WOLVERHAMPTON CITY PRIMARY CARE TRUST

Minutes of the meeting of the Wolverhampton City Primary Care Trust held on 4th December 2007 at 4pm in Meeting Room 1 and 2, Civic Centre, Wolverhampton

Present:  Mr B Picken    Chairman
Mrs S Asar-Paul
Mrs M Corneby
Mr J Crockett
Mr C Crosdale
Ms M Espley
Dr H Hibbs
Councillor B Jones
Mr S Kalirai
Mr N Nisbet
Mr J Oatridge
Dr A Phillips

In attendance:
Mrs L Allen    Director of Primary Care
Mrs S Harris    Director of Workforce
Ms T Kenny    IM&T Manager
Ms G Nightingale    PA to the Chief Executive and Chairman
Ms G Patel    Voluntary Sector Representative
Mr B Perry    Head of Estates
Mr J Vanes    RWHT representative
Mr H Ward    Director of Commissioning
Ms J Wilding    Director of Healthcare Governance and Quality

Apologies:
Apologies for absence were received from Mr J Brown, Ms M Gay, Ms V Griffin, Mr T Morris, Cllr B Singh and Ms L Shore

Declarations of Interest

PCT.1093    There were no declarations made.

Minutes

The minutes of the meeting held on 6th November 2007 were received and approved.
The minutes of the Professional Executive Committee meeting held on 16th October 2007 were received and noted.

The minutes of the Provider Board meeting held on 9th October 2007 were received and noted.

Matters Arising

PCT.1094  Wolverhampton Public Health Annual Report PCT.1079
Dr Phillips reminded everyone that this session was for the Board to ask questions of the annual report.

Mr Crosdale asked if the national targets corresponded with the local targets, Dr Phillips said that local targets are in correlation to national targets.

Ms Asar-Paul asked for assurance on the partnership working element, both Mr Crockett and Dr Phillips assured Ms Asar-Paul that targets in relation to partnership working would be included in the Local Area Agreement (LAA).

Mr Crosdale asked what the impact would be of new migrants, Dr Phillips said that it was difficult to predict what the impact would be of new migrants moving to Wolverhampton. The current trend for migrants was young males.

Cllr Jones noted and supported the report, however he drew attention to the area relating to alcohol and raised concern about drinking at home. Dr Phillips said that we could use the previous methods of working with tobacco control with alcohol services and undertake an awareness/educational campaign.

Mr Oatridge drew attention to the graphs produced and Wolverhampton’s poor position in relation to England and Wales, Dr Phillips said that further trend analysis on the England and Wales information would be undertaken. He also advised that we were improving compared to the national average.

Ms Corneby suggested the report be shared with the Economic partnership and other sub-groups. Dr Phillips said that he would be sharing this report across all partnership organisations.

Mr Crockett and Dr Phillips finalised the discussion stating that the aspiration for the city is to close the health inequalities gap locally, then across the Black Country and then nationally. We cannot do
this alone, us as a city need to work together with partners to tackle underlying causes.

Report of the Chair of the Professional Executive Committee

PCT.1095 Dr Hibb’s report informed the Board of the key areas considered by the Professional Executive Committee at its meeting held on 16th October 2007, Practice Based Commissioning (PBC), Sexual Health Services, Mental Health services and the Walk-in Centre.

PEC members had had a lengthy discussion on the evaluation of the Walk in Centre at the Phoenix Health Centre. The recommendation to commission the same services until March 2008 and then from April 2008 to extend the opening times had been approved.

Ms Espley reported that three areas needed to be considered before the extension to the hours could be commenced: Workforce provision, Logistics of the building and the use of the entire building.

RESOLVED: 1) That a further report on the Walk-in centre would be received by the PCT Trust Board at a future meeting.

2) That the report be noted.

Report of the Chair of Provider Board

PCT.1096 Cllr Jones report informed the Board on areas considered by the Provider Board at its meeting held on 9th October 2007.

Cllr Jones advised members that the Provider Board would not be supporting the name change to ‘Black Country Mental Health Trust’. Our response would be: that we support their move to Foundation Trust status, however we were not happy with the suggested name change of ‘Black Country Mental Health Trust’, as we thought it was not appropriate.

Members congratulated everyone involved with the Mental Health award submission. Mr Picken stated that we were the only PCT who had successfully reached this stage within England.

RESOLVED: 1) That a letter be sent to Sandwell Mental Health Trust.

2) That the report be noted.
Report of Chief Executive

PCT.1097 Mr Crockett presented a report on matters relating to the Primary Care Trust.

Mr Crockett reported that partnership working was working well and that the process of developing the Local Area Agreement had begun. The targets within the agreement would be subject to negotiation with Government Office.

The Black Country health summit held on 13\textsuperscript{th} November 2007 had gone well and the audience was predominately clinical staff. The summit will put forward proposals on the vision for the future of the NHS. Members would receive a further report including outcomes of the event and other similar events held across the West Midlands.

The Operating Framework should be received early December 2007, which will confirm the national policies and priorities for the next planning period. A further report would be received to update members.

Mr Crockett highlighted a further two items that were not on his report: Equal Access for Equal Need, a project group is looking at increasing capacity/numbers of GPs. Mr Crockett, Mr Picken and Mr Ward attended the World Class Commissioning launch event on 3\textsuperscript{rd} December 2007; the main vision was ‘Adding Life to Years and Years to Life’. Mr Picken added that this would involve a lot of work to ensure the health service is fit for the future.

He finalised his report by reminding everyone to vote for the ‘Black Country’ bid in the Big Lottery competition.

RESOLVED: That the report be noted.

Strategic Services Development Plan

PCT.1098 Mr Nisbet presented a report outlining the amendments to the Strategic Services Development Plan following a meeting with the Strategic Health Authority (SHA). The second draft had been submitted to the SHA on 16\textsuperscript{th} November 2007 and no feedback had been received.
In response to Mr Kalirai, Mr Nisbet advised that the Royal Hospital site costs were based on information received and were only an estimate.

Mr Crockett said how exciting this was and how proud he was of this innovative plan as it would provide better care to the people of Wolverhampton.

RESOLVED: That the revised SSDP be approved.

Clinical Governance Framework – Excellence in All We Do

PCT.1099 Ms Wilding introduced the report to inform the Board of the outcome of the review of the Clinical Governance Framework – Excellence in All We Do. The framework was part of the process of implementing organisational changes as a consequence of Commissioning a Patient Led NHS.

In response to Ms Asar-Paul, Ms Wilding advised that all trusts would be expected to have a Clinical Governance Strategy.

Mr Picken commended the staff who produced the framework as it was easy to read.

RESOLVED: That the report be approved.

Revised Risk Management Strategy and Policy

PCT.1100 Ms Wilding’s report informed the Board of the revised Risk Management Strategy and Policy, which is completed on an annual basis.

Members were advised that the policy identified that the commissioning arm of the organisation is required to establish formal links to the Risk Management Committee so that strategic aims and functional arrangements are performance managed and communicated throughout the organisation.

An implementation plan was included at appendix 2, which is a requirement identified within the NHSLA standards for Primary Care Trusts.

In response to Ms Corneby, Ms Wilding said that a synopsis is attached to all staffs payslips.
In response to Mr Crosdale, Ms Wilding advised that risk management training is provided for all staff and that the Trust promotes a culture of sharing information on risks.

Mr Picken raised the issue of an error with the Non Executive Directors membership, which he agreed to resolve. Dr Philips requested that the Health and Safety membership be included with the report.

Mr Oatridge asked if the Whistle Blowing policy is reviewed on an annual basis. Ms Harris advised that in the last 2 years only one incident had arisen and that this was part of the ALE process that is presented to the Trust Board. It was also noted that the staff survey included a question on Whistle Blowing and that staff are advised of the policy during the induction process.

RESOLVED: That the revised strategy and policy be approved.

Healthcare Acquired Infection
Healthcare Commission Report from Maidstone and Tunbridge Wells

PCT.1101 Ms Wilding reported that following the investigation into 90 deaths in the above cited Trust, a review by both the PCT and RWHT had been undertaken.

The findings from the report had already been implemented at the PCT and she assured the Board that there were no significant areas for concern. However, there was no room for compliance and that the key message – ‘Make it Matter’ is to ensure that patient safety is a key priority for the PCT as a provider and commissioner.

Mr Crockett highlighted three areas he would be looking for in the future: things do fail, let’s try to ensure this does not happen in Wolverhampton, our performance is noted as good across the health economy following the recent visit from the Department of Health (DOH) and above all let’s keep our attention focussed on this issue.

Members congratulated Mr Loughton and his team on the recent HSJ award for reducing Healthcare Acquired Infections.

RESOLVED: That the report be approved for publication.
PCT Gender Equality Scheme Annual Progress Report

PCT.1102 Mrs Harris noted the slow progress made with the PCT’s Gender Equality Scheme, but had made achievements in involving the community to be more engaged with the PCT’s core business. The scheme will be published in May 2007 with a 3 year programme for implementation, greater progress on all equality schemes would be intended for the future.

RESOLVED: That the report be approved for publication.

PCT Disability Equality Scheme Annual Progress Report

PCT.1103 Mrs Harris’s report noted the progress made to date with the PCT’s Disability Equality Scheme. The PCT had made a great deal of progress including the implementation of a guidance and self audit checklist for disability for service providers and independent contractors. A formal launch of the checklist would take place on 13th December 2007. It was also noted that the programme was for a three year period and would therefore continue during 2008/09.

RESOLVED: 1) That the appendix 1 be approved for publication.

2) That the report be noted.

PCT Race Equality Scheme Annual Progress Report

PCT.1104 Mrs Harris noted that the progress with the PCT’s Race Equality Scheme had been slow. However, a large piece of work had been completed on the Equality Impact Assessment process and that funding for three community development workers had been identified.

Members noted that a considerable number of ‘not givens’ were seen on the charts for recording workforce data. Training would be provided to staff advising on the reasons for the need to collect this information.
In response to Mr Oatridge, Mrs Harris said that clear indicators/outcomes would be included in future reports.

Ms Asar-Paul raised concerns with the acronyms, which she found hard to understand. Mrs Harris said that she would ensure that there meanings are outlined in future reports.

RESOLVED: 1) That training be provided to all staff.

2) That the report be approved for publication.

**IT Network Wide Area Network Strategy**

PCT.1105 Ms Kenny provided a summary of the report which outlined planned improvements to the PCT’s Wide Area Network (WAN). The improvements would meet the PCT’s current and projected needs for access to the PCT’s hosted and national applications and therefore provide improved benefits to patients.

Members noted that should a disaster occur this would provide for a quick recovery so that patient care is not comprised. The main elements of the strategy are: establishing a secondary Data Centre, modernising the network infrastructure, providing resilience to the existing network infrastructure and the development of a clear network strategy to support future developments. The main benefits of these planned improvements are: a secondary centre for disaster recovery, support for the Strategic Service Development Plan (SSDP), support for the rollout of mobile devices for community and mental health teams to ensure data is easily accessible, a back-up service for all WAN links, improvements to IT services and improved data security.

Mr Nisbet detailed the links that would be provided for clinical staff and the need for them to have a confident system that is reliable and addresses any problems should they arise.

In response to Ms Asar-Paul, Ms Kenny said that the majority of the cost of the strategy relates to the disaster recovery element.

RESOLVED: That the strategy be approved.
Performance Reporting

i. Business Plan, Finance, Governance and Commissioning

Dr Phillips's report included a summary of the business plan, governance and commissioning. The overall performance of the PCT showed evidence of improvement. Improvement plans were in place for those targets that are of a high risk, which would be monitored on a monthly basis by the Management Team.

Mr Nisbet outlined the finance report that describes the progress towards achievement of the PCT's financial targets as at the end of October. The PCT has underspent against its revenue resource limit by £15.127m, an increase of £3.56m compared with the previous month's position.

Mr Nisbet reported that the service level agreement with RWHT still continues to be difficult and at the end of October the recorded amount of underspend was £2.808m. However, RWHT have recorded a breakeven position based on September data and the increased activity in the recent weeks.

Mr Nisbet reported that the forecast outturn for the year is an underspend of £22.875m. The existence of a substantial underspend in the 2007/08 financial years serves to provide a significant level of contingency to cover the years 2008/09 to 2011/12 where it is anticipated that the level of growth funding available will be reduced.

The finance report also included details of the updated position in regard to the balance sheet, cash limit target and better payments policy.

Mr Picken referred to the large surplus of money and asked what was being done to reduce the identified red risks. Dr Phillips advised that there were other factors affecting the red risks that money alone would not resolve. Mr Crocket supported Dr Phillips stating that improvements would be seen with the additional money, but some targets are not achievable with the use of money it is about introducing new ways of working.

Mr Vanes welcomed the improvement in the GUM access target.
RESOLVED: That the report be noted.

ii. Healthcare Governance Quarter 2 progress report

Ms Wilding presented a report to inform the Board of the progress made again the Risk Action Plan. The report noted overall progress as Amber for the three key actions and recommendations for action have been identified.

Members noted that during quarter 2 three serious untoward incidents from the PCT Provider Services were reported and five untoward incidents were reported from RWHT. The appointment of agency staff had addressed the identified delay in the recording of incidents within the PCT and training would be provided for independent contractors to address their poor incident reporting practices.

RESOLVED: That the report be noted.

Any Other Business

PCT.1107 There were no any other business.

Date of the Next Meetings

i. Date of next meeting

The next meeting would take place on Tuesday 5th February 2008 at 4pm, at the Civic Centre, Wolverhampton.

ii. Proposed dates for April 2008 to March 2009

Mr Picken reminded members that there would be no meetings during August 2008 and January 2009. It was also noted that 27th October 2008 should read 7th October 2008.

RESOLVED: That the proposed dates be approved.

Questions from the Press Members of the Public

There were no matters raised.
Closing Remarks

In closing the meeting Mr Picken thanked everyone for attending.

Exclusion of the Public

RESOLVED: That, pursuant to the provision of Section 1 (2) of the Public Bodies (Admission to Meetings) Act. 1960, the public and press be excluded from the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.

Meeting closed at 6pm

Chair: ..............................

Date: ..............................