

Apologies for absence

Apologies were received from Mr M Hastings, Mr D Watts, Mr S Marshall and Mr J Denley.

Declarations of Interest

WCCG.1965 Dr J Parkes declared he is an employee of The Royal Wolverhampton Trust (RWT). Ms S McKie declared she is currently an employee of the Wolverhampton Local Authority

RESOLVED: That the above is noted.

Minutes

WCCG.1966 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 10 October 2017 be approved as a correct record.

Matters arising from the Minutes

WCCG.1967 There were no matters arising.

RESOLVED: That the above is noted

Committee Action Points

WCCG.1968 **Minutes WCCG.1946 Communication and Engagement**

Dr H Hibbs confirmed leaflets relating to the Minor Eye Conditions Service have been ordered and will be distributed to GP practices. This action can now be closed.

Ms T Cresswell stated that a discussion has taken place regarding the service and this action can now be closed.

RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

Chief Officer Report

WCCG.1969 Dr Hibbs presented the report. She highlighted section 2.2.3 Longitudinal Patient Record. The Graphnet Care Portal has been successfully installed. This is a major step towards a shared care record between

primary, secondary, social care and mental health in line with the Clinical Commissioning Groups (CCGs) IT Strategy.

With regard to the work on joint commissioning across the Black Country She added that at the current time each area is developing its placed based arrangements alongside work to commission some services on a Black Country footprint. Given the importance of local public accountability and partnerships with our local authorities, the Committee can see no basis for bringing together the four CCGs into a single CCG arrangement for the foreseeable future.

Ms Cresswell referred to work around sharing care records and how this will be communicated with patients once finalised. Dr Hibbs stated that this is about patient care and for patient records to be shared between clinicians to improve care pathways. She confirmed that they will work with Health Watch. Mr P Price asked what the controls are regarding data protection. Dr Hibbs confirmed a lot of work has been carried out around data sharing agreements and it was agreed for this to be raised at the next Audit and Governance Committee.

RESOLVED: That Mr Price will raise data sharing relating to care records being shared at the next Audit and Governance Committee.

Board Assurance Framework

WCCG.1970

Mr P McKenzie presented the latest updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register for the Governing Body's consideration. In future the framework will be considered by the Audit and Governance Committee and it will then be presented to the Governing Body.

The report includes the latest updated version of the GBAF and Strategic level risks. Updates impacting on the risk profile for each objective in the GBAF are included that have led to the development of the overall scoring. Further detail on the development of overall risk management arrangements will be reported in the Private Governing Body meeting.

Mr Mckenzie referred to the framework adding good progress has taken place. He suggested having a summary report regularly in order to monitor the risks. Dr S Reehana agreed this would be helpful adding that risk management is a corporate responsibility for all of us.

RESOLVED: That a summary report is provided regularly to the Governing Body.

Committee Appointments

WCCG.1971 Mr McKenzie presented the report to ask the Governing Body to agree to the appointment of Clinical Members of the Governing Body Committees. He pointed out that following discussions with the Governing Body Members, the following members are to be appointed as follows ~

Commissioning	Dr Kainth (Lead), Dr Gulati (Deputy)
Finance and Performance	Dr Bush (Lead), Dr Asghar (Deputy)
Quality and Safety	Dr Rajcholan (Lead), Dr Parkes (Deputy)

In addition to these committees, there are roles on the Remuneration Committee and non-voting positions on the Primary Care Commissioning Committee which are allocated on a rotational basis. It is suggested that these roles be filled as required on delegated authority by the Chair.

RESOLVED: That the Governing Body agreed to the appointment of Clinical Committee Members as outlined in the report.

Lay Member for Patient and Public Involvement

WCCG.1972 Mr McKenzie stated that following a recruitment process, Sue McKie has been appointed as the Lay Member for Patient and Public Involvement. He added that she will also formally act as Deputy Chair of the Governing Body.

RESOLVED: That the above is noted.

Modern Slavery Statement

WCCG.1973 Mr S Forsyth gave a brief overview of the report. The Modern Slavery Act 2015 requires a slavery and human trafficking statement to be approved by Quality and Safety Committee and signed at Governing Body level. This ensures senior level accountability, leadership and responsibility for modern slavery and gives it the serious attention it deserves.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.1974 Dr R Rajcholan presented the report. She gave an overview of the key areas of concern pointing out maternity. The number of women booking to give birth at the Royal Wolverhampton Trust has increased significantly month by month in the last 12 months. Ms McKie asked for clarity regarding the capped maternity activity the provider has put in place. Mr

Forsyth confirmed this only applies to patients booking from areas outside Wolverhampton. Dr Reehana requested that this is reviewed regularly.

Dr Hibbs gave clarity regarding patients attending the Urgent Care Centre. Patients. All walk in patients including adults and children, are triaged within 15 minutes of attending. Patients who have booked appointments through 111 have had an initial telephone triage so are not routinely triaged again. It has been agreed that children under one will however be triaged again as they can become unwell very quickly. She confirmed that the service is being closely monitored to ensure this runs effectively.

Ms S Southall arrived

Dr D Bush referred the Never Events on page 12 of the report. Dr Rajcholan pointed out the recent Never Event which occurred which related to a child who had the wrong tooth extracted. A number of exercises have taken place at the Trust together with unannounced visits from the Quality Team. This has been discussed at great length at the Quality and Safety Committee. Mr Forsyth added RWT have taken immediate action and the CCG are continuing to do everything they can to ensure Never Events do not occur. Mr Price referred to RWT safeguarding level 3 training. There has been significant improvement for compliance with level 3 training children and adults but the provider has continuously failed to achieve the 95% compliance. Mr Forsyth confirmed the mandatory compliance rate is lower than 95% and that RWT are continuing to achieve against their safeguarding targets.

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.1975

Mr T Gallagher presented the report. He stated that the financial position has been scrutinised in month 6 and following a review of assumptions the recurrent overspend has decreased to an estimated £900k forecast outturn which is currently offset by non-recurrent underspends and the use of reserves. Sepsis is carrying a higher tariff in this year and as this is an in year costing and coding change CCGs will be submitting a joint letter which will be challenging the in year changes

Dr Asghar arrived

Mr Gallagher reported that additional Quality, Innovation, Productivity and Prevention (QIPP) has been identified over and above month 5 and the CCG is reporting achieving the QIPP target. He highlighted the table on page 22 of the report which details the current risk assessment for the CCG a risk of £2m with mitigations of £2m. There has been a reduction of

£200k in overall risk following a re-assessment of the Better Care Fund (BCF) overspend risk. He gave assurance that we are looking at best practice and liaising with other CCGs to ensure we have a QIPP programme that covers all areas.

Mr Middlemiss arrived

With regards to performance the number of Clostridium Difficile (C.Diff) has failed to achieve the in- month threshold of 3 with 4 cases report for August at the Trust. We need to ensure we meet the target. RWT have failed to achieve the 90% target in respect of the 62 day referral for cancer screening. Dr Hibbs reported that the CCG are working with RWT, regular telephone calls are taking place. Dr Reehana reinforced the importance that this is monitored closely.

Mr M Hartland pointed out that contracts for next year are required to be agreed within the next 6 weeks.

RESOLVED: That the above is noted

Commissioning Committee

WCCG.1976 Mr V Middlemiss presented the report on behalf of Mr Marshall. He highlighted the Urgent Care Centre. Totally Plc announced their intention to buy Vocare and the acquisition has now taken place. Dr J Parkes asked if this affects the CCG. The change of ownership is not expected to impact on the contractual and commissioning arrangements the CCG has in place.

Mr Middlemiss pointed out Probert Court Nursing Home. The suspension to the service has been lifted from 4 October 2017. This follows an intense period of scrutiny which has included weekly inspections and agreement that the provider Accord has demonstrated satisfactory improvement to warrant a return to normal operational service.

RESOLVED: That the above is noted.

Mr Middlemiss left

Remuneration Committee

WCCG.1977 Mr Price gave a brief overview of the report.

RESOLVED: That the above is noted.

Primary Care Programme Milestone Review

WCCG.1978 Ms Southall presented the report on behalf of Mr Marshall. She highlighted the key points stated the Committee has reviewed the frequency of meetings with the intention of reducing to quarterly meetings from October 2017 onwards and propose a name change from Committee to Milestone Review Board.

Ms H Cook arrived

Ms Southall highlighted the Workforce Development. Together Everyone Achieves More in Wolverhampton (Team W) – protected learning time for GPs. A reduction in the number of attendees has been evident over recent months. Discussions have taken place with the Local Medical Committee and Group Leads. A series of changes have been made to the timing and format of future sessions, this will continue to be overseen at monthly Group Leads Meetings. She reported that the Sound Doctor is now fully implemented and is available to be utilised by practices. The utilisation of this will be tracked on a month by month basis and this will be shown in future reports.

Dr M Asghar asked about the new home visiting pilot. Ms Southall reported there are a number of practices involved in the pilot in the first instance which is planned through expansion of the Rapid Response Team. There will be an evaluation at the end of the pilot. Dr M Kainth pointed out the importance of including all practices on board as this needs to reflect all of Wolverhampton. Dr Hibbs stated once the pilot has taken place the evaluation will be looked at.

Ms Southall left

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.1979 Ms Cook presented the report highlighting the key points. The Minor Eye Conditions Service (MECS) campaign has a web and social media presence following its launch in September. Work has begun with young people from across the city to develop a multi-media piece to complete the campaign.

The winter campaign has continued to focus on flu jabs. All public who are identified as being at an “at risk” group are invited to take up their flu jab at their GP surgery or with their local pharmacy. She pointed out that the Health Directory is now available on Wolverhampton Information

Network (WIN). The health directory is the latest addition which already has comprehensive sections offering information and advice and details of support available to adults, carers, families and children and young people with special education needs and disabilities.

RESOLVED: That the above is noted.

Minutes of the Quality and Safety Committee

WCCG.1980 RESOLVED: That the minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.1981 RESOLVED: That the minutes are noted..

Minutes of the Primary Care Strategy Committee

WCCG.1982 RESOLVED: That the minutes are noted.

Minutes of the Commissioning Committee

WCCG.1983 RESOLVED: That the minutes are noted.

Minutes of the Health and Wellbeing Board

WCCG.1984 RESOLVED: That the minutes are noted.

Any Other Business

WCCG.1985 RESOLVED: That the above is noted.

Members of the Public/Press to address any questions to the Governing Board

WCCG.1986 RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.1987 The Board noted that the next meeting was due to be held on **Tuesday 12 December 2017** to commence at **1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.25 pm

Chair.....

Date

DRAFT