

**Sheffield Primary Care Trust Board 1 September 2009**  
**Minutes of the meeting held in public in the Boardroom, 722 Prince of Wales Road,**  
**Sheffield S9 4EU**

**Present :** Tony Pedder, Chairman  
Robert Bailey, Non Executive Director  
Penny Brooks Cordon, Director of Standards and Engagement  
Mohammed Ismail, Non Executive Director  
Simon Kirk, Director of Strategy  
Malcolm Lindley, Non Executive Director  
Julia Newton, Director of Finance  
Dr Richard Oliver, Joint PEC Chair  
Jan Sobieraj, Chief Executive  
Professor Malcolm Whitfield, Non Executive Director  
Dr Jeremy Wight, Director of Public Health

**In Attendance:** Ian Atkinson, Director of Performance  
Jill Dentith, Head of Corporate Services  
Simon Gilby, Managing Director of Provider Services  
Karen Shaw, Personal Assistant to Chief Executive  
Helen Stevens, Assistant Director of Communications

**Members of the public:**

Four members of the public were in attendance.  
A list of members of the public who have attended Board meetings is held by the Head of Corporate Services

**ACTION**

**254/09 Welcome**

The Chairman welcomed members of the Board, those in attendance and observing and members of the public to the meeting.

**255/09 Apologies for Absence**

Apologies had been received from Professor Rhiannon Billingsley, Non Executive Director, Mark Lovell, Non Executive Director, and Dr Zak McMurray, Joint PEC Chair

**256/09 Declarations of Interest**

The Joint PEC Chair declared a conflict of interest in the following paper:

- Community 1<sup>st</sup> Sheffield Ltd's activities (Paper R)

**257/09 Minutes of the Meeting held in Public on 7 July 2009**

The minutes of the meeting held on 7 July 2009 were agreed as a

correct record and signed by the Chairman.

**258/09 Actions and Matters Arising from the minutes of the meeting held in public on 7 July 2009**

**a) Corporate Services Staffing Establishment (minute 59/09 refers)**

The Director of Finance advised the Board that information had been requested at the beginning of June from the Core Cities PCTs for benchmarking purposes. Not all responses had been received. It was proposed that information would be included in the finance report and would be brought to the November private Board.

JN

**b) Equitable Access in Primary Care Procurement Programme (minute 60/09 refers)**

The Director of Standards and Engagement confirmed that the evaluation of the programme would be presented to the October Board.

PBC

**c) Learning Disabilities: Transfer of Social Services Funding (minute 77/09 refers)**

The Director of Finance confirmed that she would present a progress report to November Board. She advised the Board that a further joint update submission by the PCT and Sheffield City Council had been made to the Department of Health against the 30 June confirmation requirement.

JN

**d) Yorkshire and Humber Specialised Commissioning Group (SCG) minutes 16 January 2009: improving mental health of children and young people in the youth justice system (minute 96/09 (b) refers)**

The Chief Executive confirmed that an update would be presented to the Board in November.

JS

**e) Yorkshire and Humber Specialised Commissioning Group (SCG) minutes 16 January 2009: specialist fertility services (minute 96/09 (c) refers)**

The Chief Executive advised the Board that consultation on the new draft SCG Fertility policy would take place from late Autumn onwards. The final policy would be presented to the Board for approval in early 2010.

JS

**f) Estates Plan for 2009/10**

The Director of Strategy advised that a progress report would be brought to November Board.

SK

**g) Chairman's matters: Meeting with SCC Cabinet**

A provisional date of 25 November had been agreed but confirmation from Councillor Scrivens' office was awaited.

KS

**259/09 Chairman's Matters**

The Chairman informed the Board of the following matters:

- a) The AGM was scheduled to take place on Tuesday 8 September commencing at 2.00 pm at The Circle, Rockingham Street, Sheffield.
- b) The next meeting of the Advisory Forum was scheduled for 21 September commencing at 6.00 pm. Members of the Board were encouraged to attend. The Director of Standards and Engagement would send a note confirming details.
- c) A Board development session would be held on 13 October commencing at 12 noon at the PCT.
- d) A Board to Board meeting with Sheffield Teaching Hospitals NHS Foundation Trust would be held on 5 November.
- e) The Chairman congratulated Robert Bailey on his reappointment to the Advisory Committee on Clinical Excellence Awards (ACCEA) regional Sub-Committee. This was a three year appointment from 1 November 2009.

The Board noted the report.

**260/09 Chief Executive's Report**

The Chief Executive informed the Board of the following matters:

- a) The Chief Executive had met with the new Chief Executive for NHS Yorkshire and the Humber, Bill McCarthy, at 722. He found Mr McCarthy to be very open and approachable to suggestions around SHA and better value. The meeting was very positive.
- b) The executive directors had met with the Local Medical Committee (LMC). The LMC was very supportive in relation to flu plans and management and the PCT had been given access to their personal mobile phone numbers for on-call purposes.
- c) Plans were in place for the executive team to meet with members of the PBC Confederation and thereafter it was envisaged that the PBC Confederation would meet on a bi-monthly basis with the aim of forming a clinical commissioning executive meeting. The Chief Executive would keep Board members updated of progress.

d) Members of the executive team had met with representatives from Care Quality Commission, Audit Commission, Monitor, and the SHA earlier in the year . A further meeting had been arranged where it was intended to look at examples of good practice and better joint working in terms of regulation and commissioning. The Chief Executive would report back to the November meeting.

The Board received and noted the Chief Executive's report.

## **261/09 Pandemic Flu Plan and Statement of Readiness**

The Director of Public Health presented the Pandemic Flu Statement of Readiness which provided assurance to NHS Sheffield Board on NHS Sheffield's state of readiness, and that of the wider Sheffield health and social care economy with respect to Pandemic Flu.

Key points to note included:

- Levels of swine flu in Sheffield and South Yorkshire are currently very low and use of the national flu line seems to have declined. Dr Wight reported that his best estimate was that there are only one/two cases per day in Sheffield.
- It is anticipated that there will be an increase in numbers in autumn/winter to coincide with the normal flu season .
- NHS Sheffield is preparing for an increase and are looking to implement the national flu vaccination programme as instructed by the Chief Medical Officer once the vaccine is available and licensed.
- The Board discussed the revised plan and associated risks. A discussion took place on the impact of swine flu on hospital admissions and the effect on the PCT this year on overall finances. It was noted that although at this stage there was only a small amount of activity at Sheffield Children's NHS Foundation Trust, there could be some significant costs related to the anti viral centre.

In summary, the Board noted the action being taken and endorsed the assurance provided in the plans set out and the revised Pandemic Flu Plan August 2009 with respect to NHS Sheffield's state of readiness against the DH surge and HR guidance.

## **262/09 Talent and Leadership Strategy**

The Chief Executive presented an update on the positioning and implementation of the Talent and Leadership Strategy to support the delivery of the Organisation Development Strategy for NHS Sheffield and our aim to be a Premier PCT. He highlighted the work that was

taking place across the city with the Local Authority, Police and emergent leaders.

The Board:

- Endorsed the positioning of the strategy in aligning to related organisational development priorities and activity at local, regional and national levels;
- Noted the progress made in implementing the strategy deliverables over the six month period since the strategy was presented;
- Endorsed the recommended next steps for the strategy deliverables;
- Endorsed the recommended actions to be taken to ensure the sustainability of this strategy and the talent and leadership it supplies.

### **263/09 Equality and Diversity Annual Report for 2008/09**

The Director of Standards and Engagement presented the Equality and Diversity Annual report which aimed to inform the Board on activity and successes in relation to Equality, Diversity and Human Rights within NHS Sheffield and Sheffield PCT Directly Provided Services during 2008/09.

She advised that two temporary leads had been appointed and progress was now being made to embed the equality and diversity agenda into the culture of NHS Sheffield. It was also reported that NHS Sheffield was fully compliant with Core Standards for Better Health and its Race Duty requirements.

Board sought assurance that there was sufficient capacity to ensure this was kept 'at the top of the agenda'. The Director of Standards and Engagement assured the Board that the work was picked up via the Corporate Equity and Human Rights Group (CEHR) and assured the Board that they were on target.

The Board endorsed the annual report.

### **264/09 Commissioning High Quality Community Services**

The Director of Strategy presented this paper which provided an update on the progress for delivering the obligations placed on NHS Sheffield by the 'Transforming Community Services' agenda and proposed a draft strategy with project plan for comment.

It was noted that there was significant national interest in this and our final action plan would be validated by the SHA using the national toolkit. An initial assessment of our work had placed NHS Sheffield in the top quartile which was very pleasing. The final document would be brought to Board in October.

The Chairman queried the key milestones and timescales involved and the Director of Strategy undertook to recheck these dates. An update would be circulated in the Non Executive pack.

SK

The Board endorsed the draft strategy.

**265/09 NHS Sheffield Regional and Local Decision Making Policies about Individual Funding Requests (IFRs)**

The Director of Strategy presented the revised regional and local policies for individual funding requests (IFRs) and decision making processes for approval. The revised regional policy had been developed as part of a collaborative response agreed through the Specialised Commissioning Group (SCG). The revised NHS Sheffield IFR policy is consistent with the SCG regional IFR policy.

The Chairman asked if independent contractors were aware of this process and was advised that although they know the principles they would not be aware of the process. The Director of Standards and Engagement advised that patient experience had influenced the process. The Director of Strategy undertook to ensure that a briefing would be placed on the website, which would be publicly accessible, to ensure people were aware of the process.

SK

It was also noted that the internal panel comprised two GP Advisors and a member of the strategy team and the Appeal's Panel was chaired by Malcolm Lindley, Non Executive Director.

The Board approved the revised and updated regional Individual Funding Request (IFR) Policy and approved the revised and updated NHS Sheffield Individual Funding Request (IFR) Policy.

**266/09 Commissioning Patient Experience Strategy**

The Director of Standards and Engagement presented this paper which highlighted the progress NHS Sheffield's Quality, Performance and PPI Teams have made to improve how we meaningfully identify and report patient experience across the Sheffield health community.

She reported that activity had increased month on month and that the last quarter figures included patient experience and Patient Opinion feedback. The Provider arm were also now measuring patient experience.

The Chairman enquired how we measured the quality of care in nursing homes. The Director of Standards and Engagement advised that meetings had been held with the Regulator and the outcome would be fed into the process. The Director of Strategy also advised that there was a Quality in Care Homes Group which looked at these issues.

There followed a discussion around the capacity of the team and the Board were assured that systems and processes were in place to support this area.

The Board endorsed this paper.

## **267/09 Finance Director's Report**

The Director of Finance presented this report which provided the Board with a summary of the 2009/10 financial position for the period to 30 June 2009 and an assessment of the current risks to achieving the financial plan for the year. She advised that it was disappointing to report that based on Month 4 information the PCT had a £2.2m year to date deficit, but highlighted that the PCT was continuing to forecast a revenue surplus of £4.5m for the financial year in line with plan on the basis that a series of actions which were currently being implemented would be successful.

The Director of Finance detailed the actions that were being taken to address this issue which included work with PBC Consortia and Reviewing the Improvement Plan for Clinical Services (IPCS).

The Director of Finance highlighted that for the first time the PCT had achieved compliance with the 95% target on the Better Payment Practice Code for paying non- NHS suppliers. This was a significant improvement but work was still ongoing to remind staff to comply with procedures.

Information relating to Programme Budgeting for 2007/08 had recently been released by the Department of Health and as a result NHS Sheffield will be updating its benchmarking work. This will look at peer socio economic cluster group PCTs to understand the financial data and link this data to the Health Atlas, and will be used with other information to inform future investment priorities.

The Board:

- a) Endorsed the action plan to bring the PCT's financial position back on plan by the year and also endorsed the budget changes which had been actioned in Month 4;
- b) Endorsed the approach being taken to monitor PBC budgets and noted the results based on quarter 1 data;
- c) Noted the initial analysis of programme Budgeting data and planned next steps;
- d) Noted the achievement and planned work with the CPC.

## **268/09 Capital Programme for 2009/10**

The Director of Finance and Director of Strategy presented this paper which showed the revised capital programme for 2009/10 and

highlighted key issues with reference to Transforming Community Services.

The key points highlighted were:

- a) The capital programme to 2012/13 was approved by the Board in April 2009;
- b) An allocation of £5.9m for 2009/10 had now been confirmed by the SHA;
- c) Changes to the programme were required in the light of emerging revenue and capital pressures;
- d) Any potential service expansion by Sheffield PCT Provider Services does not form part of the current capital programme;
- e) A change to the structure of the Capital Planning Group and its meetings is required due to Transforming Community Services.

The Board:

- a) approved the revised capital programme for 2009/10
- b) endorsed changes to the structure of the Capital Planning Group

## **269/09 Performance Director's Report**

The Director of Performance presented this report which included the key performance issues as at Month 4. He drew the Board's attention to the following key issues:

Health Outcomes: This information now included the new benchmarking intelligence, and the latest summary of the position for NHS Sheffield.

Vital Signs: Delayed Transfers of Care was much improved for those patients waiting in the acute hospitals but higher than SHA average for non-acute. This was likely to bring the NHS Sheffield Delayed Transfers of Care indicator (which this year included both acute and non-acute delays), below the threshold for achievement in the forthcoming CQC assessment. Other outlier indicators were primary care access, drug users in treatment and teenage conception.

Key Performance Indicators:

Maximum 4 hour Wait in A & E: An Action Plan had been agreed with Sheffield Teaching Hospitals NHS Foundation Trust and good progress had been made. It was felt further work was needed to deal with breaches and additional cultural and clinical changes would also be required to ensure this work is embedded into the system. As at the end of July, the four month cumulative Sheffield wide position stands at 99.82%. The Chairman asked if Lis Nixon Associates would be invited back later in the year to assess progress. The Director of Performance advised that following the national Intensive

Support Team visit scheduled for 15 September and their subsequent report, the option for a re-assessment was still open to both the PCT and Sheffield Teaching Hospitals NHS Foundation Trust. He and the Director of Standards of Engagement would be meeting to consider developments in clinical quality measurement with national support organisations specialising in the field of emergency care.

Referral Levels: It was noted that these were increasing and discussions would be held with practice based consortia to look at their demand management plans and additional in year actions to ensure all clinically appropriate pathways were explored to reduce demand on secondary care.

Ambulance response times: This remained a significant concern as, following a positive performance in April and May, the deteriorating performance seen in June for all three Care Quality Commission (CQC) targets had continued in July. The Chairman expressed his disappointment as this would have a detrimental effect on the PCT's 2009/10 position.

Annual Health Check Forecast 2008/09: The CQC had completed the ratification phase of data which would be used to assess health care organisations for the Annual Health Check for 2008/09. The PCT had reviewed all the data and revisited the assessment of achieving a 'Good' for Quality of Services and this had now been revised down to 'Borderline Good' due to the vital sign indicators described above and probable thresholds to be used. A worst case scenario would be a "Fair" assessment. A report of the PCT's performance against the 2008/09 Annual Health Check will be presented to the Board in November.

Productivity Benchmarking: This section details Sheffield's comparative position in respect of a number of productivity indicators and metrics and will be updated on a quarterly basis drawing on relevant productivity information.

The Board:

- Noted the latest update on Health Outcomes;
- Noted the new developments in the NHS;
- Noted the month 4 key performance issues and related actions;
- Noted the 2008/09 Annual Health Check Forecast update;
- Noted the Performance reports new inclusions and future development.

## **270/09 Quarter 1 Business Plan**

The Director of Performance presented this report which represented an assessment of the PCTs position against the Business Plan as at the end of Quarter One.

Each principle Objective had been assigned one or more 'Measure of Success' and of these:-

- 89 (71.2%) actions area were on track for completion or have been completed broadly in line with plan;
- 16 (12.8%) action areas have scored amber;
- 5 (4%) action areas have been scored red where the action area has not been nor can be delivered
- 15 Measures of Success had not been rated as they were not deemed to be appropriate as at Quarter 1.

It was noted that there could be some impact on targets dependent on the swine flu situation over the winter.

The Board noted the progress against the Business Plan as at Quarter 1.

#### **271/09 Human Resources Key Performance Indicators and Workforce Information Quarter 1 Report**

The Managing Director of Provider Services presented this report.

Key points to note included:-

- For the first time this report was broken down by Provider Services and NHS Sheffield statistics;
- There was revised and detailed reporting on leavers and reasons for leaving;
- Continued reduced levels of staff turnover to current level;
- A high level of PDPs had been received;
- Levels of Statutory and Mandatory training have increased apart from Basic Life Support where the frequency of the training had been reviewed and was now every 12 months.

The Board noted the report.

#### **272/09 Infection Prevention and Control Annual Report for 2008/2009**

The Director of Standards and Engagement presented this report which informed Board of infection prevention and control activity during 2008/09 and provided assurance that activity supports both national initiatives and the priorities of NHS Sheffield and all Sheffield providers and independent contractors.

The Director reported that activity in MRSA and Clostridium Difficile had declined across the city. It was noted that to support delivery of the MRSA target, NHS Sheffield had provided funding to pilot a screening and decolonisation programme in pre-admission clinics at the Northern General site. A full evaluation report is currently being

produced in order to make decisions regarding funding in the future.

The Board endorsed the report.

#### **273/09 Clinical Audit and Effectiveness Annual Report for 2008/09**

The Director of Standards and Engagement presented this report which informed the Board of clinical audit and effectiveness activity during 2008-2009 and provided assurance that activity supports both national requirements and the priorities of NHS Sheffield. The report provided an overview of the strategic, operational and developmental work that had been undertaken and reflected both the commissioning and provider aspects of service delivery. A further detailed report would be provided to the Professional Executive Committee describing the results of each clinical audit undertaken in NHS Sheffield and the action taken to improve services.

It was noted that NHS Sheffield was now seen as a beacon site for excellence in this field.

The Board endorsed the report.

#### **274/09 NHS Constitution**

The Director of Standards and Engagement presented this report which provided an update on the NHS Constitution.

The Director of Standards and Engagement explained the background to the NHS Constitution and it was acknowledged that this would need to be embedded within the fabric of the NHS. NHS Sheffield would need to look how this could be entwined with work already ongoing, in particular how it could be used to help deliver ABH3.

The Board agreed to use the current evidence captured through performance targets, Standards for Better Health, health and safety and patient experiences to ensure the rights and pledges within the NHS Constitution are effectively monitored.

The Board noted the report.

#### **275/09 Director of Public Health Annual Report for 2009**

The Director of Public Health presented this paper which described the approach being taken for the Director of Public Health report for 2009 and the links to Achieving Balanced Health 3. The report will focus on the health of the population and make the links with the Community Assemblies in the City and the Joint Strategic Needs Assessment process.

The Director of Public Health agreed to circulate a draft copy of the

report to Board members in advance of the next Board meeting for comment.

The Board noted the proposals for the DPH Annual Report 2009.

**276/09 Community 1st Sheffield Ltd**

The Director of Strategy presented this report which updated the Board on the progress of LIFT developments in Sheffield. He advised that good progress was being made and a further report would be brought to Board in October. It was noted that the result of the public inquiry on the Compulsory Purchase Order (CPO) for the site at Buchanan Road (Parson Cross) had been published and the Inspector had upheld the Compulsory Purchase Order.

SK

The Chairman enquired about public engagement on this issue and the Director of Strategy confirmed that there was productive public engagement.

The Board noted progress on the LIFT schemes.

**277/09 Big Health Conversation Analysis**

The Director of Standards and Engagement and Assistant Director of Communications reported on the Big Health Conversation, NHS Sheffield's public and stakeholder consultation which will inform the third refresh of the Achieving Balanced Health Strategy.

The Board was shown a DVD which captured the footage of the conversations held in Sheffield and which will help to inform the consultation. More than 800,000 contacts were made with Sheffield people and 2,243 people were actively consulted during the Big Health Conversation. It was explained that the methodology used the 'ladder of engagement' (informing, consulting, involving, collaborating and empowering) process.

A question was raised concerning how the information from the Big Health Conversation would be shared with independent contractors and the Assistant Director of Communications advised that NHS Sheffield would use the mechanisms already in place i.e. via LMC, PBC consortia, weekly e-bulletins etc. It was agreed that the feedback would be shared with STHFT and other providers to link to their strategy development and contract negotiations.

PBC(HS)

The Board endorsed the report.

**278/09 Report from the Chairman of the Audit and Integrated Governance Committee**

The Chairman of the Audit and Integrated Governance Committee (AIGC) updated the Board on the following matters:

- The next meeting of the Audit Committee is scheduled to take place on 30 September. Apologies had been received from Malcolm Lindley and the Chair encouraged attendance from other Non Executive Directors. The agenda was currently being finalised and any items should be forwarded to the Director of Finance.
- Malcolm Lindley, Mohammed Ismail and Robert Bailey had attended the IFRS training which was found to be very useful. The Chair of the AIGC had formally thanked Steve Appleton, who had provided the training.

The Board noted the report.

### **279/09 Report from the Chairman of the Governance Committee**

The Chairman of the Governance Committee explained that the minutes of the 20 July 2009 were representative of the inaugural meeting of the Governance Committee and as such now covered information on the Board Assurance Framework, Health and Safety and Information Governance. In future, a covering sheet with key points would be provided to Board to note.

The Board noted the unadopted minutes of the Governance Committee held on 20 July 2009.

### **280/09 Health and Safety Report**

The Head of Corporate Services presented an update on Health and Safety issues. She advised the Board that a revised policy for the Prevention and Management of Latex Allergy and an updated Back Care and Manual Handling policy were now available. A further meeting with the Health and Safety Inspectors to discuss progress on asbestos and the general arrangements for managing health and safety was scheduled to take place on 23 September and 28 October respectively.

In relation to managing the Estates portfolio, a detailed health and safety audit programme to check compliance with health and safety legislation on all NHS Sheffield sites had been instigated. An Estates Management Database had been established to process the information that is being collated and a programme of training is being developed to ensure that staff are aware of their responsibilities and how to discharge them. A key part of this process is to identify Building Managers. Work is currently in hand with provider colleagues to identify Building Managers, who will take up this role.

The new Health and Safety website is close to completion and will be launched shortly.

The Board endorsed the progress report on Health and Safety.

#### **281/09 Compliments, Complaints and MP Enquiries report**

The Head of Corporate Services presented this report which provided the Board with a narrative report comparing the first quarter period of 2008/09 with the first quarter period of 2009/10.

Key points to note included:-

- The number of compliments had risen in the present quarter
- Trust complaints had significantly reduced
- Independent contractor complaints had increased
- The two working day acknowledgement target had been met in 100% of cases in Quarter 1 in both periods
- PCT response 25 day target for complaints had improved
- Year on Year Trust complaints had increased from 94 in 2007/08 to 163 in 2008/09.
- A new system for dealing with complaints had been introduced from 1 April 2009 . There was now one single point of contact.
- This information would in future be fed into the patient experience report.

The Board received and noted the report.

#### **282/09 Custody of Seal, Sealing of Documents and Signature of Documents**

The Head of Corporate Services presented this report which asked Board to note the affixing of the corporate seal to the following documents:-

- DSI Land Registry recording a registered change on Twentywell Lane
- Counterpart lease relating to premises know as The GP Collaborative/Walk in Centre at the Northern General Hospital

The Board noted the affixing of the corporate seal on the above documents.

#### **283/09 Professional Executive Committee (PEC)**

The Joint PEC Chair updated the Board on the following matters:

- A PLI event, led by Dr Ollie Hart, had been held to discuss the orthopaedic pathway. This had been very well attended and as a result alternative pathways had been launched.
- A review of the Area Prescribing Committee had been undertaken. It was felt that the high level of scrutiny of the APC

did not link into commissioning in the way it needed to. A reconstituted APC should be up and running by the beginning of October.

- A number of projects had been produced following the Keele Leaders scheme and PEC was currently following these up.
- The Clinical Summit would be taking place on 10 September and this would look at service areas where there is potential for significant improvement in quality and cost. i.e. preventing crisis, reducing inappropriate emergency bed days, reducing inappropriate activity and reducing in appropriate elective care costs.

The Board noted the minutes from the PEC meetings held 9 July and 13 August 2009.

#### **284/09 Report from the Chairman of the Assurance Committee**

The Director of Standards and Engagement advised that the Assurance Committee had held its inaugural meeting on 19 August and its purpose is to assure NHS Sheffield that all health providers and independent contractors from whom we commission services provide safe, effective and high quality care that delivers health benefits, positive outcomes and patient experience to the population of Sheffield. The Committee would meet on a quarterly basis and reports will be brought back to Board at that time.

#### **285/09 Yorkshire and the Humber Specialised Commissioning Group Annual Review**

The Board received and endorsed the Specialised Commissioning Group Annual Review letter dated 12 August 2009 presented by the Chief Executive.

It was noted that Cathy Edwards would be attending October Board.

#### **286/09 Yorkshire and the Humber Specialised Commissioning group minutes 19 June 2009**

The Chief Executive presented the minutes highlighting the Establishment Agreement and the risk share arrangements.

The Board received and noted the minutes from the Yorkshire and the Humber meeting held 19 June 2009.

#### **287/09 Yorkshire and the Humber Specialised Commissioning group minutes 17 July 2009**

The Chief Executive presented the minutes. He highlighted the work ongoing on the Commissioning Strategy as this has relevance to Competency 7 of WCC. This would be brought back to Board in November/December. It was also confirmed that the issue around

funding for transport for paediatric critical care had now been resolved.

The Board received and noted the minutes from the Yorkshire and the Humber meeting held 17 July 2009.

**288/09 Minutes of the Joint NORCOM meeting held 10 July 2009**

The Chief Executive presented the minutes advising that the Terms of Reference would be brought back to a future meeting. He also advised that the Child Health Review was underway and this would be fundamental to Sheffield Children's NHS Foundation Trust. A report would be brought back at a later stage. A huge amount of work had taken place around adult and children services with regard to critical care and, again, this was fundamental to optimising the services for high levels of activity.

JS

The Board received and noted the minutes from the North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium (NORCOM) Joint Meeting held on 10 July 2009.

**289/09 Minutes of the Joint NORCOM meeting held 14 August 2009**

The Board received and noted the minutes from the North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium (NORCOM) Joint Meeting held on 14 August 2009 presented by the Chief Executive.

**290/09 Report from the Chairman of the Provider Services Management Board**

The Managing Director of Provider Services presented this report on behalf of the Chief Executive highlighting the following points:-

- The updated Board Assurance Framework (BAF) for Provider Services was presented to NHS Sheffield Board. The BAF would link into the Audit and Integrated Governance Committee (AIGC) and would be presented on a quarterly basis to AIGC and Board.
- Consultation was now underway with staff and staff side on the structure of the management team for Provider Services following further separation of the commissioner and provider arms of the organisation.
- The senior management team would be restructured as part of the work on Transforming Community Services and this may involve some staff being deemed "at risk".
- There would be a review of the overall service management structures, including senior and middle management, to ensure the organisation is 'fit for purpose'. Staff are being kept fully briefed.
- Beech Hill had been closed temporarily due to flooding but all

residents, apart from those who were due to go home, had now returned.

The Board received and noted the report.

## **291/09 Policies**

The Head of Corporate Services introduced this report which listed, at Appendix A, the policies which had been through a robust development process including consultation with relevant individuals and groups.

The policies were:

### **Clinical**

Policy on the provision of additional information to HM Coroner surrounding an untoward death

### **Corporate**

Back care and manual handling policy  
Health and Safety Policy  
Investigation policy - this was the first policy to be approved by the Governance Committee and then a summary sent to the Board.

### **HR**

Career Break Scheme  
Flexible Working Policy  
Pay and Earnings Protection Policy  
Recruitment and Retention Premia Policy  
Redeployment and Redundancy Policy  
Policy on Relocation and its Alternative

The Board approved the policies and asked the Head of Corporate Services to publicise the policies on the intranet.

## **292/09 Feedback from Non Executive Directors**

Malcolm Whitfield advised that a Special Reference Committee had been convened for October.

## **293/09 Questions from the Public**

There were no questions from the public.

## **294/09 Confidential Session**

The Board resolved that representatives of the press and other members of the public be excluded from the remainder of this

meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, section 1(2) Public Bodies (Admission to Meetings) Act 1960.

**295/09 Any Other Business**

There were no items of any other business.

**296/09 Date and Time of Next Meeting**

The next meeting of Sheffield Primary Care Trust Board will be held on Tuesday 6 October 2009 from 1400 hours in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU