ending 31<sup>st</sup> August 2006, previously circulated as Enc. 4.</p> <p>This report had been scrutinised in detail by the Performance Committee prior to this meeting.</p> <p>This was the fifth month of the new financial year and a breakeven position had been forecast by year-end. To date there was an outstanding balance of £730k and it was stressed that there would be significant work ahead to meet this challenge.</p>	
681.1	<p><b>Financial Handover Update for the Closure of the PCT</b></p> <p>Enc. 5 summarised the background to the PCT's financial position and this statement would be taken forward by the new PCT.</p>	

	<p>Mr. Thomas was pleased with the handover position for this patch although other areas had reported more challenging positions to be carried forward into the new organisation.</p>	
TB/06/682	<p><b>STATEMENT OF INTERNAL CONTROL</b></p> <p>This was an additional agenda item added following an Audit Committee held earlier that day.</p> <p>Ms. Jobson tabled the Statement of Internal Control. This paper had been presented to the Auditors in May 2006 and for statutory purposes the Board was asked to agree the Statement was still accurate at this time. This was confirmed.</p>	
TB/06/683	<p><b>ANNUAL AUDIT LETTER (AAL)</b></p> <p>Again, an additional agenda item following the Audit Committee held earlier in the day.</p> <p>Mr. Thomas tabled the external AAL 2005-06. It was the PCT's external Auditors' statutory duty to bring the Letter to the Board's attention to publicise the PCT's financial and other areas of performance.</p> <p>Given the timing this was a summary report of the position to date and Mr. Thomas briefly highlighted:</p> <p>The Auditors' Local Evaluation (ALE) findings against the five nationally specified areas – this PCT scored two across all areas and had been reassured that this was considered a good performance. These scores would have significant influence on the Healthcare Commission ratings.</p> <p>Three key issues had been raised around the annual accounts and these had been discussed in detail at the Audit Committee.</p> <p>The robustness of the PCT's plans for merger preparedness had been based on a questionnaire issued to selected staff and responses had been as expected.</p> <p>Mr. Thomas felt this was a good report based on the PCT's overall performance.</p> <p>Mr. Poynor welcomed the Auditors' comments, but expressed disappointment at the ALE scores given the PCT's shown ability to manage financial pressures some of which had been outside of our control.</p>	
TB/06/684	<p><b>REPORT FROM THE PROFESSIONAL EXECUTIVE COMMITTEE (PEC)</b></p> <p>Mr. Carr tabled the final report from the PEC for September 2006. This report encompassed recommendations from a number of the subgroups providing input to the main Committee. It was hoped that these recommendations would be recognised and developed within the new PCT and Mr. Carr commended the report to the Board on that basis.</p> <p>Mr. Fox thanked all members of the PEC for their hard work, clinical advice and expertise over the past four years. The report was passed to</p>	

	Dr. Wakeman to take forward as he was involved in the interim arrangements.	AW
TB/06/685	<p><b>HUMAN RESOURCES REPORT</b></p> <p>Ms. Tanner presented the HR position statement, previously circulated as Enc. 8. She highlighted:</p> <p>The good management of long-term sickness cases with only two cases currently reported, which was below the NHS average.</p> <p>She was involved heavily in supporting staff through the reconfiguration and workshops would be running during October in readiness of the appointments process.</p> <p>The weekly newsletter had been appreciated by staff and thanks were given to Mr. Ravat for his hard work.</p>	
TB/06/686	<p><b>LOCAL DELIVERY PLAN (LDP) 2005-08 UPDATE</b></p> <p>Ms. Price presented a refreshed LDP document for 2005/06. She asked members to note a correction to the Action Plan which should read '2005/06 not '2006/07'.</p> <p>This summary document outlined status to date and an assessment of local targets focussed around public health improving health; some of these had been superseded by national targets. The action plan reflected national and local action to deliver national targets or aspirations.</p> <p>Ms. Price continued that a huge amount had been achieved but there was still progress to be made and this would be carried forward into the new organisation, alongside other LDPs, to aid planning and shaping of the future.</p> <p>It was requested that the items not achieved/PEC priorities also be summarised and that with this inclusion this closing document was adopted.</p>	SPr
TB/06/687	<p><b>CHIEF EXECUTIVE'S REPORT – SOUTH STAFFORDSHIRE</b></p> <p>Mr. Poynor provided an update on the arrangements for the new South Staffordshire PCT.</p> <p>An interim Board with the four existing Chairs and Audit Committee Chairs had been established and had met on four occasions to progress the planning of new arrangements within the South Staffordshire PCT.</p> <p>Interviews for the Chair had been scheduled for the coming Friday and the Chief Executive position would be approved following that appointment. Mr. Poynor had been confirmed as Chief Executive Designate in the interim.</p> <p>Running in line with this, work had been ongoing to establish the Executive level structure and the structure had been presented to staff side representatives and shared with the interim Board and directorate teams earlier in the week. The Health Authority had to formally give approval and</p>	

	<p>the posts would be advertised the coming Friday with a closing date of 9th October. Interviews were scheduled for week commencing 16<sup>th</sup> October.</p> <p>The second in line posts would necessarily be appointed alongside Executive level posts.</p> <p>Positive discussions were continuing with staff side representatives and the weekly newsletter had been well received by all staff.</p> <p>No decision had been taken on HQ premises, but Mr. Poynor stressed that he would be ensuring that any new provision was matched by savings around the new PCT area.</p> <p>Mr. Poynor also emphasised the need for strong locality teams in terms of information provision, financial support, commissioning, medicines management support, partnership working and a local focus for patient and public involvement along with the voluntary sector. The localities would be structured around District Council boundaries.</p> <p>Managing Directors had been appointed in each of the four current PCTs to ensure continuity and Ms. Sue Price had been appointed for East Staffordshire.</p> <p>Discussions had been ongoing and proposals were being considered for the new Professional Executive Committee. Mr. Poynor stated that a number of clinical experts were working on key areas with the aim of gaining real clinical engagement working alongside the new Trust Board.</p>	
<p>TB/06/688</p> <p>688.1 688.2 688.3</p>	<p><b>ITEMS CIRCULATED FOR INFORMATION</b></p> <p>Prescribing update – September 2006 Pharmacy Contractors' Report Capital Developments Update</p>	
<p>TB/06/689</p>	<p><b>CLOSURE OF EAST STAFFORDSHIRE PRIMARY CARE TRUST BOARD</b></p> <p>Mr. Fox thanked all members for their dedication over the past four years and formally closed the East Staffordshire Primary Care Trust Board.</p>	