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WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

Notes of the PCT Public Board meeting held on Thursday 18th May 2006 at 9.30 am at Highnam Business Centre

Present:

Ahmed Bham	Non-Executive Director
Liz Boait	Chair
Stephen Golledge	Chief Executive
Derek Harbottle	Non-Executive Director
Mark Hendry	Non-Executive Director
Susanne Noblett	Professional Executive Committee member
Anny Reid	Non-Executive Director
Dr Mike Roberts	Chair of the Professional Executive Committee
Fred Simpson	Non-Executive Director
Mike Theelke	Director of Finance

In attendance:

Pat Diskett	Assistant Director of Public Health
Amanda Fisk	Director of Performance & Corporate Development
Jenny Kirkby	PA to Director of Performance & Corporate Development
Sarah Robinson	Assistant Director (Corporate Development)
Nicki Millin	Assistant Director (Performance)

Also present:

Peter Mannion	Chair, West Gloucestershire PPI Forum
Rebecca Potts	West Gloucestershire PPI Forum

824/06 APOLOGIES FOR ABSENCE

Apologies were received from Dr Hugh Annett, Director of Public Health, Jan Marriott, Director of Clinical Development, John Ford, Director of Service Delivery and Ann McCluskey, Director of Human Resources and Organisational Development.

825/06 MINUTES OF THE MEETING HELD ON THURSDAY 20th April 2006

These were agreed as an accurate record.

826/06 MATTERS ARISING

821/06 - Mark Hendry highlighted the need for the PCT to declare whether, in the current financial context, it would be going ahead with the Churchdown Surgery development. Stephen Golledge reported that the identified resources were still ring-fenced for premises development and confirmed that in line with the previous Board agreement the practice would receive a response after the July Board. Mike Theelke reminded members that there would be no financial impact for the PCT in 2006/07 if the premises development goes ahead.

827/06

CHAIR'S REPORT

Liz Boait welcomed those present at the meeting.

Liz reported that Elizabeth Law had written on behalf of the three PCT Chairs welcoming Sir Michael Pitt and Sir Ian Carruthers, the new Chair and Chief Executive of the South West Strategic Health Authority.

Liz reported that an announcement had been made last week confirming the new PCT reconfiguration and confirmed that there will be 14 Strategic Health Authorities across the county from 1st July 2006 and 7 Primary Care Trusts within the existing Avon, Gloucestershire and Wiltshire SHA from 1st October 2006. Liz confirmed that PCT Chief Executive and Chair appointments were expected during July; further details of the appointment process would follow when the timescales had been confirmed.

In relation to the Community Change Savings Programme, Liz reported that the three PCT Chairs had met recently and agreed that Stephen Golledge would take over all Chief Executive responsibility for delivering the community change programme, with Richard James leading on Cotswold & Vale PCT specific delivery and Caroline Fowles leading on partnership and consultation arrangements. Directors working on individual savings plans now reported directly to Stephen on their progress.

The Board noted the contents of the report.

828/06

PROFESSIONAL EXECUTIVE COMMITTEE (PEC) CHAIR'S REPORT

Mike Roberts reported that the three Gloucestershire PCT PEC Chairs and the Medical Director of the Gloucestershire Hospitals NHS Foundation Trust continue to work together and are making good progress. A further Joint meeting of the three Gloucestershire PCT PECs was due to take place on 23rd May 2006 at Cheltenham & Tewkesbury PCT.

Mike confirmed that a lot of the current work around the Integrated Service Improvement Programmes (ISIP) would need clinical input. PEC leads had been identified for each ISIP to support the Director leads.

Stephen Golledge highlighted that at the next Joint PEC meeting there would be a proposal to move towards a single Gloucestershire PEC, involving all current members of the existing PECs. Liz Boait applauded the improved county-wide working and emphasised the continuing need for a clinical input on the PCT Board. Ahmed Bham queried whether a new PEC Chair had been identified for the new PCT. Stephen Golledge confirmed that some clinicians wished for their clinical input to continue but that a significant number of members did not wish to continue into the new PCT. Stephen Golledge confirmed that there would be a selection process in due course. Mike Roberts stated that many clinicians wanted to be involved in work streams without having to attend lots of committees and meetings. It was agreed that this was the time to look at a different way of working and find out how members wanted the new PEC to look, so we do not lose expertise.

The Board noted the contents of the report.

829/06

CHIEF EXECUTIVE'S REPORT

Stephen Golledge presented his report.

Stephen reported that the Standards for Better Health/Annual Health Check final declaration was now available on the PCT website.

Liz Boait confirmed that it was good to see the results of the Quality and Outcomes Framework in the report. Liz went on to query the financial implication of QOF for the current financial year. Stephen confirmed that QOF points do not go up this year and Mike Theelke highlighted the substantial increase in resource growth in 2004/05 and 2005/06 over the budgets allocated centrally.

It was noted that the financial impact of QOF for 2005/06 is £4.89M against a budget of £4.98M. Although QOF has been delivered within budget for 2005/06, this represented a substantial increase of £850K growth between 2004/05 and 2005/06 over the budgets allocated centrally for the achievement of QOF. Susanne Noblett noted that Dr Bee's practice is in the Forest at Newnham on Severn and not Gloucester as mentioned on the table.

Stephen highlighted the Client Centred Practice Conference held on 11th May by Occupational Therapists and also the Telecare project in Gloucestershire.

The Board noted the contents of the report.

830/06 ANNUAL CORPORATE GOVERNANCE REPORT 2005/06

Sarah Robinson presented the Annual Corporate Governance Report 2005/06.

Sarah drew members attention to Annex 1; the Board and Professional Executive Committee members Declarations of Interests Register, Annex 2; the Register of Sealings 1st April 2005 to 31st March 2006, Annex 3; the Register of Collaboration with the Pharmaceutical Industry valued at over £500 and Annex 4; the Losses and Compensation Schedule 1st April 2005 to 31st March 2006 which details two losses amounting to £317.13.

The Board noted the contents of the report and signed off the Losses and special payments detailed in Annex 4.

831/06 PERFORMANCE REPORT

Nicki Millin presented the performance report and highlighted the following areas:-

Nicki reported that the PCT self assessment against the key healthcare standards which is required by the Healthcare Commission as part of the Annual Health Check will be presented to the Board at the July 2006 meeting.

Waiting Times – one patient breached the 6 month wait times target in March 2006 at the Nuffield Orthopaedic Centre. It was noted this was due to a system error of NCRS. Stephen Golledge highlighted that this was part of a national problem with the NCRS programme where the system had lost sight of patients. Liz Boait asked if this would be investigated further and Stephen explained that he had written to the Chief Executive of the Nuffield Orthopaedic Centre NHS Trust.

Cancer Waiting Times – Nicki reminded members of the targets. No patient shall wait longer than one month (31 days) from diagnosis of cancer to the beginning of treatment, or more than two months (62 days) from urgent GP referral for suspected cancer to the beginning of treatment expect for good clinical reasons. Nicki reported that Gloucestershire Hospitals NHS Foundation Trust is achieving the 31 day target and improving its performance against the 62 day target.

Ambulance Services - Nicki drew members attention to the new Great Western Ambulance Service figures and it was noted that the Trust had met the Category A response times overall for the Trust, but not for the county or the PCT. These were new 3 sets of figures at a Trust total level, Gloucestershire county level and West Gloucestershire PCT level. However, during April the Trust had shown a slight improvement in performance against all standards in both the Gloucestershire and West Gloucestershire response times.

Accident and Emergency – Gloucestershire Hospitals NHS Foundation Trust continues to meet the four hour A&E target.

Delayed Transfers of Care – the number of delayed transfers of care as at the 4th May 2006 was 9 of which 3 have already been discharged. Nicki reported that Social Services are working very hard to keep the number of delayed transfers of care down.

Choose and Book – as at the 10th May 24 practices were using the Choose and Book software. Nicki explained that figures are reported nationally and the PCT figures were higher than first anticipated. Liz Boait queried the number of patients choosing providers outside of Gloucestershire and Nicki confirmed there were a small number. Ahmed Bham asked for the number of people going to abroad for treatment, which had been in the media recently, and Nicki confirmed that this was not a issue for the PCT.

The Board noted the contents of the report.

832/06

FINANCE REPORT

Mike Theelke presented to the Board the financial position of the PCT based on the draft accounts submitted to the Audit Commission and the Strategic Health Authority on 15th May 2006.

Mike commented that the update was on the year end position and was subject to an audit taking place in June and final accounts receiving approval in July. Mike reported that at the April Board the PCT forecast an overspend for the financial year of £3,912,000. The draft final accounts show an overspend of £3,863,000, an improvement of £49,000. Of the overspend of £4,799,000 with NHS Trusts, £4.2M lay with Gloucestershire Hospitals Foundation NHS Trust.

Mike confirmed that the non NHS providers overspend was £1,806,00, the key areas of pressure being Private Sector Placements (£1,402,000) and Mayfield (mental health and learning disabilities) Trust (£561,000). Mark Hendry queried the increase in costs for Mayfield. Mike Theelke confirmed that Agenda for Change had an impact for the Partnership Trust employed staff at Mayfield and had been identified as a risk. Mark Hendry asked about the impact for 2006/07 and Stephen Golledge reminded members that the signing of the contract had been delegated to him and the Director of Finance with the expectation of having the same cost envelope. Stephen agreed not to sign off a higher sum than we had budgeted for, including CRES. It was noted that Cheltenham & Tewkesbury PCT led on discussions with MEND.

Mike reported that primary care budgets were underspent by £901,000. The key areas of saving are GMS and PMS payments (£366,000); Out of Hours (£224,000) ; overprovision for superannuation (3105,000); anticipated underspend on our quality and outcomes framework (QOF) payments (£95,000) and primary care premises (£94,000).

Mike Roberts queried the underspend on out of hours and Mike Theelke confirmed that the PCT had over compensated for overspending in 2004/05 when the service was first introduced. Derek Harbottle asked whether the Gloucestershire Hospitals NHS Foundation Trust expenditure on rehabilitation had been resolved. Stephen confirmed that the issue had been resolved and positively impacted on the 2006/07 contract.

The Board noted the contents of the report.

833/06

LOCAL DELIVERY PLAN 2006/07 : COMMUNITY SAVINGS PROGRAMME PERFORMANCE MONITORING REPORT

Amanda Fisk presented the Local Delivery Plan 2006/07 and Community Savings Programme Performance Monitoring Report. Amanda summarised the three main elements of the Local Delivery Plan; the latest savings proposal, consultation arrangements and the production of a Run Rate.

Amanda reported that the revised final LDP submission was forwarded to the SHA on 10th May 2006 identifying further savings to a total of £24,933K in a full year and £15,516K in 2006/07. She went on to say that announcements were made last week regarding further savings proposals. Liz noted that paragraph 1.5 should read "unidentified" non-recurring sum of £11,007K.

Amanda then took members through the process to deliver the savings programme. Amanda reported that discussions with the Gloucestershire County Council Health Overview & Scrutiny Committee (OSC) had taken place. It was noted that the OSC had set up an NHS Finance task group to consider the original savings proposals from the health community in more detail. The OSC are currently awaiting details of consultation proposals which would be taken to their meeting on 31st May 2006.

Stephen Golledge highlighted the purpose of the consultations as to outline the changes the community intends to make and the impact. The longer the consultation period the more savings would be required to be brought back to the OSC. The length of the consultation was key for this. Stephen explained that there would be a lot of face to face communication during the consultation process which meant building on existing meetings. Liz Boait stated that the OSC had a duty to give an indication of timescales for consultation.

Stephen commented that there were no signs that the Department of Health would not support the stance. It was reported that members of the public were writing direct to the Department of Health with their concerns. Mark Hendry had been informed that stakeholder GPs were writing to the OSC for a prolonged consultation process. Stephen and John Ford had met with lead GPs to have an open conversation about the process and to make them aware of the proposals. Mike Roberts highlighted that members of the public and GPs need to be given clear messages about the purpose of consultation

Susanne Noblett commented that it was important to set out what replacement services there would be in the community.

Liz Boait highlighted that timing was a crucial element and explained that a final decision on the proposals would either be made by the end of the summer if the OSC and Board approve them or would need to wait until the new PCT was in place, and able to make the decision which could be the end of October at the earliest. It was noted that this would have a cost implication which was of critical importance.

Stephen emphasised the need for taking sound legal advice as there were separate proposals for separate NHS organisations. It was noted that Caroline Fowles was drawing the consultation material together. Fred commented on the shorter consultation agreed by the OSC for the Gloucestershire Partnership NHS Trust and Amanda confirmed that there was a five week consultation starting on 22nd May 2006. Liz Boait highlighted that delay in the PCTs consultation would create over £125K further savings needed per week.

Amanda then drew members attention to Annex 2 setting out the performance management arrangements and the Run Rate methodology. This was backed up by a traffic light summary. Amanda explained that the interpretation of savings on a county and West Gloucestershire PCT basis was tabled at Annex 4 as the Run Rate.

Mike Theelke reported that the emergence of Run Rates was as a result of Turnaround arrangements by the Department of Health. This was a national requirement for all PCTs and the current Run Rate demonstrates a county level view. Over the next few days schemes would be broken down and a Run Rate be provided on an individual PCT level. The Run Rate shows month by month planned spending with a recurring surplus of £3.6M and an overall overspend of £571K at month 1.

Members then had a discussion about the overall cash flow. Liz Boait requested that the Run Rate Annex be available on A3 for the July meeting.

Amanda reported that the PCT headcount and number of vacancies would be reported each month. It was noted that it was important to establish where we are with vacancy control.

Liz Boait confirmed that this paper was an important set of documents and explained to Board members that they would have an opportunity to discuss further at future meetings.

The Board noted the contents of the report, Community Change Savings Programme, traffic light assessment, latest savings proposals across the county and the performance management arrangements.

834/06

BUSINESS PLAN/ASSURANCE FRAMEWORK – QUARTER 4 2005/06

Sarah Robinson presented the Business Plan and Assurance Framework – Quarter 4 2005/06.

Sarah reported that the Business Plan was developed using the framework for the 7 domains in the Department of Health document Standards for Better Health. It was agreed in July 2005 the PCT Business Plan would be based on three elements:-

- National targets (Public Service Agreement targets for the NHS and Social Services)
- Standards for Better Health
- Financial Recovery Plan

The documents have all been updated to show the latest position for the end of March 2006.

Sarah explained that the format of the Business Plan incorporates a description of the national target or Standards for Better Health domain and objective, the key milestones and a simple risk assessment. The Assurance Framework details the risk management processes to identify internal control mechanisms which prioritises the risks and includes reference to an action plan in the report.

Liz Boait raised the concern of new targets for 2006/07 overriding existing public health related targets. Pat Diskett explained that the public health national targets are normally measured over a long period of time, Pat went on to explain that targets will be measured year on year. Amanda Fisk explained that existing targets would be retained as it was better to add in more information on targets. Liz Boait stated that it was good to have the level of detail provided.

Ahmed Bham commented on performance for patients who receive thrombolysis within 60 minutes of calling for professional help and highlighted there was a need for improvement. Nicki Millin explained that there was an issue around collecting data as more patients were being thrombolysed than recorded. Members agreed that this needed to be scored at 1 or 2. Liz Boait asked that progress on thrombolysis be incorporated into the next Performance Report.

Liz Boait queried C23 in the Business Plan, in the Standards for Better Health section - systematic and managed disease prevention and health promotion programmes - and confirmed she thought this was slightly inaccurate. Stephen Golledge confirmed that the three PECs would be discussing the Gloucestershire which should incentivise health promotion in primary care.

Liz Boait highlighted point 5.5.3 of the Assurance Framework and the failure to reduce referrals and consequence for the savings plans. Stephen Golledge confirmed that the PbC incentive for referrals would lead to GPs taking appropriate action. Amanda Fisk commented this was a key risk for the Assurance Framework. Peter Mannion expressed the concern that GPs were referring to Gloucestershire Hospitals NHS Foundation Trust rather than their local hospital. Direct Enhanced Services would probably include a requirement to reduce referrals and outpatient referrals by 2% in 2006/07.

The Board noted the contents of the report and approved the Assurance Framework and Business Plan for 2006/07.

835/06 REPORT FROM THE AUDIT COMMITTEE

Derek Harbottle presented the draft minutes of the Audit Committee held on Wednesday, 19th April 2006. Derek confirmed that a verbal update from this meeting had been provided at the Board meeting held on 20th April 2006.

The Audit Committee received the Counter Fraud Annual Report for 2005/06 and received the draft Audit Plan for the 6 months to 30th September. This prompted a discussion about the proposed increase in fees by the Audit Commission.

Mike Theelke highlighted that the original substantial increase in fees had seemed unacceptable and confirmed that the three PCTs had now received a reduced fee proposal based on a joint county-wide programme of work. The fee across the three PCTs would be £169K instead of £202K.

Derek explained that the external auditors report on financial standards would be received by the Board on a monthly basis. He highlighted that the Terms of Reference had been amended to be in line with the new Audit Committee Handbook differing only due to the PCT Integrated Governance arrangements.

The next meeting of the Audit Committee was due to take place on Thursday, 6th July 2006.

The Board noted the contents of the report and received the minutes of the Audit Committee held on 19th April 2006 and the amended Terms of Reference.

836/06 ANNUAL COUNTER FRAUD REPORT 2005/06

Mike Theelke presented the Counter Fraud Report 2005/06 in Sallie Cheung's absence.

Mike reported that the Counter Fraud Service operates on a county-wide basis and provides a service for the 6 NHS organisations in the community. The PCT is required by the Secretary of State directions to provide or commission a Counter Fraud Service.

Mike highlighted that one particular problem for the Counter Fraud Team was the length of time spent on individual investigations, which reduces time for other pieces of work. Mike explained that year to year this can vary significantly but balanced out across the PCTs over time. It was noted that the majority of investigation time had been spent on one case around dental activity and this was still ongoing. The Counter Fraud Team had demonstrated that one dentist was wrongly claiming fees due to poor administration; the dentist is to re-pay all costs.

A pilot exercise to recover unpaid prescription charges and introduce additional penalty charges for members of the public who had attempted to evade prescription charges was underway. Liz Boait highlighted that making members of the public more aware of exemption certificates may act as a deterrent.

Mike Roberts queried why the document was marked 'in confidence' and asked whether it was for restricted circulation only. Mike Theelke confirmed that the report was now a public document as it did not identify any individuals. He drew members attention to Appendix 3 of the case synopses which did not have names next to the cases.

Liz Boait queried who line manages the Counter Fraud Team and Mike confirmed that they were accountable to the six county Directors of Finance but were line managed through the IM&T Shared Service and employed by Gloucestershire Health NHS Foundation Trust.

The Board noted the contents of the report.

837/06

UPDATE FROM THE INTEGRATED GOVERNANCE COMMITTEE

Fred Simpson updated the Board on the Integrated Governance Committee.

Fred reported that the Integrated Governance Committee held its last Committee meeting on 24th March 2006. He explained that the implementation of policies protocol is now in place and policies are distributed properly throughout the organisation. He went on to explain that one core standards declaration in the Annual Health Check submitted to the Healthcare Commission was not met. The standard relates to medical records, and an action plan has generally been drawn up. It was noted that the Information Governance Toolkit had increased scores although the Health Records score was still low. This was an ongoing high priority.

Fred confirmed that the Audit Committee Terms of Reference were now compatible with the Integrated Governance Committee Terms of Reference. It was noted that work had been undertaken on the Risk Register which now included public health risks.

It was noted that further work needed to be carried out on the reports from the Clinical Governance Steering Group, with concern around enforcing Gloucestershire Hospitals Foundation NHS Trust contract quality standards. Fred Simpson would discuss the situation with Stephen Golledge and report back on this.

An update on infection control would be provided at the next Integrated Governance Committee meeting.

Fred reported that the Integrated Governance Committee would start reviewing two development standards from Standards for Better Health at each meeting to ensure more robust assurances and declarations. It was noted that the IGC would draw up a process to look at the developmental standards.

Mike Roberts queried an issue around incident reporting and feedback to staff from the Datix system. He also asked if there would be the same reports for the three PCTs as we move towards one PCT. Fred Simpson explained that the objective was to close the loop of incident reporting, collecting information and feed back to staff. Amanda Fisk stated the objective was embedding the process of feedback to front line staff, so people continue to report. It was noted there was a lot to do to embed this through all tiers of the organisation.

Liz Boait stated that it was crucial to support the sharing of expertise. Amanda also highlighted Health & Safety in prisons and child protection as current high risk areas.

Susanne Noblett asked if the IGC were linking with other PCTs and Amanda Fisk confirmed that they were in touch with colleagues to avoid duplication of effort.

The Board noted the contents of the report and the minutes of the Integrated Governance Committee held on 24th March 2006.

838/06

RACE EQUALITY GROUP AND SCHEME

Ahmed Bham updated the Board on progress made by the Race Equality Group.

Ahmed reported that the Race Equality Group meets on a quarterly basis and explained that sufficient progress had been made towards developing an action plan. Heather Ross, Equality and Diversity Project Manager had met with the three PCTs representatives on 22nd March to discuss the Race Equality Action Plan across the county.

The report highlights the need for Impact Assessments to be undertaken on proposed policies, inclusion of more detailed information about the ethnic profile of the workforce and linking race equality to health priorities identified in Choosing Health and other public health issues. Ahmed confirmed it was important to measure the corporate commitment in terms

of delivering other aspects of equality including age, sex and gender discrimination. He stated the two key aspects of the progress were; firstly the schemes – the three PCTs are at different levels and West Gloucestershire PCT has made good progress and achieved a good measure of progress, and secondly the key area of training – without which there would be an adverse impact on reducing gaps.

Liz Boait asked if the Race Equality Action Plan gets submitted to the Strategic Health Authority. Ahmed confirmed that the SHA received a copy last summer. He went on to say that the group needed to continue to monitor progress to address and tackle issues.

Mike Roberts commented that it was a good piece of work and that it needed to be shared with Independent Contractors. Stephen Golledge commented that Heather Ross could arrange to meet up with Practice Managers to raise awareness on the issue.

Pat Diskett highlighted the Impact Assessment linking race equality to health priorities and confirmed that there were issues around capturing data.

Ahmed confirmed that an area that needed to be improved was links to the complaints procedure and work had just begun with Debbie Townsend around capturing information.

It was agreed that Ahmed would bring progress back to the September meeting.

The Board noted the contents of the report and approved the continued work of the Race Equality Group.

839/06

INFORMATION GOVERNANCE BASELINE ASSESSMENT 2005/06

Sarah Hammond presented the Information Governance Baseline Assessment for 2005/06.

Sarah reported that this was the second time the PCT had submitted an Information Governance Baseline Assessment. Areas where improvements have been made are; Data Protection, Information Security Management, Information Quality Assurance, Confidentiality Code of Practice and Health Care Records.

Sarah confirmed that the Information Governance Group had reviewed the assessment criteria. Robust evidence and supporting evidence was lacking in some areas where the PCT had failed to improve, for example Freedom of Information. However, it was noted that the scoring did not reflect how the PCT is performing in this area.

It was noted that Health Records was a high priority and a reformed sub-group had been arranged involving senior managers and clinicians to highlight the main areas of risk. Sarah confirmed that another workshop would be arranged to discuss guidelines and to roll-out better practice. It was noted that this work would be taken into the new PCT and would involve other organisations. Fred Simpson confirmed that this was a significant issue but the PCT was taking the right steps.

Liz Boait queried the relevance of the traffic light system and Sarah confirmed that this was part of national criteria and part of national reporting.

The Board noted the contents of the report.

840/06

FOUNDATION TRUST CONTRACT WITH GLOUCESTERSHIRE PCTS

Stephen Golledge presented the Foundation Trust Contract with Gloucestershire PCTs.

Stephen updated the Board on the reasons for the Primary Care Trust entering into a legally binding Foundation Trust contract with Gloucestershire Partnership NHS Trust.

Stephen explained that Gloucestershire Partnership NHS Trust had recently approached Monitor asking them to defer assessment until later in 2006. Stephen went on to say that

work towards Foundation Trust status continued and he asked the Board to delegate authority to the Chief Executive sign off the legal contract.

Liz Boait stressed that it was important progress continued and requested that an update be given to the Board following Monitor's decision.

Fred Simpson asked if this would have an implication on the transfer of private placement budgets to GPT. Stephen confirmed that the PCT was still on track to deliver implementation of an agreed plan from August 2006.

The Board noted the contents of the report and awaited a response from Monitor.

841/06

DATE OF NEXT MEETING

The next full Board meeting will be held on Thursday, 13th July 2006, 9.30 am in the Board Room at Highnam Business Centre.