

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP GOVERNING BODY**

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

<b>Attendees ~</b>	
Mr J Oatridge	Chairman (Interim)
<b>Clinical ~</b>	
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)
<b>Management ~</b>	
Ms M Garcha	Director Nursing and Quality
Mr T Gallagher	Chief Finance Officer – Walsall/Wolverhampton
Dr H Hibbs	Chief Officer
Mr S Marshall	Director of Strategy and Transformation
<b>Lay Members/Consultant</b>	
Mr P Price	Lay Member
Ms P Roberts	Lay Member
Mr L Trigg	Lay Member

<b>In Attendance</b>	
Ms H Cook	Engagement, Communications and Marketing Manager (part)
Ms T Cresswell	Health Watch representative
Mr S Forsyth	Head of Quality and Safety (observer)
Ms K Garbutt	Administrative Officer
Mr M Hastings	Associate Director of Operations
Mr P McKenzie	Corporate Operations Manager
Mr V Middlemiss	Head of Contracts and Procurement (part)
Mr S Parvez	Patient Safety Manager (observer)

### **Apologies for absence**

Apologies were received from Mr D Watts.

### **Declarations of Interest**

WCCG.1884        There were no declarations of interest made.

RESOLVED: That the above is noted.

### **The Wolverhampton Integrated Respiratory Lifestyle Project (TWIRL) video**

WCCG.1885        Ms Roberts introduced the TWIRL project which started in July 2016 for a period of 12 months. This gives an opportunity for patients to leave their homes each week and meet other patients and clinicians. After the video Ms Roberts added that the project continues to run on a weekly basis. In order for this to continue meetings are currently taking place relating to funding and the running of the group. She added this has been a very successful project.

Mr Oatridge hoped that the sustainability will be there in the future for the project to continue. Ms H Ryan requested feedback from these meetings in order that they may be promoted within GP practices. Ms H Cook confirmed this will take place.

RESOLVED: That the above is noted.

Ms H Cook left

### **Minutes**

WCCG.1886        **WCCG.1844 Chief Office Report**

The second sentence should read "He pointed out Joint Commissioning within the report"

RESOLVED:

That the minutes of the Wolverhampton Clinical Commissioning Group Governing Body meeting held on the 11 July 2017 be approved as a correct record subject to the above amendments.

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

WCCG.1887            There were no matters arising from the minutes.

RESOLVED: That the above is noted

### **Committee Action Points**

WCCG.1888            RESOLVED: That the progress report against actions requested at previous Board meetings be noted.

### **Chief Officer Report**

WCCG.1889            Dr H Hibbs presented the report. She pointed out that Angela Poulton is the newly appointed Programme Director for the Joint Commissioning collaboration. Dr David Hegarty will chair the Clinical Leadership Group and the other clinical leads will be announced soon. The Sustainability and Transformation Plan (STP) leadership group met on the 21 August 2017 and at that meeting signed off the final version of the Memorandum of Information which is enclosed for information.

Work continues around developing plans for our Local Place Based commissioning solutions. Discussions are ongoing between ourselves, our local GP practices and the providers. We are waiting to hear what further support NHS England will be able to provide to our local system development.

Dr Hibbs pointed out that Claire Murdoch, the National Director of Mental health for NHS England, came to visit us in Wolverhampton on the 9 August 2017. She was impressed with the level of work that we are undertaking.

Vocare Limited commenced delivery of the Urgent Care Centre in April 2016. Since this date, Wolverhampton Clinical Commissioning Group (WCCG) has become aware of a number of concerns. Following a visit by the Care Quality Commission (CQC) the centre was rated as inadequate. Enhanced surveillance will continue for the foreseeable future.

Ms T Cresswell asked what engagement plans are in place regarding the STP. Dr Hibbs confirmed there is a nominated engagement lead from Sandwell CCG and an engagement plan with members of the public is being drawn up. Dr Hibbs confirmed the Governing Body will continue to be updated.

RESOLVED: That the above is noted.

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

WCCG.1890 Mr M Hastings presented the report which is to assure the Governing Body on the EPRR status in WCCG. The CCG is currently meeting all for EPRR for both local and regional assurance.

Based on the 2016/17 EPRR Core standards self-assessment WCCG maintains its substantially compliant assessment and has identified the areas for progression in the work programme presented at the September 2016 meeting. A further report for information will go to the September Governing Body Board Development meeting. Mr Hastings pointed out that nationally the up to date core standards have yet to be released by NHS England. The CCG has however been made aware that the “deep dive” for 2017/18 will be Governance. Mr Oatridge added that due to changes over the next few weeks with the Governing Body new members will need to be informed of any information.

RESOLVED: That the above is noted.

## **Board Assurance Framework**

WCCG.1891 Mr McKenzie stated that following the update to the Governing Body in July 2017, further work has been undertaken in line with the recommendations from the 2016 Internal Audit Report into the CCG’s Risk Management arrangements.

Mr V Middlemiss arrived

Mr McKenzie pointed out the Corporate Risk Register developed for the Governing Body meeting in July 2017 has been updated with 5 further risks identified and a number of risk scores being updated. Full details are shown in Appendix 2 of the report. Mr P Price stated that this is reassuring that good progress has taken place. At the Quality and Safety Committee a live exercise has been taking place reviewing the risks which is very useful and suggested this could be cascaded to other committees.

As the work progresses the CCG’s Risk Management Strategy will be revised and brought forward for endorsement by the Quality and Safety Committee in due course. Ms Roberts pointed out the need to see tracking and progress for each risk. Ms Garcha confirmed this was discussed at the Quality and Safety Committee with the possibility of a small investment being made into purchasing the appropriate software. Overall the Governing Body agreed that good progress had been made around this work.

RESOLVED: That the above is noted.

## **Procurement Policy**

WCCG.1892 Mr V Middlemiss stated this is an updated Procurement Policy for Healthcare Services and requested formal approval of the amended version. He highlighted the key points contained within the report. Mr L Trigg referred to page 13 of the policy in connection with the protected characteristics. One characteristic has not been included “marriage and civil partnership”. This was an omission.

A discussion took place around section 5 within the policy. Dr Hibbs explained that it is difficult to include for every eventuality and we need to retain some flexibility.

RESOLVED: That the Governing Body approved the Procurement Policy, to include the protected characteristic “marriage and civil partnership” indicated on page 13.

Mr V Middlemiss left

## **Commissioning Committee**

WCCG.1893 Dr Morgans gave a brief summary of the July and August reports. He highlighted the primary Care in-Reach Team. The Commissioning Committee supported the Programme Board to extend the scheme to cover all the 20 homes with the highest number of unplanned admissions. This would be funded from September 2017 to March 2018.

He referred to the Atrial Fibrillation Business case which will be discussed at the private Governing Body meeting.

RESOLVED: That the above is noted.

## **Quality and Safety Committee**

WCCG.1894 Ms Garcha gave an overview of the report. She went through the key areas on page 2 of the report. Full details are contained within the report. She also confirmed a discussion relating to Vocare will be discussed at the private meeting.

Dr Morgans pointed out that the Royal Wolverhampton Trust (RWT) has been named in the Sunday papers as appearing to have excess mortality.

Ms Garcha stated that RWT have an internal review tool regarding quality of care and mortality and that the CCG are represented on their mortality review assurance group. Dr Morgans added that the CCG need assurance this is being investigated. Ms Garcha said the trust has commissioned several external independent reviews which we will be sited on and will feed back to the Governing Body. Ms Roberts referred to page 7 of the report and asked which hospital the Never Events took place. Ms Garcha confirmed 2 were at Cannock Hospital and one at RWT. Mr Oatridge expressed his concerns regarding the number of never events and the number of wrong side surgery. He has received a communication from the Chairman at RWT, however the CCG are not happy with the reply and a subsequent response will be submitted to the Chairman.

Mr Oatridge stated that the Quality and Safety Committee is a good and effective committee and active work is going on regarding issues which are raised.

RESOLVED: That the above is noted.

### **Finance and Performance Committee**

WCCG.1895

Mr T Gallagher presented the reports from July and August. He referred to page 3 of the July report. We are meeting our financial targets as highlighted in green. He pointed out the table on page 4 which highlights year to date performance. We are managing the Quality, Innovation, Productivity and Prevention (QIPP) non delivery within other programme costs.

Mr Gallagher referred to the August report and pointed out the finance position indicated in the table on page 3 of the August report. The CCG is continuing to recurrently overspend approximately £800k forecast outturn which is offset by non-recurrent underspends. This has serious implications for 18/19 onwards most importantly the level of QIPP for next financial year which will have to increase to approximately £12m. Page 5 of the report indicates how we report to the Governing Body through RAG rating. Performance compared to previous months has shown an improvement as indicated in the table on page 13 of the report.

RESOLVED: That the above is noted.

### **Audit and Governance Committee**

WCCG.1896

Mr P Price gave a brief overview of the report. He pointed out the briefing on the recent cyber-attack.

RESOLVED: That the above is noted.

### **Remuneration Committee**

WCCG.1897 Mr Price gave a brief overview of the report pointing out that the performance related pay for officers will be considered in the autumn.

RESOLVED: That the above is noted.

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

WCCG.1898 Ms Roberts presented the report. She pointed out the Pharmacy First Scheme. The Committee agreed to the recommendation that the CCG continue to commission the service for over 16 year olds from July 2017 – March 2018.

She pointed out the Friends and Family Tests. It was noted that overall practices with no data has improved on last month which shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis.

RESOLVED: That the above is noted.

### **Primary Care Strategy Committee**

WCCG.1899 Mr Marshall gave an overview of the report. He pointed out the Bank Holiday opening on Monday 28 August 2017. Not all practices took part and this is currently being worked on. Dr D Bush stated that Saturday morning opening is very new and patients will need to be made aware of this in the future.

Mr Marshall stated that all practice groups are collaboratively developing a Home Visiting proposal. Referral and access criteria are currently being developed, and the skill mix needs is being explored.

RESOLVED: That the above is noted.

### **Communication and Engagement update**

WCCG.1900 Ms Roberts presented the report. The Annual General Meeting took place on the 26 July 2017 with over 90 people in attendance. She referred to the Sickie Cell and Thalassaemia engagement event. The results of this will be discussed at the private Governing Body meeting.

RESOLVED: That the above is noted.

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

WCCG.1901          RESOLVED: That the minutes are noted.

### **Minutes of the Commissioning Committee**

WCCG.1902          RESOLVED: That the minutes are noted.

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

WCCG.1903          RESOLVED: That the minutes are noted..

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

WCCG.1904          RESOLVED: That the minutes are noted.

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

WCCG.1905          RESOLVED: That the minutes are noted.

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

WCCG.1906          RESOLVED: That the minutes are noted.

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

WCCG.1907          Mr Oatridge pointed out that we are now receiving the Black Country Commissioning Board minutes.

RESOLVED: That the minutes are noted.

### **Health and Wellbeing Board Minutes**

WCCG.1908          RESOLVED: That the report is noted.

### **Any Other Business**

WCCG.1909          Ms Cresswell reported that Dr Isabel Gillis has now stood down from Chair of Healthwatch with effect from the end of September 2017. Healthwatch are currently recruiting a new Chair.

Mr Oatridge reported that Ms Pat Roberts and Ms M Garcha are retiring from the CCG. Mr Oatridge thanked Ms Roberts for all her work and support to the CCG. She has been a lay member and on the Governing

Body for 5 years. She has moved the whole communication and engagement process really well, been very proactive and enthusiastic. She has also taken on the role for Primary Care Commissioning from NHS England to the CCG. Ms Roberts is valued as a colleague and we wish her all the very best for the future. Ms Roberts thanked all and pointed out that Ms T Cresswell was a member of the team at the beginning of the CCG. Ms Roberts thanked everybody she has enjoyed working for the CCG.

Mr Oatridge also thanked Ms Garcha for all her work. She has helped to develop the Quality and Safety agenda. Dr Hibbs thanked Ms Garcha she has been a strong member of the Executive team and the Governing Body. She has had a long and fulfilled career with the NHS over the years. A big thank you from the Governing Body and Executive team.

RESOLVED: That the above is noted.

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

WCCG.1910

#### **Question**

A member of the public explained his late wife suffered from Emphysema. She received excellent care from the staff at RWT. He stated on numerous occasions he requested an oxygen cylinder but was informed his wife was not ill enough.

#### **Answer**

Mr Oatridge thanked him for his question. Dr Hibbs reported numerous people are living with respiratory disease and the CCG are looking at how the end of life services respond to their needs. Dr Hibbs stated she would see him outside the meeting for further discussion.

#### **Question**

It was pointed out that the difficulties when travelling on a bus when attending the Heart and Lung Department at RWT. He has requested a bus stop at this department in order to avoid any unnecessary walking.

#### **Answer**

Ms Roberts stated this will be looked at in an engagement meeting.

RESOLVED: That the above is noted.

**Date of Next Meeting**

WCCG.1911      The Board noted that the next meeting was due to be held on **Tuesday 10 October 2017** to commence **at 1.00 pm** and be held at Wolverhampton Science Park, Stephenson Room.

The meeting closed at 3.25 pm

Chair.....

Date .....

DRAFT