

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY**

Minutes of the Governing Body Meeting held on Tuesday 9 February 2016  
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

**VOTING MEMBERS ~**

<b>Clinical ~</b>		<b>Present</b>
Dr D De Rosa ~ Chair	Board Member	Yes
Dr D Bush	Board Member	No
Dr M Kainth	Board Member	Yes
Dr J Morgans	Board Member	Yes
Dr R Rajcholan	Board Member	No
Dr A Sharma	Board Member	Yes
<b>Management ~</b>		
Dr H Hibbs	Chief Officer	Yes
Ms M Garcha	Executive Lead for Nursing and Quality	Yes
Mr S Marshall	Director of Strategy and Transformation	Yes
Ms C Skidmore	Chief Financial Officer/Chief Operating Officer	Yes
<b>Lay Members/Consultant ~</b>		
Mr T Fox	Secondary Care Consultant	No
Mr J Oatridge	Lay Member	Yes
Ms P Roberts	Lay Member	Yes
Ms H Ryan	Lay Member	Yes

**In Attendance ~**

Ms H Cook	Communications and Engagement Manager
Ms K Garbutt	Administrative Officer
Ms V Griffin	Local Authority
Mr M Hastings	Associate Director of Operations
Ms L Hull	Administrative Officer (Observer)
Dr G Mahay	Local Medical Committee Representative
Mr P McKenzie	Corporate Operations Manager

### **Apologies for absence**

Apologies were received from Dr D Bush, Ms R Jervis, Dr R Rajcholan, Mr T Fox and Dr A Sen.

### **Declarations of Interest**

WCCG.1373 Dr D De Rosa reported GP Governing Body members declared an interest in the Commissioning Committee report as standard.

RESOLVED: That the above is noted

### **Patient Story**

WCCG.1374 Ms P Roberts introduced a patient story relating to the Respiratory Innovation Promoting a Positive Life Experience (RIPPLE) project which is currently being sponsored by the Health Foundation. She stated that the project reduced loneliness and anxiety in respiratory patients. There are activities and access to a Chronic Obstructive Pulmonary Disease (COPD) specialist.

RESOLVED: That the above is noted.

### **Minutes**

WCCG.1375 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 12 January 2016 be approved as a correct record. However the following amendments were highlighted ~

#### **WCCG.1356 Finance and Performance Committee**

Ms C Skidmore stated this should read "Quality, Innovation, Productivity and Prevention (QIPP) is not running on forecast".

### **Matters arising from the minutes**

WCCG.1376 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

## **Committee Action Points**

WCCG.1377           RESOLVED: That the progress report against actions requested at previous Board meetings be noted ~

### **WCCG.1244 – Emergency Preparedness Resilience and Responses (EPRR)**

Mr M Hastings reported that due to staff absence this report has been delayed but it is expected a report will be ready to be submitted back to the Governing Body in March

### **WCCG.1346 – Discussions with RWT – Community Services/Improving Pathways**

Dr D De Rosa confirmed he is currently having discussions with Ms A Smith and Dr J Odum and the Royal Wolverhampton Trust (RWT). Dr A Sharma reported he is still waiting to hear from Dr Odum.

## **Chief Officer update**

WCCG.1378           Dr H Hibbs presented the Chief Officer report which is submitted to provide assurance to the Governing Body of robust leadership across the Clinical Commissioning Group (CCG) that involves patients and the public and works in partnership.

Dr Hibbs highlighted item 2.1 - Commissioning Support Unit (CSU) Mobilisation. She added that agenda item 20 Commissioning Support Update gives more information regarding this item.

The Clinical Commissioning Group (CCG) Urgent Care Lead, Dr Julian Morgans, and CCG representatives visited the new Emergency Department at RWT in particular to review how the department is working and the new clinical model that has been put in place. Dr Hibbs reported there are problems with the A&E Department and the CCG are working with RWT to try to improve the situation.

RESOLVED: That the above is noted.

## **Update on Primary Care and other Developments**

WCCG.1379           Mr S Marshall stated that co-commissioning is now up and running. Currently the CCG are working on the management structure to support primary care. At the Members Meeting on the 20 January 2016 the

Primary Care Strategy was approved and currently the CCG are going through the planning implementation.

RESOLVED: That the above is noted.

### **Commissioning Committee**

WCCG.1380 Dr J Morgans presented the Commissioning Committee report which is to provide the Governing Body with an update from the Committee in January 2016. He pointed out item 2.2 Use of Afilbercept for patients with Wet Age Related Macular Degeneration. Dr Morgans also stated that the Committee were asked to consider and approved the commissioning proposal from the West Midlands Specialised Collaborative Commissioning Oversight Group, for a West Midlands Regional Familial Hypercholesterolemia Service.

RESOLVED: That the above is noted.

### **Quality and Safety Committee**

WCCG.1381 Ms M Garcha referred to the report which provides assurance on quality and safety of care and any exception reports that the Governing Body should be sighted on. She referred to the key issues of concern on page 2 and gave an overview of them. She highlighted the reduced percentage of A&E attendances where the patient was admitted, transferred to and discharged within 4 hours of their arrival at an A&E department. Ms Garcha pointed out that there are staffing issues relating to recruiting new staff and retaining existing trained newly qualified nurses which is a national.

A Quality and Safety Committee meeting took place this morning and there were no areas to escalate to the Governing Body.

Ms Roberts referred to the Cancer 62 day waits. The Trust reported in January that the Cancer 62 day standard has been achieved for the month, largely due to patients choosing not to have their procedures until January so the numbers are low; however this will impact on January's numbers and will be monitored for effect. Ms Skidmore pointed out for clarity that admitted and non-admitted patients are no longer indicators which we are measured on it is only incomplete pathways which are used as a performance measure

Dr Hibbs asked if the Mental Capacity and Deprivation of Liberty Assessments (MCA/DoLs) could be expanded. Ms Garcha confirmed that there are designated personnel working at the CCG and RWT to

ensure the responsibilities are delivered Adult safeguarding is currently being strengthened and the CCG will be recruiting a designated lead. It is also the ambition to include adults as well as children within the Wolverhampton City Multi Agency Safeguarding Hub (MASH) and Ms Griffin confirmed this should take place from August 2016.

RESOLVED: That the above is noted.

### **Remuneration Committee**

WCCG.1382 Mr Oatridge presented the report which is to provide an update of key discussions and decisions made at the Remuneration Committee. He pointed out the remuneration for a Lay Member of the Finance and Performance Committee was discussed. It was agreed that, as the role description for the role required the individual to have a similar level of skills and experience to the Lay Members of the Audit and Governance Committee, it would be appropriate for them to be remunerated at a commensurate level.

RESOLVED: That the above is noted.

### **Finance and Performance Committee**

WCCG.1383 Ms Skidmore stated that month 9 is being reviewed and this is still on track. The forecast for QIPP is static at the moment.

She pointed out that at the Finance and Performance Committee in January month 8 data was considered. The percentage around the 4 hour target has deteriorated and currently the position over December and January has deteriorated further. A remedial action plan, which has been agreed with the Trust, is in place. The CCG have the ability to hold 2% of the budget line to enforce the performance notice.

Ms Skidmore referred to the 62 cancer wait. Again there is a remedial action plan in place. There are very clear stages to the performance notice if actions are not actioned. Ms Skidmore confirmed additional data will go to the Finance and Performance Committee.

She referred to the Referral to Treatment waiting times. We have achieved the core target we are measured against. The CCG are monitoring the position with discussions at specialty level. The CCG are exploring with the Trust the possibility of putting activity out to other areas to maintain the standards and continuity of service for patients.

Ms Skidmore pointed out that there is a Quality Premium achievement every year. The CCG are able, through performance targets, to achieve an awarded Quality Premium for 2014/15. Wolverhampton has achieved £564000 which is in the best in Birmingham and the Black Country. The CCG are currently working with practices to supply equipment for use within the practices. There will also be some resources for the RIPPLE scheme and funding to support Public Health around working with migrants.

RESOLVED: That the above is noted.

### **Primary Care Joint Commissioning Committee**

WCCG.1384 Ms Roberts stated this is the first report to provide the Governing Body with an update. This is a joint report and NHS England will receive this summary. She gave a brief overview of the document. She highlighted the Primary Care Reserved Investment Plan and the schemes approved as part of the plan.

Dr Hibbs thanked Ms Roberts for picking up this work and making a lot of progress in developing the important work around primary care commissioning. Ms Garcha reported that an approved primary care workforce analysis is being carried out and will start in March 2016.

RESOLVED: That the above is noted.

### **Communication and Engagement update**

WCCG.1385 Ms Roberts presented this report which updates the Governing Body on the key communications and participation activities in January 2016.

She gave an overview of the document highlighting the Members Meeting which took place on the 20 January 2016. She also referred to the Grant Policy Workshop. This was to inform and support small and Third Sector organisations to apply for funding for the financial year 2016/17. Applications for services to help to meet the CCG priorities are invited and a funding application panel will convene in February to assign the monies available. Mr S Marshall added that to enable as many organisations to apply as possible a second workshop will be held. The bids are currently being reviewed and there will be a second round of evaluation in due course

RESOLVED: That the above is noted.

**Minutes of the Quality and Safety Committee**

WCCG.1386          RESOLVED: That the minutes are noted.

**Minutes of the Commissioning Committee**

WCCG.1387          RESOLVED: That the minutes are noted.

**Minutes of the Finance and Performance Committee**

WCCG.1388          RESOLVED: That the minutes are noted.

**Minutes of the Remuneration Committee**

WCCG.1389          RESOLVED: That the minutes are noted

**Minutes of the Health and Wellbeing Board**

WCCG.1390          RESOLVED: That the minutes are noted.

**Any Other Business**

WCCG.1391          Dr De Rosa confirmed that the additional document relating to Commissioning Support Update – January 2016 was for information.

RESOLVED: That the above is noted.

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

WCCG.1392          **Question**

Why are we paying for A&E nurses from agencies?

**Answer**

Ms Garcha confirmed that RWT have not used agency nurses except in the Intensive Therapy Unit (ITU) as a last resort. RWT have a banking system they use for nursing staff.

**Question**

Should ECG equipment be available in each cubicle at RWT.

**Answer**

This should be directed to RWT.

**Question**

Why is there a long delay in the A&E department at RWT.

**Answer**

This is due to batches of people arriving at the same time and staffing levels previously discussed. There are a large number of patients going to A&E 12-18 months ago 300 would be a bad day. During this week this has been 400 plus people arriving in A& E each day. Dr Morgans added that the Urgent Care Centre is planned to open in April 2016 which should relieve the pressure on the A&E department.

**Question**

Is it necessary to have a degree to be a nurse?

**Answer**

Ms Garcha stated that from 2000 if you wanted to be a staff nurse you are required to have a degree. However discussions are taking place to have a further tier of nurses between a Health Care Assistant (HCA) and Staff Nurse. This would be an Associated Nurse which is not a degree programme and this has gone for National Consultation.

**Question**

The new A&E department is short staffed. Was this opened under staffed?

**Answer**

The Trust recruits their staff so it is difficult to comment. The Trust planned to recruit additional staff into the service however there are a number of vacancies and high sickness level. The answer is to train and recruit locally. In past years there was a cap on the numbers of nurses to be trained. This has now been lifted however this new training is not funded in the same way it requires self-funding. Ms Gacha added nurses recruited from Europe have to undertake local adaptation to work in A&E.



**Question**

Is it working using Cannock Hospital

**Answer**

Dr Hibbs stated that we believe this is working for patients for elective activity.

**Question**

Within the Primary Care Strategy are you trying to reduce face to face GP consultations.

**Answer**

No we are planning to use other forms of consultation as well as face to face appointment we will need to work differently in order to manage the demand in the future which will be more efficient and effective. There is the need to provide more appointments with nurses and HCA's to give a greater blend of services to be available for patients.

**Question**

Do patients have a choice where they have their imaging carried out for example ultrasound for elderly patients?

**Answer**

Dr Hibbs requested that any patient specific comments should be put through Quality Matters

**Question**

The old system where appointments at practices did not take place seemed to work better could we go back to this.

**Answer**

This was not convenient for all patients. It is important doctors have enough time to see patients.

RESOLVED: That the above are noted.

**Date of Next Meeting**

WCCG.1393            The Board noted that the next meeting was due to be held on **Tuesday 8 March 2016** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.40 pm

Chair.....

Date .....