

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Minutes of the Governing Body Meeting held on Tuesday 9 July 2019
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

Attendees ~	
Ms S McKie	Chair
Clinical	
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 J Green	Joint Chief Finance Officer for Sandwell/Wolverhampton CCG
Mr M Hastings	Director of Operations
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
Lay Members/Consultant	
Mr J Oatridge	Lay Member
Ms H Ryan	Lay Member
Mr L Trigg	Lay Member
In Attendance	
Ms K Garbutt	Business Operations Officer
Ms Y Higgins	Deputy Chief Nurse (Part)
Ms K Kaur-Wilson	Black Country Partnership Foundation Trust (Observer)
Mr P McKenzie	Corporate Operations Manager

Apologies for absence

Apologies were received from Ms S Roberts, Dr D Bush, Mr D Watts, Mr J Denley, Mr P Price and Ms S Gill.

Ms S McKie introduced Ms Kuli Kaur-Wilson to the meeting as an observer.

Declarations of Interest

WCCG.2406 There were no declarations of interest declared.

RESOLVED: That the above is noted.

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

WCCG.2407 RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group (WCCG) Governing Body meetings held on the 14 and 21 May 2019 be approved as correct records.

Matters arising from the Minutes

WCCG.2408 There were no matters arising.

RESOLVED: That the above is noted.

Committee Action Points

WCCG.2409 There were no Committee Actions

RESOLVED: That the above is noted.

Chief Officer Report

WCCG.2410 Dr H Hibbs presented the report. She pointed out that the Black Country and West Birmingham Sustainability and Transformation Plan (STP) and the Birmingham and Solihull STP held a Board to Board meeting to look at areas of common interest and the potential to collaborate in the future.

The Clinical Commissioning Group (CCG) has six Primary Care Networks set up as per national guidance and timescales. Clinical directors have been appointed.

Dr Hibbs stated that the Integrated Care Alliance (ICA) Development is continuing to progress well on plans on delivery around Frailty, Palliative and End of Life Care.

Cancer performance nationally remains an issue with headline news reporting on the situation across the UK. The recovery actions that we have been implementing at the Royal Wolverhampton Trust (RWT) have made inroads into improving performance. A request has gone to

providers across the Black Country to allow RWT and Wolverhampton CCG to implement a targeted referral diversion to improve waiting times for patients. This involves giving patients information on waiting times so that they can make an informed choice. Good collaborative work is taking place between Wolverhampton, Walsall and Dudley Trusts and the CCGs.

On the 11 June 2019 we formally launched our STP wide specialist Perinatal Mental Health service. The service actually started last year with transformation money won in April 2018 and is recurrently funded through the CCG baselines this year. This service is valued by mothers and families.

RESOLVED: That the above is noted.

Commissioning Committee

WCCG.2411 Dr Kainth presented the May report. He pointed out the Committee was presented with a report for assurance regarding continuation of the Elective Care Transformation Programme 2019/20. It is a collaborative programme across the STP footprint. Approval was given at the Committee.

The Committee was presented with the Glaucoma Referral Refinement service specification following the approval of the business case in January 2019. Approval was given at the Committee.

Dr Kainth referred to the June report and pointed out the performance targets. The Referral to Treatment (RTT) for April 2019 was missed. RWT have moved to an electronic referral system, due to technical issues RWT has put in place a manual system to ensure information for each patient is entered onto the system on a daily basis. Improvement is required regarding achievement of the cancer target particularly Breast Cancer referrals. Although demand has been increasing, the recent audit has demonstrated that this is in line with national profiles.

Mr J Oatridge referred to the Non-Emergency Patient Transport Service (NEPTS) procurement process. Compliant tenders were due by the 28 June 2019 and asked if these had been received. Mr S Marshall confirmed tenders had been received for this procurement.

Dr Hibbs pointed out that Acorn Children's Hospice is not closed, however if they do not receive additional resource they will need to. This is very important and pressing issue and discussions are ongoing across the Black Country regarding providing different funding and a different way of working on this.

Ms McKie mentioned that she was helping with surveys on peoples' experience of health services in Bilston recently. She had a few queries from patients how they obtain patient transport. Dr J Parkes stated that patients book this themselves through the telephone number provided.

RESOLVED: That the above is noted.

Quality and Safety Committee

WCCG.2412

Dr R Rajcholan presented the report. She pointed out performance of all cancer targets at RWT remains significantly challenged with further deterioration of all cancer targets except 31 day sub-treatment surgery and anti-cancer drug. RWT is supporting the 28 day faster diagnosis pathway, all breast referrals now go through the "one stop clinic appointment" whereby patients are seen by a consultant and have diagnostic testing performed on the same day.

RWT is currently reporting one of the highest Standardised Hospital Mortality Index (SHMI) in the country. The SHMI for January 2018 to December 2018 is 1.2083, which is a very slight decrease on the previous 1.21. The SHMI is rated red and the banding still remains higher than expected.

Dr Hibbs referred to the harm reviews which continue for patients treated at 104 plus days on a cancer pathway and asked if there had been any patient harm. Ms Y Higgins reported there has been one gynecology patient which has been reported as a serious incident. Dr Hibbs also asked about sepsis and emphasised that it is a big national concern and requires further assurance and asked if there has been any improvement.

Dr R Gulati pointed out a declaration of interest as her husband is employed by RWT and left the meeting.

Ms Higgins reported 100% of patients receive antibiotics within one hour and this is focused on A&E. Sepsis is currently not flagging as a mortality outlier but progress is still going well.

Dr M Kainth referred to the mortality rates over the last 5 years and asked if the outcomes are worse. Dr Hibbs stated that there is no excess mortality according to the evidence we have.

Dr J Parkes referred to a Never event which had been downgraded to a serious incident. Ms Higgins reported this was for a dental extraction and the local was given on the incorrect side. This did not meet the never event report therefore it will be treated as a serious incident in order for a full investigation can take place.

Dr Rajcholan pointed out the 2 additional documents enclosed with the report regarding Black Country Child Death Overview Panel and Safeguarding Children and Young People in Wolverhampton.

Ms Higgins left
Dr Gulati returned to the meeting

RESOLVED: That the above is noted.

Finance and Performance Committee

WCCG.2413

Mr T Gallagher presented the report. He referred to the table on page 78 of the report detailing the year to date position against key financial performance indicators. This position takes account of an additional £3.15m of additional surplus as required by NHS England/Improvement. Across the Black Country this is disproportionate and the CCG is working with the other CCGs across the Black Country to ensure Wolverhampton is not significantly disadvantaged via a Black Country Risk share arrangement.

Mr Gallagher referred to the Quality, Innovation Productivity and Prevention (QIPP) Programme Delivery Board information on page 79 of the report. The CCG is reporting achieving its QIPP target. The key points to note are the submitted finance plan prior to the request to increase the in year surplus required a QIPP of £13.536m or 3.5% of allocation.

The CCG is now required to report on its underlying financial position, a position which reflects the recurrent position and financial health of the organisation and is meeting the planning requirements of a 1% recurrent surplus as shown in the table on page 80 of the report.

Mr Gallagher referred to Risk and Mitigation on page 93. The CCG was required to resubmit a plan which demonstrates £6.3m risk which currently is fully mitigated based on the assumption that the Black Country Risk share agreement will be enacted. He added that we are on target to meet the key financial metrics. There is some over performance with RWT especially around elective work, however this should be manageable.

Mr Gallagher pointed out the table on page 87. The CCG is currently reviewing the way in which performance is reported to the Finance and Performance Committee in the short term interim period the performance report will focus on the CCG's performance against the NHS Constitutional Standards as detailed in the table. All the reds are around cancer,

previously mentioned. In addition Referral to Treatment (RTT) standards are also proving challenging at the current time.

Dr Hibbs expressed her concern regarding RTT and pointed out the cancer problem and ophthalmology. Currently a piece of work is being undertaken around ophthalmology. Dr Gulati pointed out there is also a considerable wait around gynecology referrals.

Mr Oatridge referred to the revisions to the Scheme of Delegation and asked if we need a formal resolution to this. The Board agreed to this.

RESOLVED: That the Scheme of Delegation was agreed.

Audit and Governance Committee

WCCG.2414 Mr L Trigg gave a brief overview of the report. He referred to the Internal Audit Annual report 2018/19. The internal audit team confirmed that following the completion of audit work the opinion Audit Option given to the CCG was “satisfactory”, the highest rating of assurance provided. The rating of satisfactory was rarely given and the CCG was commended on this.

The Head of Financial Resources presented the final accounts with the changes that had been made. The changes were approved and the Chair recommended the signing off of the accounts at the Governing Body meeting.

RESOLVED: That the above is noted

Remuneration Committee

WCCG.2415 Mr McKenzie stated the report gives details of the issues discussed and decisions made at the meeting of the Remuneration Committee on the 18 June 2019. Mr Oatridge pointed out that a Remuneration meeting has taken place across the Black County and a helpful discussion took place.

RESOLVED: That the above is noted.

Primary Care Commissioning Committee

WCCG.2416 Ms McKie presented the report. She pointed out the spirometry Service. Currently the service is purchased from RWT. The Committee approved to the service to be taken forward at Primary Care networks level subject to a revised business case being presented at the July 2019 meeting following a review of the costing model.

Currently the Primary Care Commissioning Committee meets monthly. Discussions are taking place for these meeting to be bi-monthly, no meeting will take place in August and this will be reviewed.

Dr Hibbs pointed out the proposed closure of Tettenhall GP practice in Wood Road. The proposed closure would potentially affect 4,000 people registered at the branch. A signed petition is being submitted to the House of Commons by Wolverhampton MP Eleanor Smith. A public meeting is scheduled to take place on the 11 July 2019 Dr Hibbs and Mr Marshall will be attending. This will be reported at the next Governing Body meeting in September. A discussion took place.

RESOLVED: That the above is noted.

Communication and Engagement update

WCCG.2417

Ms McKie referred to the report. She highlighted section 4 Patient and Public views. Residents in Wolverhampton are being asked "What Matters to You?" when it comes to local healthcare services. Ms McKie stated that were not too many negative comments received when she was in Bilston, however patients highlighted their struggles to obtain appointments with their practices. Ms H Ryan stated a lot of feedback has been received within her practice. She added that it would be valuable to consider marketing the different clinical roles within practices in order for patients to be more aware.

A Perinatal Mental Health workshop took place on the 24 June 2019. The event gathered views from local mums and their families to understand and improve user experience for women experiencing any kind of mental, psychological or emotional ill health during or after pregnancy. Mr Hastings added that the contents of this are being reviewed.

Dr Hibbs stated that the Long Term Plan and Implementation framework have been received and our Sustainability Transformation Plan (STP) response needs to be submitted by November. A report will be brought to the Governing Body in September. Dudley Healthwatch are leading a piece of work on public response to the Long Term Plan and will be presenting at the STP Board meeting in July.

Dr Hibbs pointed out the Annual General Meeting is scheduled to take place on Wednesday 18 September 2019 at the Molineux, Wolverhampton.

RESOLVED: That the above is noted.

Dementia Strategy Implementation Plan

WCCG.2418 RESOLVED: That the report is noted.

Minutes of the Quality and Safety Committee

WCCG.2419 RESOLVED: That the above minutes are noted.

Minutes of the Finance and Performance Committee

WCCG.2420 RESOLVED: That the above minutes are noted

Minutes of the Primary Care Commissioning Committee

WCCG.2421 RESOLVED: That the above minutes are noted

Minutes of the Commissioning Committee

WCCG.2422 RESOLVED: That the above minutes are noted

Minutes of the Audit and Governance Committee

WCCG.2423 RESOLVED: That the above minutes are noted

Black Country and West Birmingham Joint Commissioning Committee Minutes

WCCG.2424 RESOLVED: That the above minutes are noted

Minutes of the Health and Wellbeing Board

WCCG.2425 RESOLVED: That the above minutes are noted

Any Other Business

WCCG.2426 RESOLVED: That the above is noted.

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

WCCG.2427 There were no public or press present at the meeting.

RESOLVED: That the above is noted.

Date of Next Meeting

WCCG.2428 The Board noted that the next meeting was due to be held on **Tuesday 10 September 2019** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 2.10 pm

Chair.....

Date

DRAFT