

Minutes of the meeting of the **Somerset Primary Care Trust** held on **Wednesday, 14 July 2010** at **The Assembly Rooms, Frome, Somerset.**

- Present:**
- Mrs Jane Barrie OBE, Chairman
 - Mr John Bloomfield, Non-Executive Member
 - Mr Lou Evans, Non-Executive Member
 - Mr Andrew Govier, Non-Executive Member
 - Mr Paul Goodwin, Director of Finance and Performance/Interim Director of Commissioning
 - Mrs Jan Hull, Deputy Chief Executive/Director of Strategic Development
 - Dr Donal Hynes, Chairman, Professional Executive Committee
 - Mr Paul Jackson, Non-Executive Member
 - Mr Peter Telford OBE, Non-Executive Member
 - Mr Ian Tipney, Chief Executive
 - Mr David Wood, Non-Executive Member, Vice Chairman
- In Attendance:**
- Mr Mark Appleby, Director of Workforce
 - Mr Phil Brice, Director of Corporate Services and Communications
 - Mrs Judith Brown, Chief Operating Officer, Somerset Community Health
 - Ms Carole Hounsell, Chair, Somerset LINK
 - Mrs Mal Lee, Executive Programme Lead
 - Mrs Mary Monnington, Interim Director of Delivery (from item SPCT 145/2010)
 - Mr Neville Roberts, Director of Information Technology
 - Mr David Slack, Director of Primary Care Development
 - Mrs Lucy Watson, Acting Director of Nursing and Patient Safety
- Secretariat:**
- Miss Kathy Palfrey
- Apologies:**
- Dr Caroline Gamlin, Joint Director of Public Health
 - Ms Liz Simmons, Non-Executive Member

SPCT 137/2010 INTRODUCTION

The Chairman welcomed everyone to the meeting, the principal consideration of which would be the proposal for the development of replacement medical facilities for Frome Medical Practice and the Beckington Family Practice. The Chairman observed that it was pleasing to be in Frome during its Festival Week and the NHS was present not only for its Board meeting but also to unveil two plaques at the Community Hospital marking the contribution of the local community and local businesses. The first meeting of the Frome Health Forum would take place at the hospital this evening, and the NHS 'big blue bus' was in the town all week to provide health information for residents.

In particular, the Chairman welcomed Dr Tina Merry, Dr Mark Vose and Mike Whitburn, of the Frome Medical Practice, representatives of the Patient Participation Group, and also Peter Smith, Chairman of the Frome Hospital League of Friends. The Chairman also welcomed Lucy Watson, in her new role as Acting Director of Nursing and Patient Safety.

SPCT 138/2010 PUBLIC QUESTIONS

From David and Mary Chesterfield, residents of Frome, who were unable to be present but had expressed the following view in advance of the meeting: Why is it not possible to access the new Frome hospital for emergency out-of hours consultation? The town is one of the largest in Somerset and it is wrong that the local population have to travel so far for treatment and advice when a well equipped hospital is in the town.

David Slack, Director of Primary Care Development, outlined the arrangements for urgent care services in Somerset, which provide primary care services outside of the core hours of 8.00 am to 6.30 pm Monday-Friday: Urgent care services are commissioned through the South West Ambulance Services NHS Trust (SWAST). Patients can access care by telephone and speak to an advisor at the centre. If appropriate, the patient would be offered an appointment at a treatment centre located at Shepton Mallet Community Hospital, or alternatively, would be offered a home visit, if necessary. NHS Somerset had reviewed the number of patients who used this service in the Frome area and found them to be consistent with other parts of Somerset. Typically, during weekday evenings, there would be one or two home visits and one attendance at Shepton Mallet Community Hospital. Overnight, there would typically be one or two home visits and less than one attendance at the treatment centre. Over the weekend, there would be six or seven home visits and three or four treatment centre appointments. These numbers did not justify an additional doctor being located at Frome Community Hospital. Shepton Mallet Community Hospital was a more central location, providing services to the population of Mendip as a whole.

The Chairman requested Phil Brice, Director of Corporate Services and Communications, to write to Mr and Mrs Chesterfield and advise them of David Slack's response.

From Jane Isaac, Bath and North East Somerset (BANES) Emergency Medical Services: What is going to happen when the Primary Care Trust (PCT) is abolished?

The Chairman advised members of the public that the question was in response to the Government White Paper, Equity and excellence: Liberating the NHS, which had been published on

12 July 2010, setting out the Government proposals for NHS reform.

Ian Tipney, Chief Executive, outlined the key issues of the White Paper:

- general practitioners (GPs) would be given a stronger role in the commissioning of health services. (In Somerset, there is already a consortium of 76 GP practices working together – WyvernHealth.Com)
- Strategic Health Authorities (SHAs) would be abolished in 2012 and PCTs would be abolished in 2013

Reflecting on the history of the current position, Ian Tipney advised that, prior to October 2006, there had been four PCTs in Somerset. In bringing these together to form one (Somerset Primary Care Trust – NHS Somerset), management costs were reduced by £2.5 million. 65 posts had been lost but there had been only three redundancies. Presently, the Primary Care Trust had some of the lowest management costs in the south west. The next three years would bring significant changes for many NHS staff and these must be managed in a way that would minimise redundancy costs and ensure that all the savings made were invested in patient services.

Concurring with the Chief Executive's comments, Dr Donal Hynes advised that some of the changes had already been established in Somerset, giving a wider role to clinicians to take responsibility for some of the services. Staff at NHS Somerset had significant experience and expertise and it was important that this should not be lost.

The Chairman advised that further information, guidance and frameworks concerning the reforms would be published by the Department of Health in due course.

Public questions had been received in advance of the meeting, from Mr Nigel Humphreys and Mr John Peverley, relating to the proposals for the Frome Medical Practice, and these were considered following the report – please refer to item SPCT 145/2010.

SPCT 139/2010 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Dr Caroline Gamlin, Joint Director of Public Health
- Liz Simmons, Non-Executive Member
- Mary Monnington, Interim Director of Delivery (joined the meeting at item SPCT 145/2010)

SPCT 140/2010 REGISTER OF MEMBERS' INTERESTS

The meeting **received** a schedule, paper SPCT 2010/073, detailing the interests registered by members.

There had been one amendment to the Register since the meeting held on 2 June 2010, reflecting a revision to David Wood's interests, as declared at that meeting.

The meeting **noted** the Register of Members' Interests.

SPCT 141/2010 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

No declarations of interest were made relating to items on the agenda.

SPCT 142/2010 MINUTES OF THE MEETING HELD ON 2 JUNE 2010

The Minutes of the Meeting held on 2 June 2010, SPCT 2010/074, were **approved** for signature by the Chairman as a true and correct record.

SPCT 143/2010 MATTERS ARISING

There were no matters arising.

SPCT 144/2010 CHAIRMAN'S REMARKS

It had been a very busy few weeks since the last public meeting in June, and there had been some significant developments regarding the NHS in the last few days, through the publication of the Government White Paper, which had been discussed during Public Questions.

On 3 June 2010, NHS Somerset welcomed the Board of NHS South West, which held its public meeting at Wynford House in Yeovil. Prior to the public meeting, a number of NHS Somerset Board members had met with them, and Ian Tipney gave a presentation setting out the strategic ambitions and future plans of the Trust.

On 10 June 2010, the Chairman had attended the turf cutting ceremony at the Berrow Health Campus, and had viewed the project plans and met with practice staff, architects and builders at the Burnham-on-Sea Medical Centre.

On 22 June 2010, a number of Board members and NHS Somerset staff had attended the Planning for Health Conference in Taunton, which had been hosted by NHS Somerset. The

Chairman expressed her thanks to Paul Jackson, Non-Executive Member, who had been instrumental in arranging the event. The conference had been very well received and the various innovative and inspirational speakers from the health and planning professions provided a valuable opportunity to gain an insight into the convergence of the planning and health agendas.

Also on 22 June 2010, the Chairman had attended the farewell lunch for Dr Moira Hamlin, Chair of Avon and Somerset Police Authority, who was retiring after seven years in the post. Dr Hamlin had been Vice Chair of Dorset and Somerset Strategic Health Authority from 2002 to 2006.

The annual NHS Confederation Conference took place between 23 and 25 June 2010, in Liverpool, and both NHS Somerset and Somerset Community Health were represented by members of the Board.

On 23 June 2010, Ian Tipney had given a presentation on behalf of NHS Somerset at the Confederation PCT Network session: "Dealing with the Downturn – how are PCTs meeting the challenge?" In the plenary sessions, both Andrew Lansley, Secretary of State for Health, and Sir David Nicholson, Chief Executive of the NHS, gave keynote addresses unveiling some of the Government's plans for Health.

On 29 June 2010, the Chairman had been invited by the Taunton Association for the Homeless to attend the official opening of the Old Vic Café at East Reach. This had been an excellent project and attendees at the opening were given guided tours of the Café, the new Alfred House Training Centre and the refurbished Lindley House reception.

Other events during the month included:

- on 1 July, the Trust Chairs and Chief Executives' meeting, following by the PCT Chairs and Chief Executives' meeting, in Taunton
- on 13 July, the South West PCT Chairs Learning Set

The Chairman expressed the Board's congratulations to Yeovil District Hospital NH Foundation Trust, which was recently ranked 10th in the Top 100 Healthcare Organisations in which to work. The award was judged from responses by staff to a questionnaire sent out jointly by the Nursing Times, Health Service Journal and NHS Employers.

Although not able to be present at the meeting, Mary Robertson, Chairman of the South Petherton Hospital League of Friends, had reported a very successful summer fete, raising a total of £2,890.

The Chairman expressed her congratulations, and her thanks also to Liz Simmons, Non-Executive Member, who had attended the fete on behalf of NHS Somerset.

Finally, congratulations were expressed to some of NHS Somerset's own staff: On 12 July 2010, the Chairman had presented awards to the winners of the Primary Care Trust's 'Health Factor', part of the Healthy Working Lives programme, which encouraged staff to eat healthily and exercise more. Awards were made to individuals and teams who had made the most progress in losing weight as part of the healthy living scheme. The individual ward had been presented to Rob Osment in the Workforce Directorate, who had lost a total of 26 lbs during the programme, and the "Weighty Workforce" team collectively lost the most weight – a total in excess of 41 lbs. Overall site winners were Minehead Community Hospital, who won a WiiFit for the use of the hospital. The award was presented to Senior Staff Nurse, Vanessa Symons.

The meeting **noted** the Chairman's remarks.

SPCT 145/2010

PROPOSAL FOR THE DEVELOPMENT OF REPLACEMENT MEDICAL FACILITIES FOR FROME MEDICAL PRACTICE AND BECKINGTON FAMILY PRACTICE ADJACENT TO FROME COMMUNITY HOSPITAL, BATH ROAD, FROME

The meeting **received** a proposal for the development of replacement medical facilities for Frome Medical Practice and Beckington Family Practice (Fromefield Branch Surgery) adjacent to Frome Community Hospital, paper SPCT 2010/075, together with a verbal report from David Slack, Director of Primary Care Development.

David Slack outlined the history and background to the proposal, and reminded the Board that the original scheme, dating back to 2003, had been put together by the former Mendip Primary Care Trust. At that time, the plan had been to develop a new health campus for Frome, including a new hospital and new primary care facilities, with funding being provided through a Private Finance Initiative. The scheme, however, was unaffordable.

When NHS Somerset was established, in 2006, it took over the plans and supported both elements of the original proposals, the first being to establish a new community hospital, with national capital funding, which opened in 2008. During that year, as part of its Estate Strategy, NHS Somerset undertook a review of the premises of all 75 practices across the county, taking into consideration the likely future requirements given the anticipated population growth. From this review, NHS Somerset developed the local vision for Somerset's primary care services, which had four components:

- continuity of care: recognising the importance of the ongoing relationship between practitioner and patient, particularly for those with long term conditions and the elderly, and also the importance of strong links between in- and out-of-hours services
- comprehensive range of services: providing as comprehensive a range of services as possible in the local community
- locally embedded services: where the practitioner understands the social context of the community and what other services (not just health) are available to support people
- proactive: practices have been encouraged to be more proactive in developing health plans for patients which support the patient in the community and reduce hospital admissions. They have also been encouraged to promote healthy lifestyle choices by their patients because of the long-term health benefits that this will bring

The business case put together by Frome Medical Practice and Beckington Family Practice is aligned with the primary care vision and seeks to provide a comprehensive range of services locally.

The review concluded that there was a requirement to extend 18 practices and provide new or replacement facilities for 34, being a total of 52 developments, and revenue funding was identified. In Frome, two developments were identified as a priority:

- to replace the current Park Road Surgery of the Frome Medical Practice
- to replace the Fromefield Surgery of the Beckington Family Practice

The Practices received guidance on the level of funding and size of development that would be supported through the infrastructure development programme and undertook much work in considering the available options. The recommendation of the business case was to reconsider the health campus scheme originally put forward by West Mendip Primary Care Trust, to co-locate both practices adjacent to the community hospital. The business case also asked NHS Somerset to support the inclusion of the Saffron Surgery, which is located close to the hospital, in Berkley Road. Whilst the NHS Somerset Primary Care Premises Development Approvals Panel supported that proposal, it was on the basis that additional funding for that element be borne by the Frome Medical Practice, not NHS Somerset.

It is important to note that funding arrangements for primary care premises are nationally, rather than locally, determined. GP Practices are operated by GP partners as a business, and their services are commissioned by the Primary Care Trust under a contract. Within the contract, there is provision of separate funding for premises – known as notional rent – which will fund either the interest on a mortgage (where the Practice owns the premises) or the rental costs (where the Practice leases the premises from the freeholder). For this business case, the Beckington Practice would lease part of the premises from Frome Medical Practice. While the notional rent would make a contribution to the premises' cost, there is a shortfall which must be funded by the Practice.

As part of the agreement of the proposal in principle, NHS Somerset had insisted that the Practices made performance improvements in the areas of:

- telephone access
- GP appointments, with patients being seen in less than 48 hours
- advanced appointment booking
- booking appointments with a named GP
- extended hours
- Quality Outcomes Framework
- Choose and Book
- emergency admissions
- cancer referrals
- smoking quitters
- prescribing

While progress had been made by both Practices in most areas, further work was required in terms of access and smoking cessation.

Phil Brice, Director of Corporate Services and Communications, and Chair of the Primary Care Premises Development Approval Panel (the Panel), explained that, following agreement by the Board, the Panel had been established to consider the detail of the business cases for the development of the most complex or financially significant primary care premises. The Panel comprised a Chairman (Phil Brice), the Deputy Chief Executive, the Deputy Director of Finance, a Non-Executive Member, the Director of Primary Care Development and an independent GP Advisor.

The Panel met on 17 May 2010 to review the business case in detail. The business case set out the case for change and an appraisal of the available options. It also included a detailed analysis of the site selection process and reviewed the funding routes. Representatives from both Practices had made presentations on the proposals, which included the development of services for the local population, including the provision of a dental

suite, a minor operations suite, and a pharmacy.

The Panel had questioned the Practices closely on many elements of the proposal, taking into account:

- the requirement for sustainable development
- clinical safety and governance
- health and inequalities
- stakeholder involvement
- affordability, financial risk and value for money

The Panel was satisfied that the business case as presented met all the criteria, subject to the availability of action plans for performance improvement.

Paul Goodwin, Director of Performance, advised that the Panel had also considered the financial implications:

The Primary Care Trust would not be funding the capital requirement for the business case, but would be reimbursing the notional rent to an amount equivalent to the mortgage interest/ the rental value as set by the District Valuer, and in line with the clear national guidance and framework for its calculation. The Park Road premises were currently owned by the Primary Care Trust. These would be sold and the proceeds used to support the overall Primary Care Trust Capital Resource programme. Arising from the primary care infrastructure review, the Board had previously approved revenue funding of £5 million. Within this, funding was identified to support the Frome Development, and Paul Goodwin assured the Board that funding of the notional rent was in line with the amount previously agreed.

Paul Jackson, the Non-Executive Member of the Panel, advised that his role had been to ensure that public money was being spent wisely. He was also the 'hospital design champion'. He had been satisfied that the prescribed processes had been properly adhered to and believed that the building and scheme as presented would be a good asset to the local community.

Members questioned the performance issues, particularly those of access, and asked what assurance had been provided by the Practices that they would improve the current position:

David Slack responded that both practices were actively engaged on the performance improvement agenda and action plans had been submitted for NHS Somerset approval during 2009/10. The Frome Medical Practice plan had been approved but subsequent changes to the Information Technology (IT) systems had produced a 'knock-on' effect on appointment times. Work would be progressed to improve this. The access plan originally submitted by the Beckington Family Practice had not been approved, but

appointment arrangements had been reviewed across many services and action had been taken to improve the number of smoking quitters.

Dr Hynes commented that the Frome practices were high-achieving but they recognised that performance improvement would always be possible and they were actively engaged to do so.

Members expressed surprise that performance on smoking cessation had been poor and questioned if any financial penalty would be paid by the Practices if this was not addressed:

Ian Tipney advised that both Practices had done very well in improving performance and the performance issues raised were unlikely to be a barrier to the scheme. There was very good engagement by both Practices and he was confident that the issues would be addressed.

Carole Hounsell, Chair of Somerset LINK, commented that, from a patient perspective, the system management issues must be addressed. It must be ensured that the new premises were supplemented by systems that supported the patient.

Agreeing with this viewpoint, David Slack further advised that the poor and cramped facilities of the current premises had an adverse effect on the staff providing the services. However, significant progress had already been made and NHS Somerset would work closely with the Practices to ensure that service improvements continued.

Members requested further clarification of the funding arrangements. They also questioned how the Practices would cover the shortfall and if the Board was assured that there would be no reduction in the quality of services:

Paul Goodwin responded that the PCT would provide the revenue fund (the notional rent) and the Practices would provide the capital financing. Regarding the shortfall, David Slack advised that a number of options were available to the Practices for this, but NHS Somerset could not stipulate which of these the Practices should take up. NHS Somerset would, however, continue to monitor the service levels.

Commenting on the proximity of the proposed development to the community hospital, Members questioned if a restrictive covenant on the future use of the site had been discussed with the Practices. Members also wished to be reassured about the physical access of patients to the new premises:

David Slack advised that the Practices were aware that restrictions would be put in place in terms of access across the land.

However, a restrictive covenant regarding the future use of the site for healthcare purposes only would also be made. Regarding physical access, the Practices had undertaken a transport assessment and developed a travel plan. Existing patterns of access to the current premises indicated a significant amount of patient travel across the town and, wherever the premises were sited, there would inevitably be some patients for whom the location was less convenient. The Practices had considered ten different sites and had concluded that the Show Field would offer the best opportunities and access.

Judith Brown, Chief Operating Officer of Somerset Community Health (SCH), which is responsible for Frome Community Hospital, confirmed that SCH was committed to the integration of services wherever possible, including with primary and social care, so that patients would only need to access a minimum number of organisations for their care, and the proposed development would provide an opportunity to further develop service integration. Work had been undertaken between SCH and the Practices to review unscheduled care and, although there was much further work to be done, a model had been identified to improve the patient experience in this area. The community hospital had diagnostic and ultrasound equipment and this would be beneficial to the Practice. High level discussions were taking place to understand how the model might be taken forward, and these discussions would be extended to include outpatient services.

Ian Tipney commented that the original business case, as raised by Mendip Primary Care Trust in 2003/04, had been unaffordable, and to split the scheme into two – firstly, for the provision of a community hospital, and secondly, for the provision of new primary care facilities – was a difficult decision. However, when NHS Somerset was established, national funding had been obtained for the hospital and now, through the review of the primary care infrastructure, it was able to provide the second part of the scheme. The Primary Care Trust would also ensure that – in the event of its abolition – there would be a transfer of undertaking from the PCT to the new organisation.

The following public questions/comments had been received in advance of the meeting, and the Chairman had agreed that they could be considered following the debate:

Mr Nigel Humphrey, Frome Civic Society:

- 1 Have I understood correctly that the PCT will guarantee the loan to the Frome Medical Practice to provide the new Frome Medical Centre and that with this guarantee, the Medical Practice will be able to borrow money from the bank to buy the land and to build the Centre and repay the bank from the money they receive from the**

PCT for providing medical services. This will enable the Practice to buy the freehold of public open space which the owners of the Practice will then benefit from personally.

2 Why is the NHS/PCT helping the Practice to acquire the freehold of land from which the owners of the Practice will benefit from personally, when the PCT already owns land originally earmarked for the Medical Centre that is big enough to accommodate even the new enlarged building?

David Slack clarified that the PCT would not be guaranteeing the loan to the Frome Medical Practice. The PCT would be including a variation in the contract with the Practice, to provide a notional rent, and this would fund part of the costs, for example, interest payments. There may be changes in future to the rate of interest and to the capital costs, and these risks would be borne by the Practices. The national model for primary care premises was that they were owned by the GPs, and the GPs would be required to make their own arrangements to secure an appropriate site. Ownership of the freehold was unlikely to benefit the Practices for some considerable time.

Both the content and size of the premises had changed since the original proposal, and it was no longer possible to build the new facilities on the existing site.

Mr Humphreys stated that, because public funds were enabling the development to be built, public use of the building must be guaranteed for the future. Mr Humphreys further stated that there had been no clearly put case for why the Show Field had been selected as the site for the new premises, and expressed his opinion that the new premises were neither particularly well designed nor demonstrated that they would meet the sustainability criteria.

Paul Jackson, Non-Executive Member and 'hospital design champion' advised that he had raised a number of questions about the design and compliance with BREEAM standards and these had all been addressed within the proposals. He expressed his satisfaction that much thought had been given to the design and that the new premises would complement the hospital.

Mr John Peverley, Frome Civic Society: (extract from email received in advance of the meeting and upon which Mr Peverley required further clarification following the debate.)

1 Whilst there may be operational and efficiency benefits in concentrating almost all opportunities for consulting

a doctor in one building next to the hospital, this will not be convenient for many patients. It will make it more difficult and more expensive for a significant number of patients to get to see a doctor, particularly for those patients without access to a car. Buses are never an adequate alternative. No detailed analysis has been made of this very real problem of the needs of patients. Many of them will be disadvantaged by this proposal, and this issue should be properly examined and reported on.

- 2 It is said that the Somerset Primary Care Trust ... have made clear that funding will only be made available for the development of a single new medical centre. No written evidence has been provided on how or why the PCT came to this decision.**

David Slack acknowledged that physical access to the GP surgery facilities was very important and had been considered by the PCT and Practices at some length. A planning assessment had been undertaken and a travel plan produced, and this was considered by the PCT. Whilst it was acknowledged that removal of the Park Road surgery would have some impact on the patients on that side of the town, the overall assessment was that the new facilities would be of greater benefit to the town's population as a whole.

In clarification of his second comment/question, Mr Peverley said that: **The planning documents submitted state that funding will only be provided for one new building. That is not quite correct. The PCT has accepted the business case put forward by the Practices rather than analysing whether four centres would be better for patients than funding for one site.**

David Slack responded that, had NHS Somerset been unhappy with the work being undertaken by the Practices, there was an option to appoint independent advisors to validate the proposals. NHS Somerset did not feel that this would be necessary in this case. Regarding the funding, NHS Somerset was assisting towards the replacement of some of the existing surgeries, and, while the continuing provision of the Locks Hill Surgery was important, the PCT considered that co-location of the [extended] services provided by the Frome Medical Practice and Beckington Family Practice, on a site adjacent to the hospital, would provide the most benefit to the community.

The Chairman expressed her hope that the attending members of the public had been assured - by the report, the subsequent debate, and the challenges that had been made - that the proposal had been thoroughly investigated and considered.

By a show of hands, the voting members of the Board unanimously **approved** the business case in principle, subject to the recommendations set out in paragraph 6.5 of the report, together with the further condition for the application of a restrictive covenant regarding the future use of the land.

SPCT 146/2010 ANNUAL SAFEGUARDING CHILDREN REPORT 2009/10

The meeting **received** the Annual Safeguarding Children Report 2009/10, paper SPCT 2010/076, together with a verbal report from Lucy Watson, Acting Director of Nursing and Patient Safety. The meeting was reminded that the Board had received regular updates on safeguarding throughout the year and a training session had also been provided to Board members. It was **noted** that:

- the report sets out NHS Somerset's responsibilities as commissioners of services and includes sections on the arrangements for safeguarding
- following the publication of Lord Laming's report in March 2009, the Care Quality Commission (CQC) undertook a review of safeguarding arrangements in health services. The report as presented details the work that has been done in response to the recommendations of the Lord Laming and CQC reports
- there had been an increase in the number of children with child protection plans. This was a reflection of the national position, arising from heightened awareness following the death of Baby Peter
- robust arrangements had been established for independent contractors and an ongoing rolling programme of training was in place
- no Serious Case Reviews (SCRs) had been undertaken during the period and all actions from previous year SCRs had been completed. All learning arising from these reviews is incorporated within the staff training programme
- there had been two multi-agency Near Miss Reviews (NMRs) in the period
- considerable work had been undertaken by the Acute Trusts in terms of staff safeguarding training and the introduction of additional safeguarding audit programmes, such as an audit of the attendance of children at Accident and Emergency departments

- good progress had been made by Somerset Partnership NHS Foundation Trust which was now able to report at an increased level of detail

Members sought assurance that satisfactory communications were in place across the health community to support the safeguarding processes:

Lucy Watson responded that a key piece of work had been the review of the discharge policies and how these were shared. There was now a common approach to child discharge at Yeovil District Hospital and Musgrove Park Hospital, and Somerset Partnership NHS Foundation Trust was reviewing its own policies for discharge at their child and mental health units. Communication forums had also been established

Judith Brown advised that Somerset Community Health had also established a safeguarding group and internal assurance processes were in place.

Members questioned the increase in the number of child protection plans between 2009 and 2010, particularly in the Taunton and West Somerset areas:

Lucy Watson advised that a clearer picture would be obtained by looking at the trend data from previous years, but the increase was likely to be concentrated in one or two families with a large number of children.

The Chairman expressed her thanks to Lucy Watson and her team for the very good progress that had been made on safeguarding children during the year.

The meeting **noted** the Annual Safeguarding Children Report 2009/10.

SPCT 147/2010

FINANCE AND PERFORMANCE REPORT FOR THE PERIOD TO 31 MAY 2010

The meeting **received** the Finance and Performance Report for the period to 31 May 2010, paper SPCT 2010/077, together with a verbal report from Paul Goodwin, Director of Finance and Performance/Interim Director of Commissioning, from which it was **noted** that:

Finance

- the finance report was based on the operational plan for 2010/11 and includes an allocation for 2010/11 of £850 million

- the 2009/10 year-end underspend was £5.7 million and this had now been returned to the Primary Care Trust and was included in the 2010/11 allocation
- the budget framework for primary care commissioning totalled £201 million, split as follows:
 - * total prescribing budget £91 million, including £13 million for pharmacy prescribing
 - * total GP services budget £79 million
 - * primary dental services £23.5 million
 - * general ophthalmic services £4.6 million
 - * practice based commissioning £2.9 million
- the budgets had been based on the 2009/10 outturn, adjusted to reflect any agreed changes
- a breakeven position for primary care commissioning was forecast for the 2010/11 year-end
- the budget framework for secondary care commissioning totalled £401.8 million, covering the Acute Trusts and Ambulance Services
- the South West Specialist Commissioning Group, led by NHS Bristol, commissioned specialist services for the 14 primary care trusts across the south west – for example, bone marrow transplants – and had a 2010/11 budget from NHS Somerset of £37 million
- the budget for Somerset Community Health, covering community hospitals and community services, was set at £71 million, while the budget for services from the independent and private sectors was set at £86.6 million
- the budget for agreements with the Local Authority, for example, for community equipment and services for substance misuse, totalled £19 million
- year-to-date expenditure on public health programmes for improving health and reducing health inequalities was £183,000
- it had been agreed with the Strategic Health Authority that the Primary Care Trust would deliver a year-end underspend of £7.5 million

Members questioned the overspends against the Foundation Trusts and Shepton Mallet NHS Treatment Centre (SMTC):

Paul Goodwin referred to Table 6 of the report, which set out the initial contract values by provider. Further variations had been agreed and funding had been released from the Managed Programmes budget to produce the revised contract value. Some of the CQUIN (Commissioning for Quality and Innovation) funding had been allocated to the contract with Taunton and Somerset NHS Foundation Trust (T&S), together with an amount from public health programmes. Regarding over-performance at Yeovil District Hospital NHS Foundation Trust (YDH), NHS Somerset was working to a fixed funding framework of £77 million and this had been agreed with YDH. Contract discussions were taking place with T&S and the existing contract would prevail until the detail of the new contract was finalised. Additional funding had been received from the Department of Health for SMTC and had been incorporated into the contract to reflect the dual tariff funding.

Members requested an update on the position of Continuing Healthcare (CHC) funding:

Paul Goodwin advised that this was being monitored on a weekly basis and significant provision had been made for CHC. Funding was being held centrally to ensure that patients were receiving appropriate CHC services.

Performance – Taunton and Somerset NHS Foundation Trust

- as at 31 May 2010, T&S had not achieved the 18 week Referral To Treatment (RTT) waiting time target in the four specialities of:
 - * trauma and orthopaedics
 - * general surgery
 - * ophthalmology
 - * oral surgery
- performance in aggregate against the 18 week RTT had been 85.7% compared to the standard of 90%
- the waiting list for elective surgery had reduced by 247 patients since 31 March 2010, but the number of outpatients waiting for a first appointment had increased by 121
- good progress had been made against achievement of the four hour waiting time standard for Accident and Emergency and there had been an improvement in ambulance turnaround times
- good progress had also been made against achievement of cancer waiting times, access to Genito-Urinary Medicine (GUM) services and infection control performance

Performance – Yeovil District Hospital NHS Foundation Trust

- as at 31 May 2010, YDH had again not achieved the standards for A&E waiting times and ambulance turnaround times. A recovery plan had been requested
- the 18 week RTT had been delivered in aggregate although not in the specialist area of trauma and orthopaedics and oral surgery
- as at 31 May 2010, YDH had achieved all cancer waiting time standards, with the exception of one patient who was not seen within 31 days
- good progress had been made in infection control

Performance - Other

- Royal United Hospital Bath NHS Trust (RUH), with whom NHS Somerset has a contract of £24.2 million, had under-performed against the 18 week RTT, with only 74.5% of patients being seen within this timescale
- RUH had also under-achieved against the A&E waiting time standard (Note: the lead commissioner for services provided by RUH is Bath and North East Somerset NHS Trust)
- as at 31 May 2010, although the standard of 95% had not yet been achieved, there had been a significant improvement in the appraisal rates of eligible staff

Commenting on the 18 week RTT, the Chief Executive advised that, under the revised Operating Framework 2010/11, the Department of Health (DoH) would no longer be monitoring this target. However, NHS Somerset would continue to demand that this standard was reached and maintained. The Chairman reminded the meeting that patients still had a legal right to an 18 week RTT under the NHS Constitution, and it was therefore important that the 18 week RTT should continue to be enforced.

Carole Hounsell, Chairman of Somerset LINK, stated that, from a patient perspective, it was essential that targets were established and maintained. Members concurred with this view and David Slack advised that the Local Medical Committee had been advised that primary care access targets would continue.

Mark Appleby, Director of Workforce, reported that appraisal rates for staff in SCH had improved to 98%, and for staff in NHS Somerset to 97%, as at 30 June 2010. The appraisal policy was currently being revised. Sickness absence, whilst average for a

health community, was higher than the locally set target of 3.65%. A new framework had been established to provide managers with appropriate sickness absence information, and absence related to stress and musculoskeletal must be addressed. A review was currently being undertaken of the Occupational Therapy services.

Carole Hounsell questioned if the Chlamydia target took into account the number of students that moved away from Somerset? Although registered in Somerset, students were likely to access Chlamydia screening and sexual health services in other parts of the country and would therefore not be included within the performance achievement for Somerset:

The Chief Executive advised that this would be clarified with Dr Caroline Gamlin.

The meeting **noted** the Finance and Performance Report for the period to 31 May 2010.

SPCT 148/2010 CHIEF EXECUTIVES REPORT

The meeting **received** the Chief Executive's Report, paper SPCT 2010/078, together with a verbal report from Ian Tipney, from which it was **noted** that:

- the revised Operating Framework 2010/11 was published on 21 June 2010 and a White Paper, Equity and excellence: Liberating the NHS, had been published on 12 July 2010
 - * the revised Operating Framework set out new guidance on reconfiguration, and proposals must have the support of the GP commissioners
- NHS Somerset was one of eight Primary Care Trusts that had been selected to take part in the national pilot for Personal Health Budgets, which will empower patients to decide how, where and from whom they receive their healthcare, in partnership with the local NHS
- NHS Somerset has a statutory duty to publish a Pharmaceutical Needs Assessment by 1 February 2011, and this work would be led by David Slack, Director of Primary Care Development
- the closing date for the Staff Recognition Awards was 31 July 2010, with the awards being presented at the Annual General Meeting, on 30 September 2010

The meeting **noted** the report of the Chief Executive.

SPCT 149/2010

MINUTES OF THE MEETINGS OF THE PROFESSIONAL EXECUTIVE COMMITTEE HELD ON 29 APRIL AND 27 MAY 2010 AND THE VERBAL REPORT OF THE CHAIRMAN OF THE COMMITTEE ON THE MEETING HELD ON 1 JULY 2010

The meeting received and noted the Minutes of the Meetings of the Professional Executive Committee held on 29 April and 27 May 2010, SPCT 2010/079. Dr Donal Hynes, Chairman of the Professional Executive Committee (PEC) provided a verbal report on the meeting held on 1 July, from which it was noted that:

- the meeting had received and discussed the Heatwave Plan
- the meeting had discussed the provision of angioplasty services. A study in the north of England had recommended that provision of this service be on a 24 hours per day, seven days per week basis. Somerset currently had two centres for angioplasty, at Bristol and Taunton. It was recommended and approved that patients resident in north Somerset would access the services from Bristol

The Chief Executive extended his thanks and congratulations to the Taunton cardiologists, who were keen to establish the service on a 24/7 basis in Taunton.

The meeting noted the verbal report of the Chairman of the Professional Executive Committee on the meeting held on 1 July 2010.

SPCT 150/2010

MINUTES OF THE MEETINGS OF THE SOMERSET COMMUNITY HEALTH COMMITTEE HELD ON 25 MARCH AND 27 MAY 2010 AND THE VERBAL REPORT OF THE CHAIRMAN OF THE COMMITTEE ON THE MEETING HELD ON 24 JUNE 2010

The meeting received the Minutes of the Meetings of the Somerset Community Health Committee held on 25 March and 27 May 2010, paper SPCT 2010/080, together with a verbal report from John Bloomfield, Non-Executive Director, on the meeting held on 24 June 2010. Mr Bloomfield had chaired the meeting in the absence of David Wood who was attending the NHS Confederation Conference. It was noted that:

- the meeting had published the SCH report on patient safety issues. One issue had been noted at Bridgwater Community Hospital relating to Clostridium Difficile
- the meeting had considered the SCH performance report: Performance had been excellent during the year and all targets had been met or exceeded. Whilst there had been one issue of hand hygiene in Crewkerne, this had arisen

during maintenance works which had required the water mains supply to be turned off

- at the time of the meeting, staff appraisal rates had improved to 81%, and it was noted that these had subsequently improved further
- the meeting had received a report on mortality rates. Whilst three hospitals had been identified for further investigation, no particular concerns were found. Good practice had been identified for End of Life care, particularly at Burnham-on-Sea War Memorial Hospital, and further work would be undertaken in reviewing End of Life care in nursing and care homes
- the meeting had received the finance report. Performance against budgets was largely on track although some contract variations remained to be agreed, and the Integrated Paediatric Therapy and Emotional Health and Wellbeing services were under some cost pressure
- the meeting had received a verbal update on the Quality, Innovation, Productivity and Prevention (QIPP) programme
- the meeting had received the report of the Chief Operating Officer, and had noted the submission of the application for social enterprise under the Right to Request scheme

The meeting **noted** the Minutes of the Somerset Community Health Committee held on 25 March and 27 May 2010, and the verbal report on the meeting held on 24 June 2010.

SPCT 151/2010

MINUTES OF THE MEETING OF THE INTEGRATED GOVERNANCE COMMITTEE HELD ON 11 FEBRUARY 2010 AND THE VERBAL REPORT OF THE CHAIRMAN OF THE COMMITTEE ON THE MEETING HELD ON 3 JUNE 2010

The meeting **received** the Minutes of the Meeting of the Integrated Governance Committee held on 11 February 2010, together with the verbal report of the Chairman of the Committee on the meeting held on 3 June 2010, from which it was **noted** that:

- items discussed at the meeting held on 3 June 2010 included:
 - * a report on the Directorate and Corporate Risk Register for the first quarter 2010/11
 - * a report on patient safety and the patient experience in key NHS provider units

- * the Francis Report, which was the independent enquiry into care provided by Mid Staffordshire NHS Foundation Trust in the period January 2005 to March 2009
- * a review of excess winter mortality rates in Somerset
- * the NHS Litigation Authority Risk Management Standards, including the Risk Assessment Matrix
- * the quarter 1 exception reports for the:
 - Patient Safety and Quality Assurance Committee
 - Integrated Governance, Records Management and Caldicott Committee
 - Health and Safety and Environment Committee

The meeting **noted** the Minutes of the Integrated Governance Committee held on 11 February 2010 and the verbal report of the Chairman of the Committee on the meeting held on 3 June 2010.

SPCT 152/2010

MINUTES OF THE MEETING OF THE PRACTICE BASED COMMISSIONING APPROVALS COMMITTEE HELD ON 25 FEBRUARY AND THE VERBAL REPORT OF THE CHAIRMAN OF THE COMMITTEE ON THE MEETING HELD ON 20 MAY 2010

The meeting **received** the Minutes of the Meeting of the Practice Based Commissioning Approvals Committee held on 25 February 2010, paper SPCT 2010/082, together with a verbal report from Andrew Govier, Chairman of the Committee, on the meeting held on 20 May 2010, from which it was **noted** that:

- three actions arising from previous meetings, to notify WyvernHealth.com of decisions, had been completed
- the meeting had considered two further schemes:
 - * Gold Standard Training in Care Homes: the Committee supported the scheme
 - * scheme for a Residential Care and Complex Care GP in the West Mendip Area: the Committee requested that a further evaluation be undertaken, for review in September

The meeting **noted** the Minutes of the Meeting of the Practice Based Commissioning Approvals Committee held on 25 February 2010 and the verbal report of the Chairman of the Committee on the meeting held on 20 May 2010.

SPCT 153/2010 USE OF THE COMMON SEAL

The meeting **received** and **noted** the report on the Use of the Common Seal of the Primary Care Trust, paper SPCT 2010/083, in particular, item 107, regarding a Deed of Variation to an Option Agreement for land at Bower Lane, Bridgwater.

SPCT 154/2010 ANY OTHER BUSINESS

There was no further business to discuss.

SPCT 155/2010 DATE AND TIME OF NEXT MEETING

The next meeting of the Somerset Primary Care Trust would take place on Wednesday, 15 September 2010, commencing at 10.00 am, at Wynford House, Yeovil.

SPCT 156/2010 WITHDRAWAL OF THE PUBLIC AND PRESS

NHS Somerset **resolved** that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Items included on the agenda in Part B were:

- the minutes of Part B of the meeting of the Primary Care Trust held on 2 June 2010
- an update on Mortality Rates in Somerset
- an update on Shepton Mallet NHS Treatment Centre
- an update on the NHS Somerset Quality, Innovation, Productivity and Prevention Plans
- an update on Transforming Community Services
- an update on Performance Issues
- an update on World Class Commissioning
- the GP Performance Report for the period 1 April 2010 to 30 June 2010
- the Staff Charter
- the draft Annual Report 2009/10
- a revised programme of Board meetings for 2010
- a presentation on media coverage for the period June-July 2010

CHAIRMAN

DATE