

South Western Staffordshire Primary Care Trust

Minutes of a meeting held on 28 September 2006 at 1.30 p.m. in the Council Chamber, South Staffordshire Council Offices, Codsall.

Present: Jenny Cornes (Chair)
William Price (Chief Executive)
Jan Warren (Director of Primary Care & Professional Development)
Susan Fisher (Director of Finance & Performance)
Dr Roger Beal (Chair of Professional Executive Committee)
Glyn Ravenscroft (Non Executive Director)
Mike Washburn (Non Executive Director)
Dr Zafar Iqbal (Director of Public Health & Partnership)
Brian Holland (Non Executive Director)

In Attendance: Julie Phillips (Associate Director of Corporate Affairs) and Jennie Thomas (Administrator/Secretary to the Board and PEC).

	ACTION
<p>PCT (06) 81 APOLOGIES</p> <p>Apologies were received from Maureen Compton and Carol Hurley.</p>	
<p>PCT (06) 82 MINUTES OF THE MEETING HELD ON 27 JULY 2006</p> <p>The minutes of the meeting held on 27 July 2006 were approved as a true and accurate record and signed by the Chair.</p>	
<p>PCT (06) 83 CHIEF EXECUTIVE'S REPORT</p> <p>The Chief Executive updated members verbally on the current position with regard to Commissioning a Patient Led NHS. A provisional structure had now been issued and appointments at Director level were to take place within the next few weeks.</p> <p>He thanked staff and their partners for their tremendous contribution to "Breaking the Bounds, Looping the Loop", a charity event in which staff had walked or cycled the complete periphery of the PCT boundary, to mark the end of the organisation. £999.59 had been raised to date for the chosen charity - Hearing Dogs for Deaf People.</p>	

PCT (06) 84 PEC CHAIR'S REPORT OF MEETING OF 12 SEPTEMBER 2006

At the meeting of 12 September 2006, members had discussed many reports featured on the current Board agenda, particularly that on Out of Hours, which the PEC Chair would discuss in more detail later on the agenda.

PCT (06) 85 REPORT FROM THE FINANCIAL RECOVERY BOARD

Members **considered** a summary report of the Financial Recovery Board.

- The overall savings target for existing schemes has been achieved.
- The overall savings target for new schemes has not been achieved as a consequence of delays in realising the £250k savings associated with the Therapy Charges Project (O4). The delay has occurred because guidance has not yet been received from the Strategic Health Authority.
- The PPA is now forecasting a £1.6 m overspend, however data this early in the year is not considered to be very robust. A potential overspend of £750k has been recognised and schemes have been identified to address this overspend.
- Within the Ophthalmology Triage Scheme clinical assessment has not taken place since early August 06. A report has been completed into the scheme and approved by the PEC.
- The Lifestyle Programme element of the Low Priority Procedures Project (E5) has been assessed as no longer viable.

The Chair of the Financial Recovery Board reported that due to a hard working team, those things which had been requested to date, had been delivered. Continuity arrangements were now being put into place, and the support of the Intervention Team had been withdrawn.

The PCT Chair expressed thanks to all staff, noting that the Intervention Team had acted as a catalyst for both Executives and Non Executives with a resultant feeling of being on firm soil.

PCT (06) 86 PCT PERFORMANCE REPORT

Members **considered** a summary report of PCT performance for the month of July 2006. This was based on key performance targets used by the Healthcare Commission to produce the Star

Ratings and also measured performance against National Waiting times targets. The report had been discussed at the Finance Panel meeting on 21 September 2006.

PCT (06) 87 ESTATES CAPITAL PLAN 2006/07

Members **considered** a report of the Estates Capital Plan for 2006/07. This identified the allocation of £95k capital to improve PCT owned premises, in order to ensure that they were fit for purpose for delivering modern primary healthcare services.

The paper gave an overview of the outcome of the Property Appraisal undertaken by South Staffordshire Healthcare Foundation Trust in 2005/06 on behalf of the PCT.

Limited resources dictated that maintenance work identified would need to be prioritised, focusing resources on those areas of greatest need and those that presented the highest risk, in a prudent manner. Members were therefore asked to ratify the Capital Plan, allowing the Executive Management Team discretion to oversee appropriate prioritisation.

It was also agreed that the section relating to Stone Rehabilitation Centre, under the PCT Recovery Plan, was removed.

JW

PCT (06) 88 CHOOSING HEALTH PRIORITIES FOR 2007/08

Members **considered** a summary report of Choosing Health priorities for 2007/08. Six key priority areas had been identified as follows:

- Tackling health inequalities
- Reducing the numbers of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and well being
- Reducing harm and encouraging sensible drinking

Action was to be taken across government on

- Helping children and young people to lead healthy lives
- Promoting healthy and active life amongst older people

Delivering these priorities would be dependent upon four supporting strategies

- Promoting personal health
- Developing the workforce
- Building in research and development
- Using information and intelligence

Members **approved** the following priorities, established by the Choosing Health PEC Subgroup, to address public health Choosing Health targets within each funding stream:

- Sexual Health Modernisation
- Reducing Health Inequalities
- Alcohol Interventions
- Generic Lifestyle Programmes

Due to a particular priority being the partnership agenda for reducing health inequalities (where work with partners was already underway) members were also asked to approve a contribution of £20k each for the Stafford and South Staffordshire Local Strategic Partnership Projects for 2007/08. This was **agreed** subject to target driven action plans being included which demonstrated the invest to save policy of the PCT.

ZI

PCT (06) 89 PCT ANNUAL REPORT

Members **received** the PCT Annual Report, which was to be made available on the PCT web site. Copies were in the meantime to be distributed to all stakeholders and interested parties.

PCT (06) 90 REGISTRATION AUTHORITY REPORT

Members considered a report of the procedures required for the set up and operation of a Registration Authority within the PCT for Smartcards, which were used by Healthcare professionals to access Connecting for Health applications. This was required in compliance to the National Registration Policy and Practices. The report outlined the necessary responsibilities and procedures.

Members **ratified** the PCT Registration Authority policy.

PCT (06) 91 RISK MANAGEMENT REPORT

Members **considered** the Risk Register/Assurance Framework (Strategic Risks section), which had recently also been considered by the Risk Management and Audit Committees.

As part of the transition work being undertaken to move to a new PCT in October, PCT reconfiguration project groups had been established. The Governance group, as part of its remit had been working on the transfer of the risk register and assurance framework documents.

In the following table, the proposed objectives which had been identified for transferring to the new PCT were listed:

Number	PRINCIPAL OBJECTIVE
1	To ensure delivery of financial plan and achieve robust financial health
2	To deliver the PCT Recovery Plan
3	To ensure continuity of PCT Business and Services during and after PCT reorganisation
4	To ensure compliance with core, and relevant developmental standards, under the Annual Health Check process and to ensure effective clinical governance systems are in place to meet the 'duty of quality'
5	To deliver all agreed LDP commitments
6	To achieve the 6 specific service priorities derived from the planning and priorities framework: <ul style="list-style-type: none"> a) Health Inequalities b) Cancer 31 and 62 day waits c) 18 week maximum wait d) MRSA e) Patient Choice and Booking f) Sexual Health and Access to GUM Clinics
7	Develop integrated IM&T services across the whole PCT
8	Prison Healthcare: To improve health and provide equity of care according to need
9	To implement Practice Based Commissioning
10	To ensure successful delivery of the new primary care contracts

Members also **considered** the Statement on Internal Control, which had been amended slightly as a result of the Audit Committee meeting held on 20 September 2006.

For PCTs being abolished during 2006/07 separate accounts were required and similarly, separate Statements on Internal Control (SIC) were also required to support those accounts. Members noted that a further SIC should be submitted as part of the September "year end" exercise and arrangements had been put into place to ensure that this would be completed in time to be signed by the outgoing Chief Executive.

JP/WP

A Summary of Incidents was included in the report. Members **noted** that 45 incidents had been reported between 1 July and 31 August 2006. These were across eight service areas and 11 were reported still to be open.

PCT (06) 92 FINANCE REPORT

Members **considered** a report of PCT Financial Performance for the month of August 2006. This had been discussed at the meeting of the Finance Panel on 21 September 2006 and reported a forecast outturn of £4.947m.

The two main issues arising in month were Prescribing and Shared Services overspends, which had been mitigated using the inflation reserve and the benefit gained from reduced Payment by Results/MFF deductions on Service Level Agreements (SLAs).

Recovery was showing an overspend year to date of £246k, which mainly related to the phasing of the anticipated savings on Therapy charges of £250k. These savings would be retrospective, once agreed and subject to discussion at the Recovery Board.

The Risk Statement at £35k showed that the PCT was currently able to mitigate in year risks. A full review of HCHS contracts, inflation resources and Payment by Results allocations had generated a net reserve of £300k (largely due to a saving on SLAs led by other PCTs).

PCT (06) 93 ANNUAL AUDIT LETTER

As part of the external audit reporting, KPMG had issued an Annual Audit Letter, highlighting areas of potential significant operational and financial risks applying to the PCT.

The four risk areas identified for local review were financial standing, new funding flows, Integrated children's service and prisons.

Members **received** the Annual Audit Letter.

PCT (06) 94 SOUTH STAFFORDSHIRE GP OUT OF HOURS SERVICE CONTRACT TENDERING PROCESS

Members **considered** a report of the proposed process for contract tendering for GP Out of Hours Services.

The Service Specification had been subject to robust discussion at the PEC meeting of 12 September 2006 and was considered to be lacking in important areas, being contradictory in a number of paragraphs. PEC concerns were therefore to be passed on to the South Staffordshire Group responsible for developing the specifications and supporting the tendering process.

Members made note of the above and concluded that this was a major risk area, therefore **making a recommendation** to the incoming PCT Board that the tender process be delayed and reviewed.

PCT (06) 95

A formal letter was to be sent to Stuart Poynor, Chief Executive Designate, which was to include copies of papers considered by both the PEC and Board.

COMMUNITY PHARMACY ADDITIONAL WEEKDAY HOURS

Members **considered** a briefing paper outlining available options for the possible re-commissioning of the additional weekday evening rota for community pharmacists. This had originally been decommissioned due to its being unaffordable and not representing value for money. The hourly rate had risen from £9.20 to £60 per hour.

This was being reconsidered as a result of public interest and the receipt of a 586 signature petition from the residents of Stone.

Members considered four options as follows:

Option	Annual Cost (£)
1. Do nothing	Nil
2. Re-commission service from Stone Pharmacy at the original rate of £9.20 per hour	2,438
3. Re-commission service from Stone Pharmacy at the new rate of £60 per hour.	15,900
4. Re-commission the service from all 7 original pharmacies at the old rate of £9.20 per hour.	13,651

After discussion, members **agreed**, for reasons of equity, to instigate Option 4.

PCT (06) 96**GENERAL MEDICAL SERVICES – SERVICE CONTINUITY**

Members **considered**, as a result of the recent review of the closure of Wildwood Surgery, a report which outlined the key principles and necessary decision making required to minimise future risks in a similar situation.

Practices had been requested to develop their own business continuity plans, covering areas such as:

- Premises
- Prescribing
- Locum cover
- Medical records
- Long term conditions

The PCT was in the process of identifying high risk practices, who might not be in a position to implement their continuity plan in some circumstances. These were likely to be single handed or small practices with related partners. It was the PCT 's

intention to work alongside them, using a template developed by a local partnership, in order to achieve best practice and thus avoid similar problems in future.

Members therefore **agreed** the suggested key principles.

PCT (06) 97 END OF TERM REPORT

Members **considered** a report highlighting specific areas of work which would need to be brought to the attention of the new PCT. The following specific issues required agreement:

- the presentation of the outcome of the tenders for the prison pharmacy to the PCT Board in October/November.
- the presentation of the tender evaluation for the Kinver General Practice Tender to the PCT Board for approval in December/January and to note this process has been delayed due to a recent court case
- confirmation that the highest priority for development was Rising Brook, subject to the agreement of functional content and the agreement in principle of the disposal of Stone Rehab subject to financial viability
- that the Shared Financial Services Board should continue in the short term
- that the tender for the pressure relief service should be presented to the PCT Board in October/November

With regard to the Kinver General Practice Tender (section 2.2 of the report), it was agreed that the PPI representative on the assessment panel should be a non specified Non Executive Director.

It was also agreed that the Shared Services Board should be discontinued, and be replaced by a working group.

With regard to premises (Section 2.4 of the report), it was agreed that the paragraph relating to the consideration of the disposal of Stone Rehabilitation Centre should be removed.

With regard to the Commissioning Workstream Update, the key modernisation project relating to follow up was more clearly defined as "follow-up to new ratio".

Members noted that statutory accounts would be prepared beyond the conclusion of the current PCT, it being a national requirement for both year end and mid year reports. It was therefore considered pertinent to record the year end forecast of £4.9m for the new organisation.

The report was subsequently to be revised and re-issued, taking

into account the above points.

WP

PCT (06) 98 MINUTES OF SUB COMMITTEE MEETINGS

Members **noted** minutes from the following sub committee meetings:

HR/OD meetings of 22 February and 18 September 2006

Finance Panel meetings of 20 April, 25 May, 22 June, 20 July, 24 August and 21 September 2006.

Clinical Governance meetings of 5 June and 7 August 2006

NSF for Older People, 25 July 2006

Risk Management Committee, 7 September 2006

Patient & Public Involvement, 11 September 2006

Audit Committee meetings of 13 July and 20 September 2006.

PCT (06) 99 ELECTRONIC PATIENT RECORD – ISSUES, RISKS AND REMEDIATION

Members **noted** a summary report of issues surrounding the potential shortfall of the new community IT system, *Lorenzo*. Systems and processes had been put in place to identify, manage and resolve these issues so as to minimise the risks to the PCT.

Risks brought to the attention of the Risk Management Committee and the Board included:

- Data quality
- Access
- PCT restructure
- Child health
- Commissioning
- Reference costs
- Business Processes
- Project and technical support
- Strategic Health Authority support
- Logging issues

PCT (06) 100 CHILD PROTECTION ANNUAL REPORT

Members **noted** a summary report of key issues identified in the Child Protection Annual Report, which covered work undertaken by the South Staffordshire Healthcare NHS Foundation Trust (SSHCT) during the period 2004/06.

There had been an increase in the number of children on the Child Protection Register, from 282 in 2002 to 429 in 2005. 139 child protection conferences and reviews had taken place in the period 2004/05, with 128 taking place in the period 2005/06. The services received by the PCT via a Service Level Agreement from SSHCT included:

- External Contracts
- Child Protection Clinical Supervision
- Child Protection Training
- Serious Case Reviews
- Audit of Child Protection Medicals
- Designated Doctor/Designated Nurse Function
- Named Nurse
- Preparation of Court Reports
- Child Protection Advice and Support
- Child Protection Conferences

Also included in the report were two Case Review Executive Summaries relating to a South Western Staffordshire serious case review.

Members also noted the key importance of partnership working, involving local councils and prison and probation services with regard to Child Protection issues.

PCT (06) 101 HUMAN RESOURCES REPORT

Members **noted** a summary report of human resources information.

Sickness Absence

Sickness absence had decreased to 4.32% in July from 5.3% in March 2006, with the highest sickness areas having been anxiety and depression, heart/blood pressure and absence due to "other illness".

Staff Turnover

The annual equivalent turnover of the total staff for June was 13.16% and 14.39% for July 2006.

PCT Staff in Post and Projections

Information to date indicated that the PCT was in a good position to achieve both the September 2006 and March 2007 target for workforce reductions.

Agenda for Change

Action had been taken to address outstanding banding and requests for banding reviews and it was planned that these should be resolved for all involved prior to the transfer of PCT employees to South Staffordshire PCT.

Joint Staff Partnership Report

The last meeting of the group had taken place on 6 September 2006, where issues addressed had included

- A review of progress on Health and Safety issues
- Discussion of national proposals to revise the NHS Pension Scheme and Redundancy Benefits arrangements, which may come into force on October 1st 2006
- A review of progress and plans for the transfer of staff to the new PCT and the appointment of staff to posts in the new PCT
- A Registration Authority Policy for agreement (item 2.9 on Board Agenda)
- Reporting that Healthcare Commission would not be requiring the new PCT to participate in the national NHS Staff Opinion Survey this year.

Commissioning a Patient Led NHS

Interim arrangements for a Board for the new PCT were being established, together with a project board, pending the formal appointment of Chair, Chief Executive, and Non Executive Directors.

A group had been established to progress the Human Resources workstream.

A draft paper had been circulated for discussion and agreement amongst managers and staff side organisations on an "HR Framework for the filling of posts in the new PCT".

Workshops had also been set up for PCT staff who may be directly affected by these changes.

The PCT was also in the process of scheduling all employee related cases involving legal claims for handover to the new PCT.

PCT (06) 102 STATEMENT OF REQUIREMENTS FOR 2006/07

Members **received** the Statement of Requirements for 2006/07, which had been signed by the Chair and Chief Executive, as required by the Strategic Health Authority.

PCT (06) 103 EXCLUSION OF PRESS AND PUBLIC

It was resolved to exclude the press and public from the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

Signed Dated

Jenny Cornes
Chair
South Western Staffordshire Primary Care Trust