

## **WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY**

Minutes of the Governing Body Meeting held on Tuesday 11 July 2017  
Commencing at 1.00 pm at Wolverhampton Science Park, Stephenson Room

### **Attendees ~**

Mr J Oatridge Chairman (Interim)

### **Clinical ~**

Dr D Bush Board Member  
Dr M Kainth Board Member  
Dr J Morgans Board Member  
Dr R Rajcholan Board Member  
Dr S Reehana Board Member (interim)

### **Management ~**

Ms M Garcha Director Nursing and Quality  
Mr T Gallagher Chief Finance Officer – Walsall/Wolverhampton

Mr S Marshall Director of Strategy and Transformation

### **Lay Members/Consultant**

Mr A Chandock Consultant  
Mr P Price Lay Member  
Mr L Trigg Lay Member

### **In Attendance**

Ms H Cook Engagement, Communications and Marketing Manager (part)  
Ms H Flavell Observer  
Dr I Gillis Health Watch representative  
Ms K Garbutt Administrative Officer  
Mr M Hartland Chief Finance Officer – Dudley CCG (Strategic Financial Adviser)  
Mr M Hastings Associate Director of Operations  
Mr P McKenzie Corporate Operations Manager  
Ms A Smith Head of Integrated Commissioning (part)

## **Apologies for absence**

Apologies were received from Dr H Hibbs, Mr D Watts, Ms P Roberts and Ms H Ryan.

Mr J Oatridge welcomed Mr M Hartland, Mr T Gallagher, Ms I Gillis and Mr A Chandock to the meeting.

## **Declarations of Interest**

WCCG.1840      The following declarations of interest were made ~

Mr Oatridge and the GP Board Members declared an interest in the agenda item relating to Constitution Variation.

Mr M Hartland declared an interest as an employee of Dudley and Walsall Clinical Commissioning Groups (CCG's).

Mr T Gallagher declared an interest as an employee of Walsall CCG.

Dr J Morgans declared an interest as he is employed by Royal Wolverhampton Trust as a locum working at a practice that is part of the vertical integration project.

Dr D Bush declared an interest in the Quality and Safety report as his practice provides services to a provider of step up/down beds referred to during the meeting.

None of these declarations constituted a conflict of interest so the individuals named remained in the meeting during the discussions on the relevant items.

RESOLVED: That the above is noted.

## **Minutes**

WCCG.1841      RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 23 May 2017 be approved as a correct record.

## **Matters arising from the Minutes**

WCCG.1842      There were no matters arising from the minutes.

RESOLVED: That the above is noted

### **Committee Action Points**

WCCG.1843 RESOLVED: That the progress report against actions requested at previous Board meetings be noted as detailed below ~

#### **Minute WCCG.1706 - Emergency Preparedness Resilience and Response (EPRR)**

Mr M Hastings confirmed that a final report relating to core standards will be submitted to the Governing Body in September 2017.

#### **Minute WCCG.1784 - Better Care Fund Plan**

Mr Oatridge confirmed this is an agenda item at today's meeting.

### **Chief Officer Report**

WCCG.1844 Mr S Marshall presented the report in Dr Hibbs' absence. He pointed out Joint Commissioning. The Black Country and West Birmingham Joint Commissioning Committee continues to meet monthly. A joint Programme Manager has been appointed, commencing on the 1 August 2017, to work across the four CCGs and will be working to ensure a programme plan is in place with timescales and delivery objectives.

He highlighted Place Based Commissioning. The CCG is working with partners including the Royal Wolverhampton NHS Trust, Black Country Partnership NHS Trust, General Practice and the Local Authority to determine what Place Based Commissioning and provision will look like in the future in Wolverhampton.

Mr Marshall referred to Primary Care Contracting pointing out that a Primary Care Contracting Manager was appointed into the team in May 2017. The primary function of this post is to manage and monitor the contracts the GPs hold to ensure they are working to their contract but they will also work closely with the Head of Primary Care in supporting the Primary Care Strategy.

He also referred to the appointment of Mr Amarbaj Chandock who is a gynaecological oncologist and has joined us as our Secondary Care Consultant on the Governing Body.

RESOLVED: That the above is noted.

## **Equality and Inclusion update**

WCCG.1845 Ms Garcha presented the report which is to provide the Governing Body with information and assurance that the CCG meets the requirements for NHS Workforce Race Equality Standard (WRES). She highlighted the update on Equality Delivery System2 (EDS2).

Mr Oatridge confirmed the report had been discussed in detail at the Quality and Safety Committee which took place earlier in the day and that the committee would provide detailed feedback to a future meeting.

RESOLVED: That the above is noted.

## **Constitution Variation**

WCCG.1846 Mr McKenzie presented the report. Following discussions with the GP membership, a new model of GP representation on the Governing Body has been agreed. He added to allow the implementation of this model and to proceed with the election process; an application to NHS England to amend the constitution is required. As part of the variation a number of other minor changes will be made as outlined in the paper.

At the members meeting it was agreed that the detail of this model would be discussed and agreed by the clinical group leaders to be included an application for constitutional variation by the Governing Body. The discussions have now taken place and the Group leaders have agreed that there should be seven elected GP representatives on the Governing Body, a GP Chair elected by all GPs and six GPs elected to represent the clinical groups based on their relative list size.

Mr McKenzie also pointed out that as part of the variation process a number of other changes will be made to the constitution relating to Risk Management, the establishment of the Black Country Joint Commissioning Committee and the appointment of a Joint Chief Finance Officer with Walsall CCG as outlined in the report.

Mr Price asked if we have any idea of timescales for approval. Mr McKenzie stated that NHS England is aware we will be making an application and the Governing Body will be kept informed regarding timescales. NHS England will respond fairly quickly if there are any issues around the application. Once details of the approval timescales are received, further planning around the election process can commence. The CCG will run the election and this will be supervised by the Local Medical Council (LMC). Mr Oatridge asked if there are future changes in the make up of the groups how often this will affect the six places on the Governing Body. Mr McKenzie stated that discussions have taken place

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on this matter and the logistical difficulties involved mean that it will not be possible for this structure to be changed easily. The discussions with group leaders had focussed on the key purpose of the change was to elect individuals to serve on the Governing Body in their own right. On that basis it was recognised that a review of places outside of terms of office would not be appropriate.

Dr S Reehana asked how this would affect locum GPs working across Wolverhampton. Mr McKenzie confirmed potentially all local GPs are allowed to stand. However Dr Reehana pointed out that locums may work across practices. Mr McKenzie confirmed that, as the election process for individual groups would be separate, GPs working in different groups would be entitled to vote in separate elections. Each GP would have one vote for the position of Chair Dr Morgans queried the difference around the Term of Office 3 and 5 years for elected and Lay members. Mr Oatridge stated that GPs are elected from membership and lay members are appointed through a competitive process. Dr Morgans queried the notice period for present Board members. Mr McKenzie confirmed that the current positions will be void once the new roles take effect.

Mr McKenzie added that the elections are provisionally scheduled to take place in September 2017 (subject to NHS England approval) and new Board members shadowing in October/November. A formal induction will take place.

Andrea Smith arrived

**RESOLVED:** That the Governing Body authorises the Interim Chair and Accountable Officer to make an application to vary the CCG's Constitution in line with the changes described in the report.

**Board Assurance Framework – Quarter 4**

WCCG.1847 Ms Garcha presented the reported. She referred to the internal audit action plan. The Governing Body has previously received updates on the action plan developed to address the other issues identified in the Internal Audit report into risk management.

Mr McKenzie has undertaken a piece of work to look at the 62 risks on the CCG's Datix system. These have been reviewed and eight were initially identified as corporate risks with the remainder identified as relating to individual programmes of work. From these risks, a further four 'composite' risks had been identified from individual risks relating to similar areas. He has also undertaken work around populating the Board assurance Framework to ensure that the Governing Body can be satisfied regarding the level risk and mitigations and any gaps in control. Work is

still in progress and the Board Assurance Framework Risk Mapping was outlined in appendix 3 of the report. The next stage of this work is for the Senior Management Team to look at the information and identify any further strategic risks for the CCG in achieving the objectives agreed by the Governing Body. The overall risk and mitigations and actions in place will be brought back to the Governing Body.

Ms Garcha pointed out that the risks were viewed live at the Quality and Safety Committee meeting which took place today. Mr Price stated it is important for the committee to consider what actions are taken to ensure extreme risks are being reduced. Mr Oatridge supported this and the importance of forward tracking.

Mr Oatridge stated that we are making good progress in line with the recommendations given by Price Waterhouse and Cooper.

RESOLVED: That the above is noted.

## **Better Care Fund**

WCCG.1848

Ms A Smith presented the report and plan. Since the report was submitted new national guidance has been published and we are now required to develop a two year plan. There is an improved Better Care Fund (iBCF) which provides additional budget direct to social care. The funding is agreed between the CCG and social care.

Ms Smith stated that the financial model meets the strategic and finance needs of the CCG and the finance is aligned to the QIPP budget. The current financial alignment between the CCG and the Local Authority is CCG 60% and the Local Authority 40%.

Mr Oatridge summarised the purpose of the report to provide assurance of the development of the BCF 2017-2019 draft plan, including pooled budget which has input from the Director of Finance and the Director of Strategy and Transformation. In addition to seek approve for delegated sign off of the plan including pooled budget to Dr Helen Hibbs (Accountable Officer) and Mr Tony Gallagher (Director of Finance)

RESOLVED:

- 1) That the Governing Body approve the draft Better Care Fund 2017-2019 plan in its current form, and delegate authority to the Accountable Officer and Chief Finance Officer to make any required changes based on national planning guidance and to finalise the pooled budget.
- 2) To note that the final version of the plan and details of the pooled budget will be presented to the Governing Body in September 2017.

**Proposal for CCG Joint Commissioning Committee Emergency Preparedness, Resilience and Response (EPRR) Board**

WCCG.1849 Mr Hastings presented the report which outlines a recommendation for a future arrangement for EPRR within the Black Country and West Birmingham area with a lead coordinator role established and funded by all four CCGs.

He added that the objectives of the proposed structure are for the Black Country EPRR lead to coordinate and support the individual CCG's officers to deliver their responsibilities collectively. This cost is estimated to be circa £25000 per annum per organisation. Mr Hastings pointed out appendix 1 which accompanied the report.

Mr Hartland supported this and asked about the hosting arrangements for the new role. Mr Hastings stated that the proposal was for Sandwell and West Birmingham CCG to host this role as part of their role as coordinating Commissioner for West Midlands Ambulance and NHS 111.

Ms H Cook arrived

RESOLVED: That the Governing Body approved working formally together across the Black Country and West Birmingham with a Lead coordinator role established and funded by all four CCGs.

**Commissioning Committee**

WCCG.1850 Dr Morgans stated the reports give updates from the Commissioning Committee from the May and June meetings and have been provided to the Board for assurance.

RESOLVED: That the above is noted.

**Quality and Safety Committee**

WCCG.1851 Dr R Rajcholan gave an overview of the report highlighting the key issues of concern. She pointed out key issue Urgent Care Provider. The Improvement Board convened and an action is in place. There are six weekly meetings, immediate improvement for PREVENT training; pediatric training and patient flow are monitored. She also mentioned maternity performance issues. No specific quality issues identified however key performance indicator on maternity dashboard a concern which could impact on quality and safety.

Ms Garcha stated that the CCG currently has a block contract with a provider to provide step up and step down beds. Following an early

morning quality visit to provider, several concerns were raised regarding quality of care and health and safety arrangements to safeguard residents at the home. Dr Bush asked are we comfortable to keep the step up beds open. Ms Garcha stated patients are receiving good clinical assessment. A restriction is in place relating to step up beds from four to two and every Monday a quality nurse carries out a visit to ascertain what improvements have been made. This is being closely monitored.

Dr Bush and Dr Reehana expressed concerns regarding a further Never event at RWT. There seems to be a recurring theme relating to wrong side surgery. Mr Oatridge confirmed he has written to the Chairman at RWT regarding these incidents stating this is not satisfactory.

Ms I Gillis asked if the CCG has an agreement with RWT regarding maternity pressures threshold. Ms Garcha stated that currently there is no agreement in place however discussions have been held widely encouraging mothers to stay in their own areas. Assurance will be given in the next Quality and Safety Committee report at the next Governing Body meeting.

RESOLVED: That the above is noted.

### **Finance and Performance Committee**

WCCG.1852 Mr Gallagher gave an overview of the report. He highlighted the finance position on page 3 of the report. Mr Gallagher stated that the CCG target for Quality, Innovation, Productivity and Prevention (QIPP) for 2017/2018 is £10.62m. The tables on pages 9-11 show very little variance in the QIPP delivery.

Mr Chandock referred to the percentage of service users waiting not more than two months (62 days) from urgent GP referral to first definitive treatment for cancer. Mr Hastings reported this is a very volatile look over a wider period of time. He stated he is working with NHS England regarding underperformance in this area. He also confirmed that monthly performance takes place with NHS England regarding pressures from providers. Mr Hartland reported that he will look at the issue regarding the 62 wait quoted for Dudley within the report. Mr Oatridge confirmed he will also raise this with the Chair at Dudley.

RESOLVED: That the above is noted.

### **Audit and Governance Committee**

WCCG.1853 Mr P Price gave a brief overview of the report.



RESOLVED: That the above is noted.

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

WCCG.1854 Mr L Trigg presented the report. He pointed out the Zero Tolerance Policy commenced with effect from the 1 April 2017 and there are currently 12 patients on the scheme. He added that the application and business case to close Dunkley Street Surgery was approved.

RESOLVED: That the above is noted.

### **Primary Care Strategy Committee**

WCCG.1855 Mr Marshall presented the report and pointed out four of the seven Task and Finish Groups programmes of work supporting the implementation of the Primary Care strategy had been halted pending reviews of their Terms of Reference. The terms of reference had been reviewed to ensure they were appropriately focused on delivering the aims of the strategy and revised versions were attached to the report.

He highlighted the Bank Holiday Opening report. A report was considered based on Bank Holiday opening that had been introduced for each Bank Holiday arising during 2017/18 financial year.

Mr Oatridge added that he had a meeting with the Chair of the Local Medical Council. The Chair pointed out that he had received outstanding feedback from practices for the work/support Ms Sarah Southall had provided.

RESOLVED: That the above is noted.

### **Communication and Engagement update**

WCCG.1856 Mr Hastings presented the report pointing out that the annual report is complete and has been signed off. We are now in the process of preparing an Annual Report Summary ready for the Annual General Meeting in July 2017.

He stated that the 2017 Engagement Commissioning Cycle events were held in June 2017. This was very successful and staff were able to have conversations with over 300 people at four venues across Wolverhampton city.

RESOLVED: That the above is noted.

**Minutes of the Quality and Safety Committee**

WCCG.1857          RESOLVED: That the minutes are noted

**Minutes of the Commissioning Committee**

WCCG.1858          RESOLVED: That the minutes are noted.

**Minutes of the Finance and Performance Committee**

WCCG.1859          RESOLVED: That the minutes are noted..

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

WCCG.1860          RESOLVED: That the minutes are noted.

**Minutes of the Primary Care Strategy Committee**

WCCG.1861          RESOLVED: That the minutes are noted.

**Health and Wellbeing Board Minutes**

WCCG.1862          RESOLVED: That the report is noted

**Quality and Safety Annual Report**

WCCG.1863          RESOLVED: That the report is noted

**Quality Improvement Strategy 2017-2020**

WCCG.1864          RESOLVED: That the report is noted

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

WCCG.1865          RESOLVED: That the report is noted

**Any Other Business**

WCCG.1866

RESOLVED: That the above is noted.

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

WCCG.1867          There were no questions.

**Date of Next Meeting**

WCCG.1868      The Board noted that the next meeting was due to be held on **Tuesday 12 September 2017** to commence at **1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 3.10 pm

Chair.....

Date .....

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