

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

15 NOVEMBER 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 November 2017 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

- Present:**
- Forbes Watson, Chair (FW)
 - Mary Armitage, Secondary Care Consultant Member (MA)
 - Jenny Bubb, Locality Lead for Mid Dorset (JB)
 - Colin Davidson, Locality Lead East Dorset (CD)
 - Nick Evans, Locality Lead for Poole Bay (NE)
 - Tim Goodson, Chief Officer (TG)
 - David Haines, Locality Lead for Purbeck (DH)
 - Teresa Hensman, Audit and Quality Chair (TH)
 - Stuart Hunter, Chief Finance Officer (SH)
 - David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)
 - Ravin Ramtohal Locality Lead for Christchurch (RR)
 - 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)
 - Simon Watkins, Locality Lead for Poole Central (SW)
 - Simone Yule, Locality Lead for North Dorset (SY)
- In attendance:**
- Sam Crowe, Deputy Director of Public Health (SC)
 - Steph Lower, Executive Assistant (SL)
 - Vanessa Read, Deputy Director of Nursing and Quality (VR)
 - Phil Richardson, Director of Design and Transformation (PR)
 - Emma Shipton, Deputy Director of Engagement and Development (ESh)
 - Mike Wood, Director of Service Delivery (MW)
 - 10 members of the public

	Action
1. Apologies	
1.1 Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair Blair Millar, Locality Lead for West Dorset Mufeed Ni'Man, Locality Lead for East Bournemouth	

2. Quorum

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

3. Declarations of Interest, Gifts or Hospitality

- 3.1 The Chair and Locality Leads declared an interest in agenda item 20 – Integrated Urgent Care, Access, Advice, Assessment and Treatment Service including Improving Access to GP Services (IUCATS) under Part 2. Conflicted members would withdraw from the meeting for that item and the Chair would be handed to the Deputy CCG Chair.

It was noted that conflicted members had received redacted papers.

- 3.2 The Locality Lead for East Dorset declared an interest in item 21 – Community Ophthalmology Service Tender and would withdraw from the meeting for that item.

It was noted that the Locality Lead for East Dorset had received a redacted pack.

- 3.3 The Locality Lead for Poole North declared an interest in item 21 – Community Ophthalmology Service Tender and would withdraw from the meeting for that item.

It was noted that the Locality Lead for Poole North had received a redacted pack.

4. Minutes

- 4.1 The minutes of the Special Governing Body meeting held on 20 September 2017 were **approved** as a true record.

- 4.2 The minutes of the Governing Body meeting held on 20 September 2017 were **approved** as a true record.

5. Matters Arising

- 5.1 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 updates.

7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

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

8. Strategy

8.1 There were no Strategy items.

9. Delivery

9.1 Quality Report

9.1.1 The Deputy Director of Nursing and Quality introduced the report on Quality.

9.1.2 She highlighted the increase in Never Events, with a further three potential Never Events currently being verified as to whether they met the Never Events criteria.

9.1.3 The Governing Body noted that shared learning regarding Never Events was undertaken across the system at regular patient safety meetings.

9.1.4 The Governing Body noted the SSNAP Stroke performance scores for Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) and Dorset County Hospital NHS Foundation Trust (DCHFT) contained in the scorecard were incorrect. The correct scores were that both RBCHFT and DCHFT were rated A and Poole Hospital NHS Foundation Trust (PHFT) rated B.

9.1.5 An improvement had been seen regarding the Standardised Hospital Mortality Indicator for DCHFT.

9.1.6 Continuing Healthcare was not meeting the Quality Premium target of 80% of Decision Support Tools (assessments) completed within 28 days. An action plan was in place to address the position.

9.1.7 Following a query regarding information on ambulance response times in Dorset, the Deputy Director of Nursing and Quality said South West Ambulance Services NHS Foundation Trust (SWASFT) was in the process of implementing the new response time categories and it was hoped information would be available for the next meeting.

9.1.8 The Governing Body noted that all ambulance trusts would be using the new categories by next year which would facilitate

	benchmarking.	
9.1.9	The Governing Body directed that a CCG similar to NHS Dorset CCG be identified to provide benchmarking in the interim.	SSh
9.1.10	The Governing Body directed the Accountable Officer to write to the relevant acute trusts recognising the significant improvements made regarding Stroke Services.	SSh
9.1.11	The Governing Body noted the Quality Report.	
9.2	Performance Report	
9.2.1	The Director of Service Delivery introduced the Report on Performance.	
9.2.2	Referral to Treatment performance at DCHFT was not as good as the other Dorset acute trusts, mainly attributable to performance within Ophthalmology. This had been discussed at a recent DCHFT contract meeting and the trust planned to recover the position by the end of quarter three. An action plan had been requested. The issue highlighted the need for accelerated discussions regarding the creation of a more resilient Dorset-wide network for specialty services.	
9.2.3	Delayed Transfers of Care (DTC) continued to be a major risk. There had been an improved position within community hospitals recently and trajectories had been agreed with local authorities.	
9.2.4	Concern was raised regarding bed blocking due to mental health patients not having an appropriate place within the community. This highlighted the need for the mental health acute care pathway review outcomes to be progressed.	
9.2.5	Uptake of health checks for people with learning disabilities remained a significant challenge and had been discussed at the recent Primary Care Commissioning Committee. An action plan was in place to address the issues. Part of the plan was to look at the way services were provided and to offer a menu of venues/locations.	
9.2.6	There was a query regarding the reduction of fast-track referrals for the period to September 2017 and the Director of Service Delivery was directed to investigate and report.	MW
9.2.7	Unusually, North Dorset locality had seen the biggest increase in referrals at locality level. There was concern that this could be a data issue. The Business Intelligence Team	SH

would investigate.

9.2.8 The Governing Body noted the position regarding Dementia diagnosis. A detailed review had been undertaken and the report would be shared with Governing Body members.

MW

9.2.9 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 The CCG currently expected to deliver the planned in-year break-even position.

9.3.3 Continuing Healthcare (CHC) remained a significant risk, in particular Children's CHC. Work was ongoing regarding mitigation of some pressures but it was likely there would be an overspend at year-end.

9.3.4 Due to a change in the treatment of the savings on Category M drugs and the effect of high drugs prices resulting from drugs classified as No Cheaper Stock Obtainable (NCSO), early indications were that the prescribing budget would be significantly overspent at year-end. CCGs had been assured that the usual benefit they would receive from the Category M reduction would be returned to them either late in 2017-18 or in future financial years depending on central need and the delivery of the CCG financial control target.

9.3.5 It was anticipated the freeze on uncommitted budgets could realise up to £3M.

9.3.6 Monitoring of the system position would continue through the Operations Finance Reference Group (OFRG).

9.3.7 Following a query regarding system-finance reporting and supporting parts of the system that were not likely to achieve their balance, the Chief Finance Officer said that whilst the CCG had a duty to report its budget position, the paper had started to include some reporting on system-wide finances. Monitoring of the system position would continue through the Operations Finance Reference Group (OFRG) including system assurance regarding delivery of balances for those organisations that looked challenging.

9.3.8 There had been a significant increase in the number of people receiving care in Dorset and there was a query regarding how this increase was reflected in the budget setting for primary care. GP practices would have their list sizes corrected

accordingly for increases. The Governing Body noted that there were many priorities competing for scarce resources.

9.3.9 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 An action from a recent Internal Audit Review of Assurance Framework and Risk Management had highlighted the need to implement an assurance template for each Committee.

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

9.5 **Engagement and Communications Framework 2017-18 to 2018-19 Update**

9.5.1 The Public Engagement Member introduced the Engagement and Communications Framework 2017-18 to 2018-19 Update.

9.5.2 The report set out progress against the implementation plan. Particular attention was drawn to the development of a Sustainability and Transformation Plan (STP) Public Engagement Group and the creation of a post to facilitate a network of Practice Participation Groups across Dorset.

9.5.3 The priorities for 2018-19 reflected a move towards wider system working across the Dorset STP and Accountable Care System (ACS).

9.5.4 The Governing Body **approved** the recommendation regarding priorities set out in the Engagement and Communications Framework 2017-18 to 2018-19 Update.

9.6 **Organisational Development Framework 2017-18 to 2018-19 Update**

9.6.1 The Deputy Director of Engagement and Development introduced the Organisational Development Framework 2017-18 to 2018-19 Update.

9.6.2 The Governing Body **noted** the Organisational Development Framework 2017-18 to 2018-19 Update.

9.7 **NHS Constitution Annual Report**

9.7.1 The Deputy Director of Nursing and Quality introduced the NHS Constitution Annual Report.

9.7.2 Supporting evidence for the NHS Constitution continued to be gathered from directorates and the information would be available on the intranet in due course.

9.7.3 The Governing Body **noted** the NHS Constitution Annual Report.

9.8 **Safeguarding Adults and Children's Annual Report Update**

9.8.1 The Deputy Director of Nursing and Quality introduced the Safeguarding Adults and Children's Annual Report Update.

9.8.2 The Governing Body noted there were now three named GP safeguarding leads.

9.8.3 There had been a reduction in the number of children subject to a protection plan across the Dorset local authority.

9.8.4 The CCG would be supporting the national 'Truth' project locally which was aimed at exploring historic sexual abuse.

9.8.5 PREVENT remained a high priority following a number of terrorist attacks during the year. All providers would be expected to submit PREVENT data from the autumn. The higher level Raising Awareness of PREVENT training would apply to primary care and work was underway to consider providing support.

9.8.6 A recent OFSETD inspection of Children's Services in Poole (including the Safeguarding Board arrangements) had taken place. A report was awaited and an update would be provided to the next meeting.

9.8.7 A Working Together to Safeguard Children consultation report had recently been released with a closing date of 31 December 2017.

9.8.8 In broad terms, the main changes related to:-

- the replacement of Local Children Safeguarding Boards with new local safeguarding arrangements led by three safeguarding partners (local authorities, Chief Officers of police and the Clinical Commissioning Groups) with a duty on those partners to make arrangements with relevant agencies that they deem appropriate to work with;
- a new system of local and national child safeguarding practice reviews along with the establishment of a national Child Safeguarding Practice Review Panel with

responsibility for identifying and commissioning national child safeguarding practice reviews;

- establishment of child death review partners who will have the flexibility to combine the geographical footprint of their arrangements which would accommodate the need for child deaths to be reviewed over a population size of sufficient number to allow for analysis of patterns, themes and trends.

9.8.9 There was uncertainty regarding which of the three safeguarding partners would have ultimate responsibility and it was hoped this would be clarified within the Government's response to the consultation outcome.

9.8.10 The Governing Body directed that for all future reports all abbreviations be defined at their first appearance.

9.8.11 The Governing Body **noted** the Safeguarding Adults and Children's Annual Report Update.

9.9 **Working with the Community and Voluntary Sector Update**

9.9.1 The Director of Service Delivery introduced the Working with the Community and Voluntary Sector Update.

9.9.2 The voluntary sector had an important role to play in contributing towards transformation and the delivery models within the Accountable Care System.

9.9.3 The Governing Body **noted** the Working with the Community and Voluntary Sector Update.

9.10 **Sustainability and Transformation Plan (STP) Update**

9.10.1 The Director of Design and Transformation introduced the STP Update.

9.10.2 He said there had been challenges with the delivery of the Dorset Care Record. An action plan was in place.

9.10.3 There was concern regarding the East/West Accountable Care System Groups divide.

9.10.4 With one acute trust and local authority in the West and two acute trusts and local authorities in the East, there could not be a like for like comparison and it was acknowledged that different groups were at different stages of operational working.

CGL

9.10.5 The Chief Officer said there would be one Accountable Care System in Dorset, but there would be discussions held at different levels i.e. county, cluster and east/west. There was no clear definition of boundaries and it was more about providing a mechanism to make operational decisions to enable the transformation to take place. More development would be required to ensure the right shape of groups/meetings.

9.10.6 The Governing Body believed that the East/West wording could be misleading and directed the Director of Design and Transformation to revisit the language used.

9.10.7 The Governing Body **noted** the STP Update.

PR

10. Wider Healthcare issues

10.1 Urgent and Emergency Care Delivery Board

10.1.1 The Locality Lead for Poole Central introduced the report on the Urgent and Emergency Care Delivery Board.

10.1.2 There would now be three Urgent Treatment Centres under the Wave 1 roll out – Poole, Bournemouth and Weymouth. There was concern that funding was being invested into the conurbation area (Poole-centric) and a lack of a similar service in more rural areas. The Governing Body noted further funding would be rolled out to other areas.

10.1.3 The urgent and emergency care service was complex and there was a need to ensure that patients had a clear and comprehensive understanding of the different services available and where to access them. A publicity campaign would be required once the work was completed.

10.1.4 The Governing Body **noted** the report on the Urgent and Emergency Care Delivery Board.

11. Committee Reports, Minutes and Urgent Decisions

11.1 Reports

11.1.1 There were no Reports to note.

11.2 Minutes

11.2.1 There were no draft Minutes to note.

11.3 Urgent Decisions

- 11.3.1 The Governing Body noted the use of the Urgent Decision process to approve the contract waiver proposal for Improving Access to General Practice and the closure of Durdells Avenue Surgery (branch of Kinson Medical Centre).

12. Questions from the Public

- 12.1 The Chair introduced the Public Questions item.

- 12.2 A member of the public raised concern regarding patient hospital waiting times. As at 1 October 2017, 2,302 patients had been waiting more than 18 weeks at DCHFT for treatment, of which 1,005 was regarding ophthalmology. There was an understanding that the average waiting time for a first appointment for this service was now 38 weeks with Ear, Nose and Throat being 27 weeks. He asked what action the CCG was taking to address this.

Answer

The Director of Service Delivery referred to the earlier discussion under the Performance report and said DCHFT had a recovery plan in place to return to delivery within 18 weeks by the end of quarter three. DCHFT had been asked to provide a risk assessment of the consequences of non-delivery particularly regarding ophthalmology. He said workforce difficulties remained a factor and the join-up of vulnerable services through a Dorset-wide network would assist with resilience.

- 12.3 A member of the public asked the following three questions:-

1. Following concerns raised at the recent Dorset Health Scrutiny Overview Committee, would there be reconsideration of the CCG's 20 September 2017 decisions regarding the separate major emergency and major planned hospitals.

Answer

There would be no reconsideration of the Governing Body decisions made on 20 September 2017. The concerns raised by the Dorset Health Overview Scrutiny Committee and the request for referral to the Joint Health Overview and Scrutiny Committee had been noted. The CCG planned to address the concerns at the Joint meeting.

2. Whilst West Hampshire CCG was closely involved in the CCG's Clinical Services Review, to what extent were other neighbouring CCGs involved e.g. East Devon, South Somerset, Wiltshire and the Channel Islands?

Answer

Engagement had taken place with neighbouring CCGs, particularly Wiltshire in relation to the proposed changes regarding Shaftesbury Hospital. Engagement with other neighbouring CCGs had taken place but their involvement was dependent on the size of their population affected. There had not been any known engagement with the Channel Islands.

3. In relation to the Safeguarding Update report on the agenda, were members aware that until just over 20 years ago, safeguarding came under a Dorset-wide Public Protection Committee which involved a range of partners including the ambulance service and police.

Answer

The CCG was supportive of a Pan-Dorset approach regarding safeguarding. Regarding the consultation, the three partners were statutory partners and it would be for that partnership to appoint other relevant agencies.

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 January 2018 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.