

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY**

Minutes of the Governing Body Meeting held on Tuesday 12 December 2017  
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

**Attendees ~**

Dr S Reehana

Chair

**Clinical**

Dr D Bush

Board Member

Dr R Gulati

Board Member

Dr M Kainth

Board Member

Dr J Parkes

Board Member

Dr R Rajcholan

Board Member

**Management**

Mr T Gallagher

Chief Finance Officer – Walsall/Wolverhampton

Mr M Hastings

Director of Operations

Dr H Hibbs

Chief Officer

Mr S Marshall

Director of Strategy and Transformation

**Lay Members/Consultant**

Ms S McKie

Lay Member

Mr L Trigg

Lay Member

**In Attendance**

Ms H Cook

Engagement, Communications and Marketing Manager (part)

Ms T Cresswell

Health Watch representative

Mr J Denley

Director of Public Health

Mr S Forsyth

Head of Quality and Safety

Ms K Garbutt

Administrative Officer

Mr M Hartland

Chief Finance Officer – Dudley CCG (Strategic Financial Adviser)

Mr P McKenzie

Corporate Operations Manager

Mr S Parvez

Patient Safety Manager

Ms S Southall

Head of Primary Care (part)

### **Apologies for absence**

Apologies were received from Mr J Oatridge, Mr P Price, Ms H Ryan, Ms T Cresswell, Mr A Chandock, Mr M Hartland and Dr M Asghar.

### **Declarations of Interest**

WCCG.2002 Dr J Parkes declared he is an employee of The Royal Wolverhampton Trust (RWT).

RESOLVED: That the above is noted.

### **Patient Story**

WCCG.2003 Mr P McKenzie presented a patient story from a patient who described how a neighbour who worked at a hospital trust accessed her confidential medical records over a period of time. The case resulted in a fine being applied in the Magistrate's court.

Dr Kainth arrived

Unfortunately this is not an isolated incident. Mr McKenzie highlighted several other cases up and down the country of individuals accessing patient records inappropriately. Mr M Hastings added we have a number of projects we are working on about training staff so they are aware of their responsibilities when sharing information. Ms S McKie felt it would be a good idea to include clinicians in the training and possibly this could be shared in a Team W meeting.

RESOLVED: That the above is noted

### **Minutes**

WCCG.2004 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 14 November 2017 be approved as a correct record.

### **Matters arising from the Minutes**

WCCG.2005 There were no matters arising.

RESOLVED: That the above is noted.

## **Committee Action Points**

### **WCCG.2006 Minutes WCCG.1970 Board Assurance Framework**

Mr McKenzie confirmed a summary will be provided on a regular basis in order to monitor risks.

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

## **Chief Officer Report**

WCCG.2007 Dr Hibbs presented the report. She highlighted Accountable Care Systems. Work continues in Wolverhampton to develop a local place based health and care system which will relate to the overarching system developing at Sustainability Transformation Plan (STP) level.

She pointed out that we have presented our annual assessment of Emergency Planning, Resilience and Response (EPRR) to NHS England. She added that we are pleased to confirm that Les Trigg has been named as the Lay Member of the Governing Body charged with ensuring that the Operations directorate is managing our EPRR readiness appropriately.

RESOLVED: That the above is noted

## **Commissioning Committee**

WCCG.2008 Dr M Kainth gave an overview of the report. He highlighted the Sepsis Counting and Coding change which is being challenged. The Committee was advised last month that a national counting and coding change has been implemented regarding sepsis.

Dr Kainth pointed out the cancer activity transfer from City/Sandwell. The Royal Wolverhampton Trust (RWT) has confirmed there is going to be a 70/30 split of the Oncology and Gynecology Oncology work from City/Sandwell Hospital. RWT is anticipating that this will adversely impact on the Cancer 62 day standard. However the full impact on performance cannot be predicted at present. Dr Hibbs added that several meetings have taken place with RWT regarding recovery of the 62 day cancer standard and they are currently rewriting their recovery plan to include the concerns around the transfer of patients.

RESOLVED: That the above is noted.

## **Quality and Safety Committee**

WCCG.2009 Dr R Rajcholan gave an overview of the report. She pointed out the key areas of concern. The Care Quality Commission (CQC) rating is inadequate following the visit which took place at Vocare in March 2017. A follow up announced visit took place on the 26 October 2017 to look at particular concerns which provided assurance of some improvements. She referred to the maternity performance issues. There were two serious incidents reported for the maternity services for November 2017 and in total eight have been reported for maternity services since June 2017.

Ms S Southall arrived

Mr J Denley pointed out that Public Health will soon be entering into a full public consultation around some of the services they currently provide. Public Health along with partners need to look at different ways of working. Dr Reehana added finding an alternative rather than stopping services in many areas is a good idea.

RESOLVED: That the above is noted.

## **Finance and Performance Committee**

WCCG.2010 Mr T Gallagher presented the report. No additional Quality, Innovation, Productivity and Prevention (QIPP) has been identified in month 7. The CCG is reporting achieving its QIPP target as shortfall is being covered by reserves and other under spends. Following a review of the financial position at month 7 the level of risks has been adjusted to reflect those risks now incorporate into the forecast out turn and the Clinical Commissioning Group (CCG) is maintaining a nil net risk as mitigations match identified risks.

There has been an increase in prescribing spend. This mainly relates to no cheaper stock being available and is a national cost pressure. He also pointed out the performance measures on page 15 of the report.

Helen Cook arrived

Dr Hibbs added that measures are increasingly being looked at on a STP footprint as well as a Wolverhampton footprint.

Dr D Bush asked how patients choice will fit in with new ways of working. Dr Hibbs replied that the view is that systems need to be of a high enough quality to ensure patients wish to remain within them.

RESOLVED: That the above is noted

### **Audit and Governance Committee**

WCCG.2011 Mr Gallagher stated the report is for information.

RESOLVED: That the above is noted.

### **Primary Care Commissioning Committee**

WCCG.2012 Ms McKie gave a brief overview of the report. She pointed out that overall the practices with no submission for Friends and Family Test has reduced.

RESOLVED: That the above is noted

### **Primary Care Programme Milestone Review**

WCCG.2013 Mr Marshall introduced the report. The draft Primary Care Workforce Strategy was tabled at the meeting. Ms S Southall stated this strategy is a refresh and apologised for the late paper. She pointed out the Five Year Forward View on page 6 of the report.

Dr Gulati arrived

Our shared vision with recommendations from the General Practice Forward View is to develop and sustain a workforce, built around the needs of our population, which has the skills, knowledge and values to transform at scale and deliver high quality care within Wolverhampton. Dr J Parkes pointed out on page 9 of the report the STP level of retirements and GP work load. He pointed out this is not a description of demographics of staff within Wolverhampton. Ms Southall confirmed the local information is available and can be included within the strategy.

A discussion took place regarding the future staffing model example on page 11 of the strategy. A programme of work will be carried out.

Mr Trigg arrived, Ms Southall and Mr Parvez left

RESOLVED: That the above is noted.

### **Communication and Engagement update**

WCCG.2014 Ms H Cook presented the report. She pointed out that the Minor Eye Conditions Service (MECS) has continued its web and social media presence following its launch in September. In November 2017 a public

event took place at Bentley Bridge, Sainsbury. More than 300 people attended and the vast majority were really interested in the service.

She highlighted the extended opening in Primary Care. We are working with our colleagues in Primary Care and Pharmacy to promote their extended opening hours, particularly for cover over the Christmas and New Year holidays.

Ms McKie stated she attended her first Patient Participation Group (PPG) meeting. She pointed out that a number of presentations took place and the agenda requires re-organising going forward.

A discussion took place regarding the Stay Well campaign regarding reducing attendance at A&E when other alternative may be more appropriate. Ms Cook confirmed there is a massive drive to push the 111 service. Dr R Gulati felt this is moving forward as patients state they have used the 111 service. Dr Reehana stated use of this service seems embedded within families. Ms McKie added that with some patients English is not their first language and cultures are not the same which can cause difficulties for access to services. Ms Cook added there are outreach events in the New Year which may help.

Mr M Hastings pointed out that there was a big challenge over the weekend due to the bad weather regarding staffing at RWT. With Ms Cook's help the necessary communications were put through the internet in order to enable staff to get to work. He thanked her for her help.

RESOLVED: That the above is noted.

### **Minutes of the Quality and Safety Committee**

WCCG.2015      RESOLVED: That the minutes are noted.

### **Minutes of the Finance and Performance Committee**

WCCG.2016      RESOLVED: That the minutes are noted.

### **Minutes of the Primary Care Commissioning Committee**

WCCG.2017      RESOLVED: That the minutes are noted.

### **Minutes of the Audit and Governance Committee**

WCCG.2018      RESOLVED: That the minutes are noted.

**Minutes of the Commissioning Committee**

WCCG.2019           RESOLVED: That the minutes are noted.

**Black Country and West Birmingham Commissioning Board Minutes**

WCCG.2020           RESOLVED: That the minutes are noted.

**Minutes of the Health and Wellbeing Board**

WCCG.2021           RESOLVED: That the minutes are noted.

**Any Other Business**

WCCG.2022           RESOLVED: That the above is noted.

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

WCCG.2023           RESOLVED: That the above is noted.

**Date of Next Meeting**

WCCG.2024           The Board noted that the next meeting was due to be held on **Tuesday 13 February 2018** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.30 pm

Chair.....

Date .....