

**20<sup>TH</sup> MEETING IN PUBLIC OF THE  
RICHMOND AND TWICKENHAM PRIMARY CARE TRUST BOARD**

**Held on Tuesday, 12<sup>th</sup> April 2005  
Teddington Memorial Hospital Annex Rooms, Queen's Road, Teddington**

**MINUTES**

<b>Present:</b>	Sian Bates	Chairman
	Paul Mitchell	Director of Modernisation, Strategy and Commissioning
	Houda Al-Sharifi	Director of Public Health
	Dr Graham Lewis	Professional Executive Committee Chairman
	Lesley Yeo	Director of Clinical Services and Nursing
	Dr Marilyn Plant	Medical Director
	John Simpson	Non-Executive Director
	Stuart Lord	Non-Executive Director
	Sue Jenkins	Non-Executive Director
	Deirdre Mackinlay	Non-Executive Director
	Pamela Bryant	Non-Executive Director
	Professor Nick Bosanquet	Non-Executive Director
	Jeff Jerome	Director of Social Services
<b>Executive Management Team</b>	Rachael Moench	Director of Human Resources
	Sinead O'Brien	Director of Primary Care Development, Clinical Governance and Risk Management
<b>In Attendance</b>	David Hawkins	Associate Director of Finance (on behalf of Ian Maxwell)
	Cllr Clare Head	London Borough of Richmond upon Thames
	Chris Whelan	Richmond Voluntary Services Council (RVSC)
	Maurice Shear	Patient and Public Involvement Forum (PPIF)
	Sheila Jennings	Trust Business Manager

**Please note the reports were recorded in the order they were taken on the agenda.**

**Action**

- 1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**  
The Chairman opened the meeting by warmly welcoming all those present at the 20<sup>th</sup> Board Meeting in Public of Richmond and Twickenham PCT. She particularly welcomed Maurice Shear representing David Evans from the PPIF and Chris Whelan from RVSC. The Chairman congratulated Cllr. Clare Head on her appointment as Deputy Mayor in 2005/06.  
  
Apologies for absence were received from Joan Mager, Ian Maxwell, Rohan Collier and David Evans.
- 2 MINUTES OF THE LAST MEETING HELD ON 9<sup>TH</sup> FEBRUARY 2005**  
**The Minutes were agreed as a correct record and would be signed by the Chairman.**
- 3 MATTERS ARISING**
  - 1. Change to the PCT's Scheme of Delegation:** The approval of amendments to existing policies had now been delegated to the appropriate Committee.
  - 2. Schedule of Meetings from the Voluntary Sector:** Chris Whelan had written on behalf of the PCT requesting a schedule of meetings from voluntary partners in order that Board members might attend as appropriate.

3. **Finance Report:** The ordering of appendices had been changed as requested at the last meeting.
4. **Ethnicity Data within Mental Health Services:** This had been addressed by the Equalities Steering Group.
5. **Learning Disabilities Services Report:** In response to Mr Francis King's concern about including adults and children with learning disabilities on primary care registers, Dr Graham Lewis confirmed that he was meeting with colleagues shortly to agree a clear way forward.

#### 4 **REPORT FROM THE CHAIRMAN AND NON-EXECUTIVE DIRECTORS**

The Chairman commemorated the 50<sup>th</sup> anniversary of the League of Friends of Teddington Memorial Hospital (TMH). She wished to record the outstanding contribution of the League both to TMH and the community that had included fund raising totalling £6m, leading service development and campaigning throughout the history of the hospital. She offered her personal thanks to Pam Bryant, Chairman of the League of Friends.

Pam Bryant recorded her sincere thanks on behalf of the League of Friends to all those who had contributed towards the event which had been such a warm and memorable occasion.

**The Board noted the Chairman and Non-Executive Directors' Report.**

#### 5 **CHIEF EXECUTIVE'S REPORT**

Paul Mitchell highlighted the salient messages in the Chief Executive's Report which included the publication of 3 new Department of Health reports:

- Creating a Patient-led NHS
- Independence, Well-being and Choice – A Vision for future Social Care
- National Service Framework (NSF) for Long Term Conditions

Other items of note were:

- The Healthcare Commission's Assessment Framework for 2005/06
- Planning for 2005/06 and Pressures Across the Healthcare System

**The Board noted these highlights and other detailed information within the Chief Executive's Report.**

#### 6 **REPORT FROM THE PROFESSIONAL EXECUTIVE COMMITTEE (PEC) CHAIRMAN**

Dr Graham Lewis reported from 2 meetings of the PEC since the last Board meeting. The Minutes of 15<sup>th</sup> February were included as an item for information. Graham summarised the topics that had been covered both in Seminar sessions and reports to the Committee. He reported 3 membership changes that had come about recently and thanked the following members for their contribution to the work of the PEC over the past 3 years: Judith Williams, Allied Health Professional member who had retired, Dr Ian Johnson, GP member whose term of office had finished and Tessa Longney, Nurse Member who was taking up a new post at Wandsworth PCT.

Professor Nick Bosanquet was invited to attend the PEC on 17<sup>th</sup> May when the Committee would be receiving a report on cancer services.

**The Board noted the report and Minutes from the PEC Chairman.**

NB

## A PERFORMANCE

### 7 1. Key Performance Indicators (KPIs)

Paul Mitchell reported these were broadly on target to maintain the PCT's current 2-star rating. The most high risk area remained the Accident and Emergency (A&E) indicator which was likely to remain red as performance had not been consistently sustained at 98% since January 2005.

Paul reported the Healthcare Commission was introducing a new system of performance measures in 2005/06 and this would, therefore, be the penultimate commentary of KPIs reported in this format.

### 2. Finance – Month 11 Budget Report

David Hawkins presented this report on behalf of Ian Maxwell that appraised members of the financial position at Month 11. David reported risks of £2m had been identified although a break-even position was forecast when the annual accounts had been finalised. The Board was informed that work on the annual accounts was under way as well as considerable on-going work and discussion to determine the South West London (SWL) Sector's financial recovery.

The opening high-level budget for 2005/06 was presented at Attachment L.

### 3. Access and Waiting Targets

Paul summarised this report and emphasised that both A&E and in-patient targets remained the highest risk targets although performance had been stable over the past month and there had been a reduction in the number of 6-month orthopaedic waits.

### 4. Community Services and Nursing (Q3)

Lesley Yeo introduced this report that appraised the Board of Q3 activity across services for:

- **Adults and Older People**, including Inpatient Unit, Continence Service, District Nursing, Marie Curie Cancer Service, and Continuing Care.
- **Community Hospital Services**, including Diagnostics, Outpatients, Volunteer Services, Walk-in-Centre and Housekeeper and Site Management.
- **Therapies and Rehabilitation**, including Physiotherapy, Intermediate Care, Podiatry, Community Neuro-rehabilitation and Rehabilitation Unit, TMH.

Lesley highlighted the key messages within each of the services for which detailed individual reports were also available.

Board members welcomed this detailed report and during the discussion the following points were raised and addressed:

- Lesley confirmed the District Nursing vacancy rate of 27% had improved recently. She reassured the Board that because both Bank and Agency nurses were used, the vacancy position did not reflect the gap in service provision. She confirmed that the use of Bank/Agency staff contributed towards data recording problems but there were also other causes for this.
- Cllr. Clare Head described an exercise facility for older people at the Richmond Adult Community College and asked if the PCT could provide a similar service free of charge. Lesley responded that the PCT and its partners had various options of bidding for partnership funding for innovative ways of preventing hospital admissions and a bid of this

nature could be discussed.

- Sinead O'Brien explained why there had been a reduction in the number of patients to the retinal screening service. This was because there had been a very high uptake when the service was first offered and this was now tailing off. She was not aware of an extensive waiting list.
- In support of Lesley's report, Jeff Jerome acknowledged the success of the Continuing Care Panel, the Intermediate Care Team and the Joint Disability Service that he was keen to roll out jointly including the voluntary sector.
- Professor Nick Bosanquet's suggested an evaluation be carried out of the Integrated Care Team's impact on reducing long-term care admissions. Lesley and Jeff agreed this could be taken up as part of their joint work on long-term conditions.

LY/JJ

## **5. Social Services Performance Assessment Framework (PAF) Report – (Q3)**

Jeff Jerome summarised the performance information for both children and adult indicators highlighting the areas of best performance and highest risk. With regard to adult indicator B13 Jeff explained that whilst unit costs had increased owing to the demand on nursing home and Elderly Mentally Ill (EMI) placements, negotiations were underway with Care UK to increase the number of EMI beds to accommodate the current situation.

## **6. Staff Attitude Survey 2004/05 Results**

Rachael Moench introduced this report that advised the Board of the results of the 2004 NHS staff survey, provided analysis of the results and outlined future action and communication.

Rachael summarised that overall the results had been very positive and managers were to be congratulated on implementing changes that have contributed towards many areas of improvement since the previous year's survey. The results would contribute positively to the PCT's balanced score card star rating and would figure significantly in the achievement of Improving Working Lives (IWL) Practice Plus status. Rachael emphasised that the PCT was addressing areas of weakness or concern particularly with regard to the take-up of appraisal and personal development planning.

The Board discussed various aspects of the report and was reassured that appropriate action was being taken with regard to areas of concern. The Board acknowledged the results had improved significantly in some areas since the previous survey and were very positive overall.

**The Board noted all reports within the Performance Section.**

## **B ITEMS FOR APPROVAL**

### **8 SOUTH WEST LONDON CONTINUING CARE POLICY AND OPERATIONAL GUIDANCE – OUTCOME OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

The Chairman welcomed Cllr. Denise Carr, Chairman of the Continuing Care Scrutiny Task Group to the Board meeting and invited her to join the debate on this item. Jeff Jerome described the aim of the Task Group's review which was to feed into and comment on the work co-ordinated by the South West London Strategic Health Authority (SHA) together with its PCTs and the other 5 Local Authorities on the criteria for fully-funded NHS Continuing Care, the decisions

against which services for people were made, the procedures that were followed and, in particular, the impact on the individuals and their families.

The Task Group had made recommendations particularly about the functioning of the Continuing Care Assessment Panels which required a response from the PCT. A full list of recommendations was detailed on page 30 of the report.

Cllr. Carr added that the Task Group had carried out an intense piece of work over a 3-month period with the help and co-operation of the PCTs, voluntary sector, SHA and individuals who had experienced the continuing care system. The Group believed implementation of its recommendations would provide better procedures that were helpful to all patients, carers and staff.

The Chairman commented that this was an excellent report that had made recommendations that were appropriate, timely and in line with the strategic direction to involve patients and carers.

It was acknowledged that continuing care arrangements for children were more complex than for adults but the PCT was working closely with the Borough and Education to overcome these difficulties.

Chris Whelan asked if there would be resource implications attached to implementing the recommendations but was reassured that making cultural and behavioural changes to the way the system operated would result in their successful implementation.

On behalf of the Board the Chairman congratulated the Scrutiny Task Group on this excellent report and gave particular thanks to Cllr. Denise Carr.

**On behalf of the PCT Lesley Yeo confirmed acceptance of all recommendations within the report and herself as the named officer with this responsibility for the PCT supported by LBRuT.**

## **9 REVIEW OF PERFORMANCE AND ORGANISATIONAL OBJECTIVES FOR 2004/05**

Paul Mitchell introduced the year-end review of PCT performance based on its 6 corporate objectives:

1. improving patient experience
2. service development
3. performance management
4. improving staff experience
5. partnership with the Local Authority
6. financial balance.

He invited the Board to discuss the progress made and issues for the future.

Stuart Lord thanked the Executive Management for this positive report and endorsed the Strategic Framework as the focus for the PCT's organisational objectives in 2005/06. He praised the good work that had been achieved overall but considered there was still a lack of meaningful information available with regard to improving patient experience although he acknowledged this was now being addressed through the Clinical Governance and Risk Management Committee. The Board was reassured that there were various avenues from which the PCT already received this type of information. There was particular interest in hospital activity data such as readmission rates and it was agreed to take this up as part of the Executive Management Team's work on service quality and demand management.

GL

**The Board approved the Review of Performance and Organisational Objectives for 2004/05**

**10 PCT STRATEGIC FRAMEWORK 2005/06**

The Strategic Framework that set out the direction and objectives of the PCT between 2005 – 2008 was presented for formal approval by the Board.

It was noted that:

- a summary document for use by members of the public was being produced and would be available in the near future.
- Corporate Objectives 2005/06 including development of Strategic Framework Outcomes and Local Delivery Plan (LDP) would be presented to the Board in May.
- The timing of a stakeholder event was being reviewed in view of the forthcoming general election and revised arrangements would be shared at the Board in May.

10<sup>th</sup> May  
Board agenda

JM

**The Board approved the PCT's Strategic Framework 2005 – 2008.**

**11 ASSURANCE FRAMEWORK 2004/05**

The Assurance Framework that had been approved recently by the Audit Committee was also presented for endorsement by the Board.

There was a query with regard to a significant risk relating to the Support Services Partnership and this would be urgently clarified with Ian Maxwell. John Simpson, Chairman of the Audit Committee was very happy to recommend endorsement of this report by the Board.

IM

**The Board endorsed the PCT's Assurance Framework for 2004/05**

**12 LOCAL DELIVERY PLAN (LDP) 2005/06**

The Local Delivery Plan Summary that had been produced for distribution to local stakeholders and partner organisations was presented for Board approval. Paul Mitchell highlighted the key messages including the risks attached to the LDP relating to the financial outlook in South West London.

It was noted that Rachael Moench would provide more detail on on-going professional development for staff.

RM

The complete LDP would be presented to the Board in May.

10<sup>th</sup> May  
Board Agenda

The Chairman commented that, despite the associated financial constraints this was a strong and realistic LDP.

**The Board approved the LDP Summary.**

**13 OPENING 2005/06 INCOME AND EXPENDITURE BUDGETS**

David Hawkins presented this report that updated members on the latest position regarding allocations to the PCT for 2005/06 along with budgets and risks. The Board was also asked to note the actions being taken to achieve a balanced budget and the PCT's contribution to the overall SWL Sector deficit.

**The Board noted the above information and approved the continuing work to achieve a detailed balanced budget for presentation to its meeting on 10<sup>th</sup> May 2005.**

10<sup>th</sup> May  
Board Agenda  
IM

## 14 **NEW COMMUNITY PHARMACY CONTRACT: IMPLEMENTATION PLAN AND RISKS**

Dianne Adams introduced this report that outlined the background and structure of the new Pharmacy Contract and the Control of Entry regulations, as well as a summary of how the PCT Pharmaceutical Needs Analysis (PNA) was conducted and would be used to assist the PCT in deciding whether a new contract would be granted under the reformed regulations. The report summarised the risks inherent in both the contract and the legislation.

Dianne acknowledged the enormous cultural changes and challenges for pharmacies brought about by the introduction of the new contract and emphasised the importance of supporting them through this process.

Eight pharmacies within RTPCT had been identified as being commercially disadvantaged by the new contract and were potentially at risk of closure although the PCT would make assessments based on location versus required services so that these pharmacies could be supported to remain financially viable, particularly if they were located within a more deprived area.

The Board discussed the implementation plan and congratulations were given to Dianne and her team whose engagement with local pharmacies had been exemplary.

It was confirmed that the community pharmacy at the Walk-in-Centre had been publicised locally. It would be advertised in appropriate media more widely in due course.

**The Board noted this report and risks associated with the new Community Pharmacy Contract.**

## C **ITEMS FOR INFORMATION AND DISCUSSION**

### 15 **REPORT FROM THE AUDIT COMMITTEE CHAIRMAN**

John Simpson reported the external audit of the PCT was in hand. He had nothing further to report on this occasion.

### 16 **REPORT FROM THE CLINICAL GOVERNANCE AND RISK MANAGEMENT COMMITTEE CHAIRMAN**

Dr Marilyn Plant reported that the new clinical governance structures were now bedding in. She briefly described the most recent work of the CG&RM Committee but added there was nothing of undue concern to report to the Board.

## D **PUBLIC QUESTION TIME**

1. Mr Francis King raised a concern regarding Continuing Care. He was not clear if the PCT had signed the agreement to support all recommendations of the Continuing Care Scrutiny Task Group. It was Paul Mitchell's understanding that the Strategic Health Authority was required to sign the agreement on behalf of local PCTs but he would check if this was accurate. R&T PCT's acceptance of the recommendations had been formally minuted at this meeting.

Mr King was also concerned that patients' perception of the service generally was different from what was actually delivered. Paul acknowledged there would always be a tension between expectation and demand and assured Mr King that the PCT would deliver the best service it could within the confines of its resources.

PM

2. In response to a point raised by Mr MacMillan about the benefit of recording patient experience information to help improve performance, Dr Marilyn Plant explained that within the new GP contract all quality feedback was captured through a Significant Event Analysis which most practices welcomed. The Chairman also emphasised the PCT's commitment to involving members of the public and gave various examples of how it had made progress in this area.
3. The PCT had received a number of questions in writing from Mr Blaiklock who had requested were addressed at the Board meeting. The Chairman explained that the Board was able to respond to questions relating to the agenda during its meeting but assured him that a full response to his questions had been prepared and sent to him. She summarised her response relating to his question about PCT management costs in 2002/03 compared to 2003/04.

## 17 ANY OTHER BUSINESS

1. **Community Pharmacy – Walk-in Centre:** Sinead O'Brien expressed her thanks to Dianne Adams and Donal Markey who had been instrumental in enabling the WIC pharmacy to open on schedule. The opening times were:

- 7:30am – 10:00pm Weekdays
- 8:30am – 9.00pm Weekends and Bank Holidays.

## 15 DATE OF NEXT MEETING

Tuesday, 10<sup>th</sup> May 2005, Conference Room, Thames House, 180 High Street, Teddington, TW11 8HU from 1.00pm