

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY**

Minutes of the Governing Body Meeting held on Tuesday 13 November 2018  
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

<b>Attendees ~</b>	
Dr S Reehana	Chair
<b>Clinical</b>	
Dr Asghar	Board Member
Dr D Bush	Board Member
Dr M Kainth	Board Member
<b>Management</b>	
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
Ms S Roberts	Chief Nurse Director of Quality
<b>Lay Members/Consultant</b>	
Mr J Oatridge	Lay Member
Mr P Price	Lay Member
Ms H Ryan	Lay Member
Mr L Trigg	Lay Member
<b>In Attendance</b>	
Ms K Garbutt	Administrative Officer
Mr M Hartland	Chief Finance Officer – Dudley CCG (Strategic Financial Adviser)
Mr P McKenzie	Corporate Operations Manager
Ms A Smith	Head of Integrated Commissioning

**Apologies for absence**

Apologies were received from Dr R Rajcholan, Dr J Parkes, Mr M Hastings, Ms S Gill, Dr R Gulati and Mr J Denley

**Declarations of Interest**

WCCG.2230            There were no declarations of interest declared.

RESOLVED: That the above is noted.

**Minutes of the meeting of the Wolverhampton Clinical Commissioning Group Governing**

WCCG.2231 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 11 September 2018 be approved as a correct record subject to the amendment below ~

**WCCG.2200 – Finance and Performance Committee**

Mr P Price referred to the second paragraph, final 2 sentences. It should read “Mr T Gallagher also referred to page 10 of the report .....”

**Matters arising from the Minutes**

WCCG.2232 There were no matters arising.

RESOLVED: That the above is noted.

**Committee Action Points**

WCCG.2233 RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

**Chief Officer Report**

WCCG.2234 Dr Hibbs presented the report. She highlighted that progress continued to be made relating to the Sustainability and Transformation Plan (STP) Clinical Strategy. The initial five key priority areas have been approved by the clinical leadership group, namely Primary Care, Mental Health, Cancer, Transforming Care Partnership and Local Maternity System plan.

Dr Hibbs pointed out that the Black Country Transforming Care Programme (TCP) has made significant progress in the last quarter to support patients out of hospital and in the community, 16 patients were discharged in the last quarter, 34 in total this year. Particular progress has been made to support children and young people out of inpatients beds.

The initial engagement has taken place relating to the NHS Long Term Plan. The plan is due to be published in late November or early December 2018. From December staff, patients, public and other stakeholders will be engaged to develop out local response to the plan and to develop our local implementation plan.

Mr J Oatridge commented upon the good staff we have within the Wolverhampton Clinical Commissioning Group (WCCG) and their capabilities. Dr S Reehana supported this.

Mr Price queried the aggregation of the financial working together. Dr Hibbs stated that the message from NHS Improvement is working together in an integrated way enables providers and commissioners to live within their means. Mr Hartland added that we are currently managing this on a system basis and we will work towards it when we receive further details.

RESOLVED: That the above is noted.

### **Emergency Preparedness, Resilience and Response (EPRR)**

WCCG.2235 Mr L Trigg gave an overview of the report which is to give the Governing Body assurance that the CCG is compliant with EPRR core standards assessed as substantially compliance and to sign off the 2017/2018 work plan. The work programme is set out on page 49 and there will be more reporting back and training.

Mr Trigg pointed out that the core standards do not capture the entire EPRR agenda. Work is being delivered around the Prevent agenda, Urgent Care support and crisis communications.

RESOLVED That the above is noted.

### **Commissioning Intentions**

WCCG.2236 Dr Hibbs referred to the report which is to give an overview of the Joint Black Country and specific Wolverhampton commissioning intentions for 2019/20 which take into account National, STP and Local Placed Based Intentions. This has been presented in a number of forums.

The Black Country JCC is leading on a number of specific programme areas, in particular:

- Transforming Care Programme
- Urgent and Emergency Care
- Elective Care
- Maternity
- Mental Health Services
- Cancer

In addition the Clinical Leadership Group has developed a Clinical Strategy for the Black Country STP which includes a focus on the areas listed below:

- Primary Care
- Children and Young People
- Cardiovascular Disease
- MSK
- Respiratory Disease
- Frailty

RESOLVED: That the above is noted

### **Commissioning Committee**

WCCG.2237

Dr Kainth presented the report. He referred to the Black Country Local Maternity Plan. He highlighted that the Black Country Local Maternity Plan has been developed to improve outcomes and provide a safer service for patients.

Dr Asghar arrived

Dr Kainth referred to the Draft Mental Health Strategy update which is a joint collaboration of NHS Wolverhampton CCG and the City of Wolverhampton Council. The strategy outlines current services and what has been achieved to date.

Dr Kainth pointed out the Committee was presented with a report regarding the current Community Dermatology Contract which ceases in December 2019. The provision of a community service is in line with strategic objectives and in addition the incumbent Trust based service is expected to cease. The Committee agreed to the expansion and re-procurement of this service. Ms S Roberts felt there could possibly be a potential risk to the service however Dr Kainth felt there is a market interest to deliver the service. Ms Roberts stated that some progress is being made regarding sharing photographs and this will be part of the procurement going forward.

Mr Hartland queried the impact and timings on The Royal Wolverhampton Trust (RWT) regarding potentially the A&E closing at The Princess Royal Hospital Telford (PRH). Dr Hibbs stated there have been numerous discussions between different organisations and the proposed date for closure of A&E at PRH is 18 December 2018 between 10.00 pm – 8.00 am. However this has not yet been finalised. If this takes place there might be 6 or 7 additional ambulances during the period and may have an impact on patients being admitted to wards. If the timings are from 8.00

pm – 8.00 am then the ambulances would increase substantially. We are aware and involved in the discussions.

RESOLVED: That the above is noted.

Ms A Smith arrived

### **Better Care Fund (BCF) update**

WCCG.2238 Ms A Smith gave an overview of the report. She stated that the Governing Body will receive a quarterly update. She highlighted the following in the report ~

- Rapid Intervention Team Burdett Nursing Award
- Sharing Data – Fibonacci
- Fibonacci – Nursing Times Aware Shortlist
- Co-location of North East and Social Care teams

Ms Smith also mentioned that housing colleagues are playing an increasingly important part in the work delivered by the BCF Programme relating to collaborative working. Mr Price expressed his support with this. He enquired if there are currently any risks regarding staffing issues. Ms Smith stated there have been a number of changes and a new Project Manager is scheduled to start on the 10 December 2018.

Dr Hibbs stated that good work had been carried out relating to Fibonacci. Ms Smith confirmed this will be replaced by Graphnet which is a wider tool with a richer source of information. A lot of work is currently taking place to implement Graphnet. Mr McKenzie also confirmed that information governance work is also being covered relating to Graphnet.

Mrs A Smith left

RESOLVED: That the above is noted.

### **Management of Excess Treatment Costs associated with Clinical Research**

WCCG.2239 Mr P McKenzie presented the report. He pointed out that NHS England have development a new model for commissioning the management of Excess Treatment Costs associated with research.

The model developed includes Local Clinical Research Networks managing arrangements on a day to day basis with a single CCG hosting commissioning arrangement on behalf of the other Clinical Commissioning Groups (CCG's) in the region. He pointed out that Wolverhampton CCG has been asked to act as the Host CCG for the West Midlands region.

Mr Oatridge asked what the financial implications are on Wolverhampton CCG. Mr McKenzie stated he understands funds are pooled and Wolverhampton are acting as a “banker”.

Dr Hibbs stated her understanding is Wolverhampton are acting as host and the administration work has no bearing on the CCG. NHS England are carrying out all the administrative work.

RESOLVED: That the Governing Body agreed to act as the host CCG for commissioning arrangements for managing Excess Treatment Costs for the West Midlands, accepting delegated authority from the other CCG's to perform this function in line with the draft policy.

### **Quality and Safety Committee**

WCCG.2240

Ms S Roberts presented the report. She pointed out that the cancer performance is below target and is a concern for Wolverhampton. She went through the risk mitigation. She also mentioned the impact on patients due to the waits and working with the Trust regarding harm reviews. Currently there is a member of staff at the CCG who attends the harm review meetings. Cancer Alliance are working with us on a weekly basis and they have supported the Trust working with clinicians.

RWT is currently reporting the highest standardised Hospital Mortality Index in the country. Ms Roberts went through the risk mitigation highlighting that an independent medical expert continues to support the Trust with mortality reduction priorities; this is in addition to external analytical support also in place.

Ms Roberts pointed that there are still concerns around the sepsis pathways. She highlighted that the staff turnover rate at Black Country Partnership is still being monitored.

She pointed out quality concerns were identified at a nursing home providing discharge. Accessing provision could potentially impact on the quality and safety of care provided and also to the Urgent Care system within Wolverhampton.

RESOLVED: That the above is noted.

## **Remuneration Committee**

WCCG.2241 Mr Price gave a brief overview of the report. He pointed out that the Committee agreed a list of mandatory training requirements for Governing Body members which will be delivered through the on-going programme of Governing Body development sessions.

Dr Reehana pointed out that the safeguarding training for GPs is different and how this is going to be addressed. Ms Roberts stated this was discussed at the Quality and Safety Committee. An updated training programme in light of the changes will be carried out at the Governing Body Development early spring.

RESOLVED: That the above is noted

## **Finance and Performance Committee**

WCCG.2242 Mr T Gallagher referred to the reports and focused on the report for October 2018. He pointed out that we are meeting all our metrics as stated on the table on page 165 of the report. RWT data indicates a financial under performance and the CCG are challenging this.

He highlighted that referrals from GP practices into RWT are reducing although further work needs to be undertaken which is in part the success of the referral management.

Mr Gallagher pointed out the Quality, Innovation, Productivity and Prevention (QIPP) Programme Delivery Board on page 173 is presently differently which was requested by a recent audit. We are achieving QIPP supported by the reserves we hold.

The Trust is continuing to focus on reducing the backlog and to sustain or reduce Referral to Treatment Time (RTT) waiting list size against the March 2018 baseline and is currently on track to achieve this with August RTT waiting list. He referred to the Delayed Transfers of Care. We are making progress however at present we are still not meeting our threshold. There is a lot of work being carried out through the Better Care Fund.

RESOLVED: That the above is noted.

## **Primary Care Commissioning**

WCCG.2243 Ms S McKie presented the report. She pointed out that following the retirement of Dr N Mudigonda last year the practice is performing well and there is no compromise to the quality of service.

The GP workforce position and projects are underway locally and across the STP footprint to address recruitment and retention of GPs.

A discussion took place regarding the evaluation of the primary care models and how this can be carried out. Currently the Primary Care team are building a dashboard.

RESOLVED: That the above is noted

### **Communication and Engagement update**

WCCG.2244 Ms McKie presented the report. She pointed out extended hours for GP surgeries. All patients registered with a Wolverhampton practice can now access appointments up until 8.00 pm weekdays and at weekends.

Planning is well underway to begin promoting the new Patient Access App to the public of Wolverhampton. We hope to encourage many patients to download it, register at their surgery for online services and have access to booking appointment at their GP practice, ordering prescriptions and looking at their medical records.

The campaign relating to Stay Well – help us help you is now underway with the first part in September and October focusing around uptake of the flu jab.

Ms McKie pointed out she had attended the Voluntary Sector 30 year celebrations. This was a wonderful event and she carried out a presentation. The return on the investment into the voluntary sector is very good. Dr Reehana added that there is a lot of learning with the voluntary sector.

Ms H Ryan asked when the support packs for over the counter medicines will be distributed. Ms Roberts report this is imminent once a date is known she will let Ms Ryan know.

RESOLVED: That the above is noted

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



WCCG.2245 RESOLVED: That the above minutes are noted.

**Minutes of the Finance and Performance Committee**

WCCG.2246 RESOLVED: That the above minutes are noted

**Minutes of the Primary Care Commissioning Committee**

WCCG.2247 RESOLVED: That the above minutes are noted

**Minutes of the Commissioning Committee**

WCCG.2248 RESOLVED: That the above minutes are noted

**Black Country and West Birmingham Joint Commissioning Committee Minutes**

WCCG.2249 RESOLVED

**Any Other Business**

WCCG.2250 RESOLVED: That the above is noted.

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

WCCG.2251 The following questions were submitted ~

**Question 1** ~ How do we ensure serious incident data is accurate and reported appropriately?

**Answer** ~ Ms Roberts stated that we work hard with the Trust. The reporting is right against the national framework and looked at their governance framework. Serious reporting are looked at and compared. Visits take place and stress tests undertaken. We also benchmark with other CCG's and Trusts. Ms Roberts confirmed she would be happy to discuss this outside the meeting.

**Question** ~ How do we ensure services are safe?

**Answer** ~ Ms Roberts stated we look at national learning, local alerts, feedback through our quality meetings. Ms Roberts happy to discuss outside the meeting.

RESOLVED: That the above is noted.

**Date of Next Meeting**

WCCG.2252      The Board noted that the next meeting was due to be held on **Tuesday 12 February 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.30 pm

Chair.....

Date .....

DRAFT