

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

15 MARCH 2017

PART ONE PUBLIC - MINUTES

A meeting of Part 1 of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held at 2pm on 15 March 2017 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present: Forbes Watson, Chair (FW)
 Jenny Bubb, Locality Lead for Mid Dorset (JB)
 Tim Goodson, Chief Officer (TG)
 David Haines, Locality Lead for Purbeck (DH)
 Teresa Hensman, Audit and Quality Chair (TH)
 David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)
 Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
 Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)
 David Richardson, Locality Lead for Poole North (DR)
 Ben Sharland, Locality Lead for Central Bournemouth (BS)
 Elaine Spencer, Registered Nurse Member (ES)
 Jacqueline Swift, Primary Care Commissioning Committee Chair (JS)
 Paul Vater, Chief Finance Officer (PV)
 Simon Watkins, Locality Lead for Poole Central (SW)
 Simone Yule, Locality Lead for North Dorset (SY)

In attendance: Conrad Lakeman, Secretary and General Counsel (CGL)
 Steph Lower, Executive Assistant (SL)
 Ravin Ramtohal, Deputy Locality Lead for Christchurch (RR)
 Vanessa Read, Deputy Director of Nursing and Quality (VR)
 Phil Richardson, Director of Design and Transformation (PR)
 Charles Summers, Director of Engagement and Development (CS)
 Mike Wood, Director of Service Delivery (MW)
 4 members of the public
 Dr John Bullivant and Tom Mytton from the Good Governance Institute – attending for the Governing Body Self-Assessment session.

		Action
1.	Apologies	
1.1	Colin Davidson, Locality Lead for East Dorset Nick Evans, Locality Lead for Poole Bay	

Blair Millar, Locality Lead for West Dorset
George Thomson, Secondary Care Consultant Member

2. Quorum

- 2.1 It was agreed that the meeting could proceed as there was a quorum of members present.

3. Declarations of Interest

- 3.1 There were no Declarations of Interest made.

4. Minutes

- 4.1 The minutes of the meeting held on 18 January 2017 were **approved** as a true record, subject to the following amendments:-

- 4.2 Page 8 – 10.1.4 – the wording be amended to read ‘contradicted’ rather than ‘contra-indicated’. The Matters Arising document to be amended likewise.

CGL

5. Matters Arising

- 5.1 9.3.4 - Finance – the Governing Body sought assurance that the NHS contracts with the independent providers were being appropriately managed when a provider was significantly over their activity plan. The Chief Finance Officer said there was provision within the contracts to take remedial action. There was also a clearer distinction between services with good access (where the NHS should be able to compete well with the independent sector) versus those services with a backlog. It was noted that Dorset County Hospital NHS Foundation Trust (DCHFT) had a workstream devoted to this area.

- 5.2 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting.

6. Chair's Update

- 6.1 The Chair had no matters to Update.

7. Chief Officer's Update

- 7.1 The Chief Officer introduced his Update.

- 7.2 Regarding the CCG resource allocation, an update should follow after the meeting with NHS England on Thursday 16 March 2017.

7.3 The Governing Body noted that Stuart Hunter (current Director of Finance at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT)) had been appointed as the CCG's new Chief Finance Officer. The current postholder would leave at the end of May 2017.

7.4 The Governing Body **noted** the Update of the Chief Officer.

8. Strategy

8.1 Corporate Objectives 2017-18

8.1.1 The Chair introduced the report on Corporate Objectives 2017-18.

8.1.2 The Governing Body **approved** the Corporate Objectives 2017-18.

8.2 Update on CCG Strategies

8.2.1 The Director of Design and Transformation introduced the Update on CCG Strategies.

8.2.2 There was concern regarding the visibility of decisions made at the System Leadership Team (SLT). Governing Body members sought clarity regarding governance, the sharing of risks and the accountability of each organisation.

8.2.3 It was noted that the SLT was still forming but Terms of Reference had been drafted. It was suggested future SLT minutes could be noted by the Governing Body.

8.2.4 The SLT did not have any devolved decision making authority and any formal decisions would require approval at each organisation's Board/ Governing Body. It was noted there was a formal process in place for providing SLT updates to the Governing Body.

8.2.5 Although not a decision making group, the Operational Finance Reference Group (OFRG), chaired by the CCG's Chief Finance Officer, would be the main group overseeing the STP financial position. The Governing Body received the CCG's strategic finance report but consideration would be needed regarding oversight and reporting of the more detailed STP finances including the financial impact of some of the proposed changes.

8.2.6 Following a query regarding updates on areas that were off plan, it was noted this detail would be provided in the

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PV

	All
8.2.7 The Governing Body directed that a separate paper be prepared detailing the governance arrangements.	PR
8.2.8 The Governing Body noted the Update on CCG Strategies.	
9. Delivery	
9.1 Quality Report	
9.1.1 The Deputy Director of Nursing and Quality introduced the report on Quality.	
9.1.2 Mortality rates remained an issue at DCHFT. The March figures had not yet been released but DCHFT was undertaking work to address the issue, including being a pilot site for the Royal College of Physicians and working externally with East Kent University Hospitals NHS Trust on reviewing mortality coding.	
9.1.3 Poole Hospital NHS Foundation Trust (PHFT) had reported a further Never Event. A Contract Performance Notice had been issued.	
9.1.4 Following concern that lessons were not being learned regarding Never Events, the Governing Body noted a Never Event Panel had been held with the new Director of Nursing at PHFT who had provided an overview of actions.	
9.1.5 Further information was sought regarding the DCHFT historic serious incidents and Two Never Events previously reported late. The Deputy Director of Nursing and Quality said there was an unusual set of circumstances and assured the Governing Body that this had been addressed.	
9.1.6 The Governing Body directed that the further information be provided outside of the meeting.	VR
9.1.7 South Western Ambulance NHS Foundation Trust (SWASFT) had received its draft CQC report which would be published shortly.	
9.1.8 Assurance was sought regarding the performance of PHFT in relation to pressure ulcers. This would be an area of focus for the new PHFT Director of Nursing.	

- 9.1.9 Regarding the follow up request for information on the pathway for children and young people who were not accepted onto a Children & Adolescent Mental Health Services (CAMHS) caseload, the referring clinician should be sent a letter explaining why the individual was not accepted. The RIO Case records system was also being updated and future reports should be able to identify patterns of inappropriate referrals which could be used as a form of education. The referral guidelines would be re-issued imminently.
- 9.1.10 There had been a marked improvement in stroke performance across the provider trusts but the Appendix 1 scorecard did not appear to reflect the SSNAP data accurately. The Governing Body directed that the scorecard be updated accordingly. SSh
- 9.1.11 The scorecard did not reflect what the best practice should be regarding Duty of Candor and therefore the numbers did not reconcile. Work was underway to look into the issue and an update would be provided to the next Governing Body meeting. SSh
- 9.1.12 The Governing Body sought reassurance regarding improvements in the Pain Service. The Governing Body directed that an update be provided regarding progress with improvement. SSh
- 9.1.13 The Governing Body **noted** the Quality Report.
- 9.2 **Performance Report**
- 9.2.1 The Chief Finance Officer introduced the Report on Performance.
- 9.2.2 Performance had declined for the Referral to Treatment (RTT) and six week diagnosis waits due to the performance of DCHFT. Short term actions were being taken by DCHFT to recover the position but there was concern that no longer term strategy had been identified.
- 9.2.3 Audiology and endoscopy were two areas of concern for DCHFT. Both had action plans in place that should improve the position by the end of the current quarter.
- 9.2.4 It was noted that A&E performance across Dorset was amongst the best in the country.

- 9.2.5 A number of performance indicators for Dorset Healthcare University NHS Foundation Trust (DHUFT) had improved but there were still challenges regarding access to the Improving Access to Psychological Therapies (IAPT) programme.
- 9.2.6 There was still concern over the performance of SWASFT. It was noted that ambulance handovers was a system performance issue.
- 9.2.7 SWASFT believed the Ambulance Response Programme (ARP) saved lives but recognised that there were challenges regarding non-life threatening incident response times.
- 9.2.8 There was concern that Governing Body members were not being presented with the most appropriate information as the Red Response 8 minute standard target data as it was not consistent with the ARP narrative.
- 9.2.9 The Governing Body directed that for future reports, information be provided that better reflected SWASFT performance. PV
- 9.2.10 It was noted that the ARP pilot had been completed and formal evaluation was expected shortly.
- 9.2.11 There remained concerns regarding appropriate ambulance responses and Locality Leads were asked to provide the Director of Service Delivery with any further incidents to enable them to be reviewed. Locality Leads
- 9.2.12 The Governing Body sought assurance that there would be improvement in DCHFT's performance. It was suggested that another Board to Board meeting be held to emphasise the CCGs concerns regarding DCHFTs sustainability. A CCG/DCHFT Chair and Chief Officer meeting was due to be held in the coming weeks and this would be raised then. TG
- 9.2.13 The Governing Body directed that the Chief Finance Officer clarify the position regarding Stroke Services and whether the patients who had either moved out of the area, declined a review or had deceased, would alter the reported percentage figure of 83.8% against the target of 85%. PV
- 9.2.14 The Governing Body **noted** the Performance Report.
- 9.3 **Finance Report**
- 9.3.1 The Chief Finance Officer introduced the Report on Finance.

9.3.2 Overall good progress had been made with the surplus target of £17.698M likely to be secured and a £11.1M headroom generated in-year.

9.3.3 It was noted that the growth in GP referrals had reduced from 5% (October 2016) to 3.9%.

9.3.4 Providers were making good progress with the Sustainability and Transformation Fund (STF) regarding delivery of their financial targets with the exception of DCHFT that was awaiting the result of its quarter 3 appeal for performance on RTT standards.

9.3.5 The Governing Body **noted** the Finance Report.

9.4 **Assurance Framework**

9.4.1 The Deputy Director of Nursing and Quality introduced the Assurance Framework report.

9.4.2 The Governing Body **noted** the Assurance Framework.

9.5 **Annual Review of Governance documents**

9.5.1 The Secretary and General Counsel introduced the Annual Review of Governance documents.

9.5.2 There were three changes proposed:-

- To amend the Terms of Reference for the Primary Care Commissioning Committee to remove the requirement for a GP as part of the quorum;
- To amend the Terms of Reference for the Clinical Commissioning Committee to update the term 'Clinical Delivery Group Leads' to 'RightCare Clinical Leads';
- The recommendation from the Remuneration Committee that the Secondary Care Consultant Member become a member of the Remuneration Committee.

9.5.3 The Governing Body **approved** the recommendations set out in the Annual Review of Governance documents.

CGL

9.6 **Working with the Community and Voluntary Sector**

9.6.1 The Governing Body Lay Member (Public Engagement) introduced the report on Working with the Community and Voluntary Sector.

9.6.2 It was noted that the community and voluntary sector was finding it increasingly difficult to engage with statutory bodies and the recommendation was that the CCG develop more outcome and population based approaches to commissioning which would support further engagement of the community and voluntary sector.

9.6.3 The Governing Body **approved** the direction of travel to develop more outcome and population based approaches to commissioning which would support further engagement of the community and voluntary sector.

9.7 **Proposals for Integration through the Better Care Fund**

9.7.1 The Deputy Director of Nursing and Quality introduced the report on Proposals for Integration through the Better Care Fund.

9.7.2 The original plan was for a Pan-Dorset joint procurement but this had now been split into two separate procurements, one for Dorset and one for Bournemouth and Poole.

9.7.3 The current Dorset contract was due to expire in November 2017.

9.7.4 The procurements would seek to address the diverse rates currently paid and improve the sustainability of the care markets.

9.7.5 Regarding the table at paragraph 7.5, the Governing Body noted that there could be further investment coming into Dorset over the next three years as a consequence of the recent budget announcement. This could increase the funding for Dorset County Council. There was therefore a need for flexibility to enable revisiting of the current proposed DCC £53M ratio to consider whether it should remain as is or whether it should be based on outturn.

9.7.6 It was recognised that workforce relationships were also a key component required to support the proposal.

9.7.7 The Governing Body **approved** the recommendations set out in the report on Proposals for Integration through the Better Care Fund and gave delegated authority to the Chief Finance Officer to revisit the risk share position if there was a change in national funding within this area.

9.8 Annual Review of Declarations of Interest

9.8.1 The Secretary and General Counsel introduced the Annual Review of Declarations of Interest.

9.8.2 He provided updated figures of those who had yet to make an up-to-date declaration or nil return as follows:-

- 31 member practices
- 11 GP principals/Directors (one of whom was present)
- 33 members of staff

9.8.3 Following revised guidance, it was now necessary for all categories of persons set out in paragraph 2.1 of the report to review their declarations every six months.

9.8.4 In respect of those in positions of influence, to protect both the CCG and the individuals, it was recommended that those without an up-to-date declaration be unable to participate in CCG meetings or discussions until the position was rectified.

9.8.5 The Governing Body noted the position would need to be reported in the end of year Annual Report.

9.8.6 The Governing Body **approved** the recommendation set out in 9.8.4 above.

9.9 Transformation Update

9.9.1 The Director of Design and Transformation introduced the Transformation Update.

9.9.2 One of the main challenges was to align the Clinical Services Review and STP planning by the end of May to enable the CSR Decision Making Business Case (DMBC) to be prepared ready for a Governing Body decision later in the year.

9.9.3 Approximately 2% of the population had responded to the Clinical Services Review consultation which was encouraging and had exceeded expectations. The Governing Body would be considering responses received at the forthcoming away day event in April.

9.9.4 The Governing Body **noted** the Transformation Update.

10. Wider Healthcare issues**10.1 Local A & E Delivery and Urgent Care Board**

- 10.1.1 The Locality Lead for Poole Central introduced the report on the Local A & E Delivery and Urgent Care Board.
- 10.1.2 The Governing Body noted that Delayed Transfers of Care was still a difficult area.
- 10.1.3 The Governing Body **noted** the report on the Local A & E Delivery and Urgent Care Board.

11. Committee Reports, Minutes and Urgent Decisions**11.1 Reports**

- 11.1.1 There were no Reports.

11.2 Minutes

- 11.2.1 There were no draft Minutes to note.

11.3 Urgent Decisions

- 11.3.1 There were no Urgent Decisions.

12. Questions from the Public

- 12.1 The Chair introduced the Public Questions item.

- 12.2 One member of the public asked the following questions:-

Question

Given the contents of the current Mental Health Pathway Review consultation, why is there no mention of dementia?

Answer

The Mental Health Pathway Review was a specific consultation regarding the acute care pathway and crisis end and was not designed to cover all mental health services. Regarding dementia, if there were significant service changes proposed to aspects of that service then a separate consultation would be undertaken, if required.

12.3 Question

Given what the NHS England representative said at a recent Health Scrutiny Committee regarding changes to vascular services, why wasn't this included as part of the Clinical Services Review consultation?

Answer

No-one present attended the Health Scrutiny Committee but it was noted that vascular services were the responsibility of NHS England. A short written response including background information would be provided.

MW

12.4 Question

Why hadn't the CCG published an equitably accessible comprehensive NHS services guide clearly stating what it did/didn't commission?

Answer

Given the number of services within the NHS, a comprehensive guide would be too large and there was uncertainty that such a guide existed even at a national level. NHS Choices provided an on-line 'who does what' guide with links to the relevant organisations and most Trusts provided a guide on their own websites.

13. Any Other Business

13.1 There was no further business.

14. Date and Time of the Next Meeting

14.1 The next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group will be held on Wednesday 17 May 2017 at Vespasian House at 2pm.

15. Exclusion of the Public

It was resolved that representatives of the Press and other members of the public were excluded from the remainder of this meeting having regard to the confidential nature of the business transacted, publicity of which would be prejudicial to the public interest.