

**Minutes of the West Essex Primary Care Trust  
Public Board Meeting held in the Lecture Theatre, St Margaret's  
Hospital, Epping on Thursday 27<sup>th</sup> March 2008**

meeting will be a short meeting on Thursday 24<sup>th</sup> April at 2.00pm in the boardroom,

**Present:**

Aidan Thomas	Chief Executive
Alan Tobias	Chairman
Alison Cowie	Director of Public Health
Dean Westcott	Director of Finance
Dr Hugh Taylor	Interim PEC Chair
Dr Rory McCrea	Medical Director
Jenny Minihane	Director of Nursing and Modernisation
Leigh Fleming	Director of Corporate Services
Qadir Bakhsh	Non Executive Director
Stephen King	Interim Chair/Non Executive Director

**In attendance:**

Chris Hudson	PPI Forum
Gita Mehta	Head of Primary Care Commissioning, Epping Forest
Kirsty Boettcher	Director of Strategic Commissioning
Leigh Fleming	Director of Corporate Services
Liz Cutts	Minutes
Liz McGranahan	Locality Director, Harlow
Luella Dixon	Director of Workforce Development
Vince McCabe	Chief Operating Officer

**Also Present:**

Dan Baxter	Boehringer Ingelheim
James Moore	West Essex PCT
John Stanley	Essex LPC
Sheila Jackman	Ongar and District Healthcare League of Friends
R. M. Allen	Member of public
Rhiannon Evans	Ongar and North Weald Gazette
Teresa Morgan	West Essex PCT

**Apologies:**

Catherine O'Connell	Locality Director, Epping Forest
Jackie Sully	Non Executive Director
John Lappin	Non Executive Director
Toni Coles	Locality Director, Uttlesford

**17/08 Minutes of the Board Meeting of Thursday 24<sup>th</sup> January 2007**

The minutes were **agreed** as a true and accurate record and signed by the Chair.

**18/08 Chairman's Report**

Alan Tobias thanked Stephen King for covering the role of Chair during Alan's secondment to Mid Essex Hospitals NHS Trust. He also welcomed Dr Hugh Taylor to his first Board meeting, in his role as PEC Chair.

**19/08 Chairman's Action**

Catherine O'Connell's report was **noted**.

Alan informed the Board a Chairman's action was taken to approve the service specification for the new GP led health centre to be procured under the equitable access to primary medical care service initiative.

## **20/08 Chief Executive's Report**

### Official Opening of St Margaret's Hospital, Epping

Aidan reported that Alan Johnson will be officially opening St Margaret's Hospital and that invitations will be issued to all those involved in the project.

### Roydon Branch Surgery

Aidan highlighted there has been press interest in a Hertfordshire practice who are closing their Roydon branch surgery. He explained that the PCTs are responsible for patients registered with their practices and Roydon surgery is the responsibility of East and North Hertfordshire PCT. West Essex are discussing how they can help and Nazeing and Harlow practices have open lists which Roydon patients can join.

### Mental Health Update

Aidan reported that contractors are currently on site on Avon Ward undertaking the refurbishment work, to include the creation of a number of single rooms, and the completion date for the work is the second week of April. Discussions are ongoing around the re-tendering of Ashlar House.

Stephen King asked about the comments received by a member of the public relating to Long View Adolescent Centre in Colchester. Aidan advised that he is waiting for a report back and will feedback to the Board at the next meeting.

### IG Update

Aidan highlighted the PCT is progressing well within the implementation of the information governance assurances requested by the DoH and has received confirmation from a number of providers with the necessary assurance that they also are working to achieve the standards. A number of workshops have been arranged during April to take forward this work with GP practices.

### Consultation on the Future Direction of Adult Social Care in Essex

Aidan highlighted a consultation being run by Essex County Council around their plans to move towards a system of self-directed support, with people receiving a personal budget to meet their social care needs. He reported this is a national initiative and may extend to health and other services.

Jenny Minihane suggested there are possibilities and this is a more flexible approach but vulnerable groups may find the system complex. Alan highlighted there is no mention of the use of advocates within the consultation. Dr Hugh Taylor emphasised that Essex County Council have a statutory duty to provide care and Alison Cowie questioned who would be responsible for monitoring the services each individual commissions, such as infection control. It was agreed these points should be included in the PCT's response to the consultation.

The Board supported the principles of the consultation and asked Jenny to forward their comments to Essex County Council.

**Action: Jenny Minihane**

## **21/08 Report of the Director of Finance**

Dean Westcott's report was **noted**.

Dean reported that, for the period ended 29<sup>th</sup> February 2008, the PCT is forecasting a small year to date surplus of around £29k and the forecast outturn to 31<sup>st</sup> March 2008 remains a breakeven position.

He highlighted that although the overall position remains unchanged, there have been a number of movements. These include a favourable variance within the specialist commissioning position, the agreement of a year end position with PAH and the stabilisation of the prescribing position.

Dean further reported that in 07/08 the Trust is forecast to invest approximately £2.7m on capital schemes and the outstanding schemes are now progressing.

Alan questioned the achievement of the cost improvement programme. Dean advised that the detail has been presented to the Finance and Corporate Services Group and that £4.2m of the planned programme has been achieved. The significant area where the programme did not achieve was within the demand management schemes but this element of the programme was covered by other savings.

## **22/08 PCT Budget 2008/09**

Dean Westcott's report was **noted**.

Dean highlighted the paper setting out the 2008/09 budget. He reported the PCT received a one year allocation, which in real terms represented an increase of £19.7m from the 07/08 allocation. PCT budgets have a total CRES of £2.9m to achieve, which includes a saving to be achieved within prescribing of £1.4m.

He further reported that from 1<sup>st</sup> April the NHS capital funding regime for PCTs is changing and all organisations will be required to submit capital plans to the SHA for approval. He advised that the PCT plans to spend £3.5m on its capital programme during 2008/09.

The Board **approved** the PCT budget for 2008/09.

## **23/08 PCT Operational Plan**

Leigh Fleming's report was **noted**.

Leigh presented the draft operational plan, which outlines the PCT's business objectives for the coming year and acts as the assurance framework. It is developed following national and SHA guidance on key targets the PCT is expected to achieve. She reported it will be submitted to the SHA next week, following the inclusion of further trajectory and financial information.

Aidan thanked the Leigh and the executive team for their work on the plan, which pulls together three sets of national targets, a regional plan and local targets, providing the Board with a single document to review. Leigh confirmed that the final version of the plan would be presented to the Board.

The Board **noted** the Operational Plan.

## **24/08 Consultation on Primary Care Services in Ongar**

Aidan Thomas' report was **noted**

Aidan highlighted the draft consultation on primary care services in Ongar, which reflects the work the PCT has undertaken with key stakeholders around the development of new primary care services in both general practices and the refurbishment of the Ongar War Memorial Hospital.

Aidan highlighted that the Board should be aware that the proposal will be to re-build Ongar War Memorial Hospital. He reported that, if the consultation leads to support for the scheme, the PCT will have provisionally applied for £6m capital from the community hospitals fund.

The Board fully discussed the draft consultation and Alan emphasised that the priority of the PCT was to meet the wishes of the population it services.

The Board **approved** the draft consultation on primary care services in Ongar.

## **25/08 Sydenham House**

Jenny Minihane's report was **noted**.

Jenny circulated a paper to the Board outlining a proposal that the PCT should go out to formal tender to seek a partner for the provision of 'step down' beds, nursing care and dementia care beds within Sydenham House for older patients and people within West Essex. She reported that discussions have been undertaken with Harlow Health Centres Trust, who own Sydenham House, and local stakeholders and the proposal has been well received. She ran through the current provision and the future intended use, which will be 16 beds at Bryan Roycroft to remain the same and 15 'block contract' beds for the PCT.

Aidan thanked Jenny for her work and emphasised this is financially a sound way forward and will provide nursing care beds for Harlow, where there are currently none. It was highlighted that staff are currently being consulted with regarding the changes.

Alan supported the principle but questioned the term 'joint venture' in the paper and suggested it be changed.

The Board **approved** the proposals for the Sydenham House tender.

## **26/08 Infection Control Report**

Alison reported that PAH have exceeded their annual ceiling for cases of MRSA but no new cases were reported in January. Two cases were reported in February, both of which were shown as unavoidable following the completion of root cause analysis, although there were a number of lessons for both the PCT and PAH. Aidan highlighted that for the last 3 months PAH have been below trajectory, which reflects the amount of work they have undertaken in this area.

She reported that the target for MRSA cases for 08/09 is 14, which is a health economy target. The target for CDiff has been changed and is now based on numbers of patients registered to a PCT. Therefore the PCT target is 201, which will cover West Essex patients covered anywhere in the country, and PAH has a target of 117.

## **27/08 Arms Length Trading Organisation (ALTO)**

Vince McCabe's report was **noted**.

Vince highlighted the report on ALTO, which covers the development of the provider arm towards ALTO status and the joint development opportunities being proposed with Mid and North East Essex PCTs, the future models that are open to community service providers and the most viable option for West Essex. He reported the paper is being submitted to the SHA by 1<sup>st</sup> April and a plan is being produced, with other partners, by June 2008. Vince added that the provider arm is investing in personal and team development to ensure managers understand the services.

Alan emphasised the community foundation trust was one viable option for the PCT but there are other models to deliver services through.

Stephen King reported that the Audit Committee received an internal audit report giving substantial assurance on ALTO.

The Board **approved** the ALTO report with the caveat that community foundation trust status is a viable option.

## **28/08 Business Case for Stansted Primary Care Centre**

Toni Cole's report was **noted**.

Leigh Fleming thanked Michelle Bassett, Head of Primary Care Commission for Uttlesford, and advised that the Finance and Corporate Services Group have reviewed and approved the business plan.

The Board discussed and **approved** the business case for Stansted primary care centre.

## **29/08 Business case for Lister House Health Centre**

Liz McGranahan's report was **noted**.

Liz reported that, following discussion of the GAF project at the January Board meeting, the three business cases are part of the growth area funded regeneration of Harlow and the enabling works are funded through growth area funding.

It is proposed the Lister House Surgery will move to a new, purpose built primary care centre in Staple Tye, Harlow, to include a pharmacy, which will be operating by Spring 2010. She highlighted the total estimated revenue costs would be £498k and the net estimated additional costs would be £407k.

The Board discussed and **approved** the business case for Lister House Health Centre.

## **30/08 Business case for Osler House Health Centre**

Liz McGranahan's report was **noted**.

Dr Rory McCrea declared an interest in this item, as Managing Director of Chilvers McCrea.

Liz outlined the proposal that the Osler House surgery moves to a vacant, neighbourhood office. She highlighted the total estimated revenue costs would be £206,338k and the net estimated additional costs would be £175,594k.

The Board discussed and **approved** the business case for Osler House Health Centre.

### **31/08 Business case for Jenner House Health Centre**

Liz McGranahan's report was **noted**.

Liz outlined the proposal that the Jenner House surgery moves to new purpose built health centre. She highlighted the total estimated revenue costs would be £368,118k and the net estimated additional costs would be £284,478k.

Dean Westcott asked that a negotiation around requesting shorter break clauses in the leases of 5 years be undertaken.

The Board discussed and **approved** the business case for Jenner House Health Centre.

### **32/08 Outline Procurement Strategy**

Leigh Fleming's report was **noted**.

Leigh highlighted that the paper outlines the PCT's procurement strategy and that this will be developed into a full strategy.

The Board **approved** the outline procurement strategy.

### **33/08 Outline Estates Strategy**

Leigh Fleming's report was **noted**.

Leigh highlighted that the paper outlines the PCT's estates strategy and that this will be developed into a full strategy.

The Board **approved** the outline estates strategy.

### **34/08 Patient Environment Action Team Assessments (PEAT) 2008**

Jenny Minihane's report was **noted**.

Jenny presented the PEAT self assessment, covering Saffron Walden Community Hospital, Ongar War Memorial Hospital, St Margaret's Hospital and Sydenham House. She reported an internal team assessed each facility looking at 6 areas; specific cleanliness and toilet and bathroom cleanliness, infection control, environment, access and external assessment, food and privacy and dignity.

She highlighted St Margaret's scored very highly in all elements and Sydenham House scored highly apart from minor issues regarding the general environment. The Saffron Walden assessment identified that equipment is old and the standard of environment varied within the hospital. Ongar War Memorial Hospital had a high standard of cleaning although the environmental scores varied. Jenny congratulated all PCT staff on the results.

There was a discussion around the results and there was a question as to whether a similar assessment is undertaken for GP surgeries. It was agreed Catherine would look into this issue in relation to the benchmarking work currently being undertaken.

**Action: Catherine O'Connell**

The Board **approved** the Patient Environment Action Team Assessment.

### **35/08 Safeguarding Children and Families Team**

Jenny Minihane's report was **noted**.

Jenny updated the team on the work of the safeguarding children and families' team. She highlighted the work being undertaken around the child death review process, due for implementation on 1<sup>st</sup> April 2008. She congratulated the team on the work they have undertaken and emphasised that the PCT is further ahead than many other Trusts in Essex. Aidan also thanked the team for all the work they have undertaken in this area.

GP child protection training was discussed. Hugh suggested that that locality shutdown sessions could be used to cover this and Jenny advised she would take this forward.

**Action: Jenny Minihane**

### **36/08 Childcare Vouchers**

Luella Dixon's report was **noted**.

Luella reported that an Essex wide tender process has been undertaken, led by Mid Essex Hospitals, for the provision of childcare vouchers. She advised that the contract of the current provider, Sodexhopass, ends on 31<sup>st</sup> May 2008 and Accor came out as the overall provider of choice. Their management fee is 4%, which will provide the Trust with an additional saving.

The Board **approved** Accor as the preferred supplier of childcare vouchers.

### **37/08 Epping Forest PBC Group service development proposal – rapid access clinic**

Gita Mehta's report was **noted**.

Gita Mehta presented the Epping Forest PBC group's service development proposal for a rapid access clinic. She highlighted this is a 6 month pilot that has been developed from the work of Dr Ambe relating to patients who will not benefit from being admitted to hospital, with a focus on a multi-disciplinary team approach with a rehabilitation and empowerment model. The clinic will focus on managing older patients without a life threatening condition, who have been assessed by the ambulance service. Gita reported that the proposal was approved by the PEC at their March meeting.

The Board discussed the proposal and asked about how the results of the pilot would be reviewed. Gita confirmed the results would be presented to both the PEC and the Board. Jenny asked if the group is confident that the provider arm will have capacity to support the diverted patients. Vince confirmed that the capacity was available around the assumption of a maximum of four patients a day.

The Board **approved** the Epping Forest PBC Group service development proposal for a rapid access clinic.

### **38/08 Review of the public consultation on the proposal to integrate A&E and Walk-in Centre in Harlow**

Liz McGranahan's report was **noted**.

Liz presented the review of the public consultation and advised that the feedback received, both from the meetings and written responses, indicated that the proposals were supported

and that patients were keen to ensure the feel of the Walk-in Centre was retained. They also requested the reinstatement of the phlebotomy service.

### **39/08 A&E/Walk-in Centre Integrated Business Plan**

Liz McGranahan's report was **noted**.

Liz presented the integrated business plan, highlighting that the pilot will commence in July in two stages, with full integration including the WiC locating to the PAH site. She advised there will be cost sharing with PAH and an agreement has been negotiated for an initial period around their loss of income.

Alan emphasised the PCT's commitment to the Walk-in Centre and that it will remain a primary care facility, that is co-located in time but separate from A&E.

### **40/08 Performance Report**

Dale Atkins' report was **noted**.

Leigh presented the performance report, detailing the PCT's position statement regarding the Healthcare Commission declaration, the Healthcare Commission's comparative indicators and the performance scorecard around the national targets.

There was a discussion around the Choose and Book targets and advised that the PCT had significantly improved its position and that the aim is to achieve 60% by the end of March.

### **41/08 Annual Health Check Declaration 2007/08**

Leigh advised that the organisation is on track to submit its declaration to the Healthcare Commission. She highlighted there are two areas where the PCT is declaring non-compliance and actions plans are being developed.

### **42/08 Acute Performance**

Kirsty Boettcher's report was **noted**.

Kirsty reported that the current target for inpatients is that no inpatient is waiting in excess of 20 weeks. The total in-patient waiting list has decreased by 255 cases since April 2007 and the percentage waiting between 0 and 9 weeks inclusive has increased to 70%. In relation to out-patients, all patients have been seen within 13 weeks, which is the national target. The total waiting list has been reduced by 1976 since April 2007 and the percentage waiting between 0-4 weeks inclusive has increased to 89%.

In relation to 18 weeks, Kirsty reported that the current position at week ending 9<sup>th</sup> March is 74% for admitted patients and 90% for non admitted patients. The PCT and PAH are doing all they can to improve the performance but the PCT does not expect to meet the admitted milestone. Kirsty reported that the position has been exacerbated by the number of elective procedures cancelled due to bed shortages at PAH.

Aidan highlighted the PCT will meet the annual December target and a plan has been produced to ensure this happens.

Hugh highlighted that GPs are experiencing follow up appointments being delayed and Kirsty confirmed this is being picked up with the Trust.

#### **43/08 Committee Reports**

- a. Professional Executive Committee – 8<sup>th</sup> January and 5<sup>th</sup> February 2008

The minutes were **noted**.

- b. Audit Committee Report and minutes of the meeting of 24<sup>th</sup> January 2008.

Stephen reported that an Audit Committee meeting had been held that morning and the committee received reports on reference costs and health inequalities and long term conditions, which will be taken as items for future board development sessions. The committee has delegated authority to approve the PCT's standing financial orders and instructions and have reviewed their terms of reference and those of the Integrated Governance Committee.

The report and minutes were **noted**.

- c. Integrated Governance Committee

The report was **noted**.

- d. Finance and Corporate Services Group

The report was **noted**.

- e. Organisational and Development Committee

The report was **noted**.

- f. Commissioning Committee

The report was **noted**.

#### **44/08 Report from the West Essex PPIF**

Chris Hudson thanked the Board for the level of engagement the PPIF have had in all levels of PCT activities. He advised that the Essex wide LINKs have met and recommended that the new bodies should be set up to work across PCT areas and there will be a coordinating group. Tenders for the host organisation are being decided on 5<sup>th</sup> April.

He also advised that a meeting is to be held on 1<sup>st</sup> April to discuss the West Essex PCT area, involving those who may be interested in involvement.

He highlighted that West Essex and a number of other PCTs have asked PPIF members to continue to sit on groups as user representatives until the new groups are established and the SHA have confirmed they will now ask all PCTs to do this.

Alan thanked Chris and the PPIF, on behalf of the Board, for their invaluable input into the PCT and confirmed he would ask that this support continues.

#### **45/08 Any Other Business**

Alan raised the issue of staff recognition and advised that members of the executive team will be looking at making formal arrangements for staff awards.

**46/08 Date of the Next Meeting**

The date of the next public Board meeting will be a short meeting on Thursday 24<sup>th</sup> April at 2.00pm in the boardroom, Terminus House, Harlow to discuss the Healthcare Commission declaration.

Signed as a true and accurate record:

\_\_\_\_\_  
Alan Tobias, Chairman of PCT Board

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Date