

**Minutes of the Meeting of Oxfordshire Primary Care Trust held on Thursday,
24 September 2009 at PCT Offices, Jubilee House, Oxford**

Present: Fred Hucker (Chair)
Rosslyn Avery, Non-Executive Director
Sumit Biswas, Non-executive Director
Ailsa Granne, Non-executive Director
Richard Green, Clinical Governance Lead
Fiona Mackay Perkins – Non-executive Director
Jonathan McWilliam, Director of Public Health
Catherine Mountford, Director of Strategy & Quality
Tony Mullee – Non-executive Director
Ineke Powell, Non-executive Director
Stephen Richards, Medical Director
Geoff Rowbotham, Interim Managing Director, Community Health Oxfordshire
Kay Symons, Associate Non-executive Director
Matthew Tait, Director of Finance & Performance
Bryan Thompson, Non-executive Director
Alan Webb, Director of Service Redesign
Andrea Young, Chief Executive

In attendance: Marion Davis, Head of Corporate Affairs

1. Introduction**1.1 Chair's Welcome and apologies for absence**

The Chair announced that Andrea Young, Chief Executive had been appointed as Chief Executive of SHA South Central and would be taking up her appointment on 1 October 2009. On behalf of the Board he thanked Andrea for the outstanding contribution she had made to the PCT during her three years as Chief Executive and wished her every success in her new role.

In response, as she had indicated in her report to the Board, Andrea had found it a real privilege and joy to lead NHS Oxfordshire and paid tribute to the superb support of staff, clinicians and the Board. She wished NHS Oxfordshire every success for the future.

Matthew Tait, Director of Finance & Performance, had been appointed Interim Chief Executive and the Chair offered the Board's best wishes to him in undertaking this role.

It was intended to start the process to appoint a new Chief Executive and this would take place over the next few months.

The Chair also announced that Ronan O'Connor had been appointed Director of Communications & Engagement and would be formally joining the PCT on 12 December.

1.2 Apologies for absence

Apologies for absence were received from Dave McWhirter and Sula Wiltshire.

1.3 Questions from the floor/Petitions

The Chief Executive reported receipt of a second petition calling for a Dialysis Unit at Horton General Hospital. The petition was signed by 500 people. It was understood that ORH Trust would review numbers of patients using the services from the Banbury area next year.

The Chair also received a petition from patients using Botley Medical Centre protesting against a decision it was believed the PCT had taken to replace doctors at the surgery. Dr Richard Green gave an initial response confirming that the PCT had a duty to ensure that practices provide good quality services to their patients and that positive discussions had taken place with the practice at their request. The public should be reassured that the PCT was focussed on continuing to work with and support the practice.

The Chair invited members of the public to comment or ask questions on meeting papers or any other matters as usual practice at the start of public Board Meetings. It was explained that as at all meetings a record of the questions and answers would be held by the Communications Team and would be posted on the website after each meeting. Copies are also available on request from the Communications Team.

1.4 Declarations of Interests

Tony Mullee, Fiona MacKay Perkins and Geoff Rowbotham declared an interest in Item 5.1 – Transforming Community Services.

1.5 Minutes of Board Meeting held on 16 July 2009

The minutes of the meeting held on 16 July 2009 were agreed as a correct record and signed.

1.6 Matters arising from these minutes

There were no matters arising not covered elsewhere on the agenda.

2 Board Member Reports

2.1 Chief Executive's Report

The Chief Executive presented Paper 09/89 bringing the Board up to date with timely information on current topics. These included:

- *Financial Overview*
- *Creating a Healthy Oxfordshire*

The Director of Finance gave an update on this two day programme designed to accelerate delivery of strategy whilst addressing the challenging future facing the NHS. Next steps included further refinement of the main work areas and the establishment of a systemwide Board including providers and social care which would be led by the PCT on behalf of the NHS in Oxfordshire. There was collective recognition of the scale of the challenges, support for the need to deliver more services in the community, and less reliance on acute services. It was believed that this was a real opportunity to redefine the agenda for the next few years and it was important that the Board earmarked quality time over the next few months to test and validate possible changes. An early communication was being produced.

Other topics included in the report:

- *PCT Commissioning Collaboration – Commissioning Enablement Service*
 - *World Class Commissioning Assurance – Year 2*
 - *Academic Health Sciences Centre and Health Innovation and Education Cluster*
 - *Flu Planning*
 - *National Awards*
- It was also noted that the Clinical Governance Team had been nominated for an NHS Alliance Acorn Award.
- *Leadership Changes*

2.2 Clinical Executive Report

The Medical Director presented his report (Paper 09/90). Key areas reported on included:

- Clinical Engagement, the reinvigoration of PBC and changes to Clinical Executive
- Demand Management
- Integration of a GP service with the John Radcliffe A & E Service
- The role of the Priorities Forum

The Board supported the outcome of the PBC Workshop recognising the need to build on the work already done in PBC and acknowledged that it was important not to undermine the good work in consortia and practices. It was also commented that there remained a high level of frustration amongst clinical teams and it was believed that fundamental change would result from recent discussions which would impact favourably on clinical leadership and engagement in service change.

2.3 Swine Flu in Oxfordshire and Thames Valley

The Director of Service Redesign, as Flu Director, gave an update on the position relating to Swine Flu in Oxfordshire. This included the latest position on the spread of the disease internally, nationally and locally. The first batches of vaccines were expected in October and the main challenge was the expected second wave in September/October. The Board were assured that plans were in place to cope with this. There were concerns about the number of specialist beds available in the system and discussions were taking place across South Central to address this. One of the biggest clinical concerns was the recognition of non flu serious conditions that might get missed and clinicians were looking for assurances that that the PCT was doing all it could to minimise that risk.

3. Commissioning, Contracts & Patient Experience

No business in this section

4. Finance

4.1 Finance Report – August 2009 (Month 05 2009/10)

The Director of Finance presented Paper 09/91 outlining the financial position as at Month 5 (August 2009) for the period to the end of 2009/10. The report focussed on those areas described as either having a 'high' risk to the forecast outturn position or having a 'high' impact on the position to date.

Overall the PCT was reporting a surplus of £1,222k which deviated from its planned surplus of £865k by £357k. The PCT was no longer expecting to achieve its year end target surplus of £2.1m and had reduced this to break even. The main reasons for this were the continuation of financial pressures across a number of healthcare contracts and pooled budgets. The Director of Finance reported that the realism of achieving plan was significantly worse at the year end but he still felt confident that a satisfactory position of breakeven would be achieved. The Director of Finance reported:

- Good joint work around managing pooled budgets was underway
- The forecast positions of the Nuffield Orthopaedic Centre NHS Trust and Royal Berkshire Hospitals Foundation Trust were still not clear.
- Specialist commissioning budget pressures

Comments included:

- Biggest risks remained around contracts with the ORHT and NOCT. It was important that the commitment made by ORHT to the cap should be honoured and the Board felt strongly that the cap should remain in place.
- How funding costs for flu would be handled was still unclear.
- Reassurance was needed that specialist commissioning would be kept under control. There appeared an issue as to whether contracts had been properly set in the first place

The Board:

- Approved the forecast position at month 5 (August 2009)
- Ratified the allocation movements as detailed in Paper 09/91
- Noted the current financial position.

5. Strategy

5.1 Transforming Community Services: Position Paper

Penny Emerson, Transforming Community Services Programme Director, presented Paper 09/92 setting out the key milestones already achieved from the dual perspective of commissioner and provider (Community Health Oxfordshire) as well as articulating proposed next steps for discussion.

Along with other PCTs, NHS Oxfordshire had been charged with transforming the commissioning of services in line with WCC criteria and assuring that provider organisational arrangements are fit for purpose and separate from commissioning. This work was required within challenging timelines and largely comprised a wholesale review of community services, together with a high level market analysis to inform the development of the transforming community services commissioning strategy. The paper summarised the commissioning work completed to date and outlined how the TCS commissioning strategy would shape future community provision to best deliver the benefits and improved health outcomes aspired to for the people of Oxfordshire.

Comments included:

- Estate Strategy welcomed – the importance of having a comprehensive view of overall utilisation of NHS estate was stressed.
- It was important to take a decision to enable contracts to be entered into with high calibre people to continue to scope and sustain the momentum of the work done so far.

- It was not felt that it would be in the Board's interest to create a stand alone organisation but any action that would speed transformation of services in Oxfordshire would be welcomed. The guidance included a strong proposal to create more synergy of community teams and gave a clear direction from where commissioners need and want services delivered in the future.
- It was pointed out that the strategic aims, strategy and business case would form one document and the decision today was to give approval to produce that document for consideration by the Board. The challenge to the CHO Board to deliver this business case should not be underestimated.
- The need to get to a point of clarity and stability in delivery of community services as soon as possible was emphasised. Business fit was also important.

The Board:

- Noted commissioner progress to date and that commissioners were not currently able to make a recommendation on future form for reasons set out in section 8 of this paper.
- Noted the progress to date by CHO and agreed that the CHO Board should carry out market testing with other providers to consider final form, approach, timescales and process to proceed.

5.2 Demand Management Update

Val Messenger, Lead Director, Demand Management presented Paper 09/93 providing a progress update on the demand management programme set up to ensure that activity related to the assessment and treatment of Oxfordshire patients across the two main acute provider Trusts (Oxford Radcliffe Hospitals and Nuffield Orthopaedic Centre) achieves and sustains an affordable level.

The Board welcomed the update and noted the range of activities put in place with both Trusts to jointly manage the activity back to contract levels. Plans in place to improve and extend communication about this programme were also supported. Throughout the programme, maintaining and improving the quality of patient care was clearly of the highest priority.

Comments included:

- There was still an element of frustration around the role of the ORHT in taking more responsibility and accountability for agreed and proposed actions.
- There was not a high level of confidence that measures in place at the NOCT so far would deliver the required reduction in demand, but discussions were continuing
- Longer term it was intended that the demand management programme would be incorporated into the main Finance Report. Financial information on the ORH Trust was expected to be available within the next week and it was intended that an update would be presented to the next meeting.

The Board received the report and supported the measures being introduced. It was believed they were essential if Oxfordshire health economy was to remain on a sustainable footing and could therefore support improvements and innovations into the future. However, throughout the programme, maintaining and improving quality of patient care should remain the highest priority.

5.3 NHS Continuing Healthcare Equity and Choice Policy

The Board considered Paper 09/94 seeking approval of the NHS Continuing Healthcare Equity and Choice Policy. The policy was to ensure that fairness and equity was key to the process of delivering NHS Continuing Healthcare as described in the National Framework, and the placement of an individual following agreed eligibility is in an environment that fully meets their assessed health needs, whilst ensuring equity in resources delivered by the PCT.

Subject to an amendment to Section 4.2.4 – Exceptional Circumstances - Exceptionality would be determined on a case by case basis and would require the agreement of the Director of Service Redesign and another Director (ie two directors instead of one), the Board approved the policy for implementation.

The fact that an Equality Impact Assessment had not been completed on this paper was highlighted and it was noted that a system was being devised to ensure more rigorous assessment in the future.

6. PCT Provider Services

6.1 Community Health Oxfordshire Board Update

The Interim Managing Director for Community Health Oxfordshire presented Paper 09/95 providing an update on CHO activities since the last meeting. It outlined the financial position following the rebasing exercise and performance to date. It also updated on progress in developing key policies within CHO and progress on Transforming Community Services.

Comments included:

- The operational surplus was largely as a result of the overachievement of Cost Improvement Plans, to August £1.4m had been achieved against a target of £1m (total target £3.2m). Whilst this was encouraging delivery, the CIP remained challenging.
- It was intended to include a separate report on clinical governance in future and there would be NED involvement. Interviews were about to take place for an Interim Clinical Director.
- Governance was a key priority and it was believed that robust systems were now in place.
- The Board were pleased to note the progress with the opening of City Community Hospital.
- There was a need to agree appropriate GP cover before any plans to centralize gerontology patients in Abingdon and Witney were implemented.
- Savings linked to Luther Street would be predominantly linked to productivity savings, particularly around the use of agency staffing.

The Board formally noted the report.

7 Corporate Performance & Governance

7.1 Performance

a) Vital signs 2008/09 Performance Report

The Board received Paper 09/96 which had been prepared in response to a Department of Health requirement to publish local Vital Signs performance data for 2008/09 alongside the figures for England. An outline of service plans for children with a disability was also included, covering short breaks, community equipment, wheelchairs and palliative care. The report supplemented the Annual Performance Report presented to the Board in July.

The Board formally noted current performance and actions in place to address under-performing areas.

b) Performance Report

The Director of Finance presented Paper 09/97 providing an overview on the delivery of the PCT's Strategic Initiatives, covering performance on all the relevant targets that fall under each initiative, progress in relation to the Financial Risk Management Plan where relevant, milestone achievement, and a brief narrative summary. The report covered performance principally for the period to the end of July and quarter 1 of 2009/10.

90 measures were included in the report. Of these measures approximately a third were amber or red. Of these measures, 13 were national targets that were core to demonstrating high quality of services as part of the Annual Health Check. Turnaround action on these targets was being progressed and monitored on a weekly basis by the Executive Board.

The Board formally noted the Report welcoming the new format whilst recognising that there may be some issues relating to clarity of the narrative which would be corrected in future reports.

7.2 Director of Infection Prevention and Control – Infection Control Report September 2008

The Board formally received Paper 09/98 summarising the activities in Oxfordshire in relation to prevention and control of Healthcare Associated Infection (HCAI). The aim of the paper was to assure the Board that as commissioners the PCT were protecting the population from HCAI. The update covered the following four areas

- Progress on performance against targets
- Progress on performance against annual infection control programme
- External scrutiny
- Community Health Oxfordshire delivery of infection prevention and control

The Board noted the report.

7.3 Statement of Preparedness for Pandemic Flu

The Board formally received Paper 09/99 – the PCT's statement of preparedness for pandemic flu. In its lead role the PCT was also co-ordinating an assurance process across the Thames Valley NHS to ensure plans were consistent and robust throughout the area.

7.4 Assurance Framework 2009-10

The Board received Paper 09/100 providing the current status of the Assurance Framework risks to the organisation. The Assurance Framework had been reviewed by the September Audit Committee and is also reviewed monthly by the Executive Board Risk Management Group.

7.5 Corporate Governance Report

The Board received Paper 09/101 and endorsed the actions taken by the Chair and Directors as detailed.

8. Other Items for formal ratification or information

8.1 Clinical Executive Business

Paper 09/102 was received and the Board ratified the recommendations from the Clinical Executive in respect of Oxfordshire Priorities Forum meetings on 9 July, 13 August and 10 September 2009.

8.2 Sub-committees of the Board – minutes of meetings

The Board received the following minutes of meetings of Sub-Committees:

- Audit Committee – 11 May and 13 July 2009
- Oxfordshire Primary Care Trust Charity Sub-Committee – 7 May 2009
- Clinical Executive – 11 June and 9 July 2009
- Commissioning Quality Sub Committee – 18 June 2009
- Specialist Commissioning Group – 17 April 2009

Whilst only minutes of sub-committees were formally presented to the Board it was suggested that minutes of other fora, eg Health & Well Being Partnership Board, Children & Young Persons Board be circulated informally for information.

8.3 An Accountable Officer for Controlled Drugs

Paper 09/104 was received and the Board formally appointed Sula Wiltshire, Associate Director, Quality & Clinical Standards as Accountable Officer for controlled drugs, noting that this individual must be registered with the Care Quality Commission.

8.4 Proposed Board Meeting dates in 2010

Paper 09/105 scheduling proposed dates for 2010 was received. Dates for meetings in 2010 were agreed as follows:

Public Meetings
Thursday 28 January
Thursday 25 March
Thursday 27 May
Thursday 23 September
Thursday 25 November

Workshops
Thursday 25 February
Thursday 29 April
Thursday 24 June
Thursday 26 August
Thursday 21 October
Thursday 16 December

10. Date of Next Meeting

Thursday 26 November 2009, Cherwell District Council Offices, Bodicote, Banbury

EXCLUSION OF PUBLIC

On recommendation of the Chair, the Board RESOLVED:

“that to enable the Board to consider business of a confidential nature, publicity on which would be prejudicial to the public interest, the public be excluded from the meeting in accordance with sections 1(2) and 1(3) of the public bodies (Admission to Meetings) Act 1960”
