

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

17 JANUARY 2018

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 17 January 2018 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)
 - Blair Millar, Locality Lead for West Dorset (BM)
 - Mufeed Ni'Man, Locality Lead for East Bournemouth (MN) (Part)
 - 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)
- In attendance:**
- Conrad Lakeman, Secretary and General Counsel (CGL)
 - Steph Lower, Executive Assistant (SL)
 - Vanessa Read, Deputy Director of Nursing and Quality (VR)
 - Phil Richardson, Director of Design and Transformation (PR)
 - Sally Sandcraft, Acting Director of Primary and Community Care (SSa)
 - Sally Shead, Director of Nursing and Quality (SSh)
 - Charles Summers, Director of Engagement and Development (CS)
 - 3 members of the public

		Action
1.	Apologies	
1.1	David Jenkins, Deputy CCG Chair/Public Engagement Member	

Karen Kirkham, Locality Lead for Weymouth and Portland
and Assistant Clinical Chair
Ravin Ramtohal Locality Lead for Christchurch
Simone Yule, Locality Lead for North Dorset

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 There were no Declarations of Interest, Gifts or Hospitality made.

4. Minutes

4.1 The minutes of the meeting held on 15 November 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 Director of Nursing and Quality introduced the report on Quality.

9.1.2 There had been increased pressure within the system and a number of issues had been raised regarding ambulance

response times, particularly regarding category 2 response times. These were being followed up.

- 9.1.3 The new ambulance service standards were impacting on the capacity to respond to categories 2, 3 and 4 calls. This appeared to be a national issue and an update would be provided to the next meeting.
- 9.1.4 The final report regarding the Care Quality Commission (CQC) inspection at Poole Hospital NHS Foundation Trust (PHFT) was due shortly.
- 9.1.5 The Information Governance Team continued to work towards ensuring that the CCG met the requirements of the General Data Protection Regulations by the required date of May 2018. This had been added to the risk register.
- 9.1.6 Good progress was being made regarding out of hospital Continuing Healthcare assessments, however, there was a backlog regarding the timeliness of assessments. More temporary resource had been allocated to address this.
- 9.1.7 The Governing Body noted that a national thematic review had been undertaken by the CQC regarding Child and Adolescent Mental Health Services (CAMHS). The CCG and Dorset Healthcare University NHS Foundation Trust (DHUFT) had contributed to the review.
- M Ni'man arrived.**
- 9.1.8 Concern was raised regarding the three further Never Events at the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCHFT) which brought the total to six reported by the Trust since April 2017.
- 9.1.9 RBCHFT had reported capacity issues within three areas where the Never Events had been reported that suggested a link between performance and quality.
- 9.1.10 There appeared to be a common theme relating to the checking process and Governing Body members sought assurance that immediate action was being taken and lessons learned.
- 9.1.11 The Director of Nursing and Quality had received assurance from RBCHFT, particularly relating to the two Never Events in dermatology where an issue within the team had been identified.

SSh

- 9.1.12 The Trust had sought external assurance from the Healthcare Safety Investigation Branch (HSIB) and had brought in external cultural development support to work with the relevant team.
- 9.1.13 The Governing Body directed that a post meeting note update be provided.
- 9.1.14 The Governing Body noted the delays regarding initial health assessments for 25% of Looked After Children. The delays were short and the reasons were known.
- 9.1.15 Work was progressing regarding production of an integrated report for quality, finance and performance and it was hoped this would be available at the start of the new financial year.
- 9.1.16 The Governing Body **noted** the Quality Report.
- 9.2 **Performance Report**
- 9.2.1 The Acting Director of Primary and Community Care introduced the Report on Performance.
- 9.2.2 There were ongoing Emergency Department pressures and RBCHFT had failed to achieve their Quarter 3 Sustainable Transformation Fund trajectory.
- 9.2.3 The acute trusts were currently on Opal 2 in terms of resilience. There had been increasing incidents of flu, however, there were well developed systems in place to mobilise and deal with the extra demand.
- 9.2.4 The position regarding Ophthalmology at Dorset County Hospital NHS Foundation Trust (DCHFT) continued to improve and action plans were in place which included weekly meetings.
- 9.2.5 Performance regarding Oral Maxillo Facial services at PCHFT had declined and a recovery plan was being developed.
- 9.2.6 There was a marked improvement in Diagnostic performance at DCHFT for endoscopy and respiratory medicine. However, there was concern regarding the decline in audiology performance. A review of booking practices had found a number of discrepancies which was having an impact on the reported performance. An action plan was in place and the trust was starting to see a positive impact.

SSh

9.2.7	Members asked for the trend analysis information contained within the narrative of the report to be more obvious within the charts i.e. with a direction of travel. It was noted that there were YouTube videos available which would assist with the interpretation of the report if required. A link could be provided by the Business Intelligence team if required.	SH
9.2.8	Following concern regarding the limited availability of anti-virals from community pharmacists for urgent use, it was noted that there were three centres across Dorset which provided urgent access to anti-virals and for those who did not need urgent access, community pharmacists would be able to order through the normal delivery route. There had been an issue with wholesalers during the Christmas and New Year period that may have contributed but this had now been resolved.	
9.2.9	Concern was raised regarding the effectiveness of the current flu vaccines and ensuring the quadrivalent vaccine was available for key health workers for next year.	
9.2.10	The types of vaccine secured had been discussed at length nationally and there would no doubt be reflection from Public Health England regarding the effectiveness of the vaccines chosen and lessons learned to inform the following year.	
9.2.11	There was a query regarding the appropriate vaccines that practices should be ordering for next year. The Governing Body directed that advice be provided to practices.	SSa
9.2.12	The Acting Director of Primary and Community Care was directed to feedback to the Medicines Management Team regarding the issues raised.	SSa
9.2.13	The Governing Body directed the Chief Officer to write to the provider trusts and member practices to acknowledge the hard work undertaken during the Christmas and New Year period.	TG
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	The main pressure continued to be prescribing. Mental Health and Learning Disabilities had seen significant pressure and looked likely to be on plan rather than the	

previously reported underspend, however there had been a number of offsets which would balance the position.

9.3.3 The CCG was expecting to achieve its position by the end of the year and continued to undertake the value for money exercises.

9.3.4 The wider system was broadly on balance. However, one organisation was having difficulty meeting its control total. As part of the Accountable Care System approach, an offset could be applied and an agreed position would be sought at the forthcoming System Leadership Team meeting.

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

9.4 **Assurance Framework**

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

9.4.2 The Governing Body noted there were no gaps in assurance.

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

9.5 **Annual Equality, Diversity and Inclusion Report 2017**

9.5.1 The Registered Nurse Member introduced the Annual Equality, Diversity and Inclusion Report 2017.

9.5.2 The work regarding Equality Impact Assessments for the Clinical Services Review continued, including a training programme and development of a simplified template.

9.5.3 Work continued to implement the NHS Workforce Race Equality Standard including unconscious bias training and raising awareness of job opportunities through partners such as the Dorset Race Equality Council.

9.5.4 Good progress had been made in partnership with the provider trusts to support implementation of the Accessible Information Standard.

9.5.5 Work was ongoing to support a number of new requirements including Gender Equality Pay and implementation of the Disability Workforce Equality Standard, and Sexual Orientation Monitoring Standard which both come into force in April 2018.

9.5.6 Assurance was given that the red areas set out in Appendix 1 were progressing.

9.5.7 The Governing Body **approved** the Annual Equality, Diversity and Inclusion Report 2017.

9.6 **Emergency Preparedness Resilience and Response (EPRR) Assurance Report**

9.6.1 The Acting Director of Primary and Community Care introduced the Emergency Preparedness Resilience and Response Assurance report.

9.6.2 The Governing Body **noted** the Emergency Preparedness Resilience and Response (EPRR) Assurance report.

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

9.7.1 The Director of Design and Transformation introduced the Sustainability and Transformation Plan Update.

9.7.2 Regarding the Dorset Care Record, contingency funding had been released to allow delivery by the end of February of the updated patient portal and phase 1A which was an integration piece of work.

9.7.3 The Governing Body directed that a post meeting note be provided giving a summary of the current work-streams, including key dates, and the work undertaken to engage with the public.

9.7.4 There was a national move to see how care records could link between systems. Dorset and Hampshire CCGs were working to put in a joint bid to become an inter-operability site.

9.7.5 The Governing Body noted there had also been an approach from the South West as a whole to see whether a bid could be made to link across Wiltshire, Devon and Somerset etc.

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

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.

PR

10.1.2 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 There were no urgent decisions.

12. Questions from the Public

12.1 The Chair introduced the Public Questions item.

12.2 A member of the public referred to the lengthy waits for ophthalmology treatment and asked what improvement had been made in the past six months. He also asked why some GPs appeared to be referring patients directly to the Winterborne Hospital rather than DCHFT.

Secondly he asked whether the CCG encouraged practices to have active Patient Participation Groups (PPG) and referred to his own PPG which met on an annual basis.

12.3 Answer

Ophthalmology was an area of concern, however there had been an evidenced improvement in performance.

All areas of elective care within Dorset operated a choice policy and GPs should be discussing this with their patients.

It was believed that ophthalmology at DCHFT was not directly bookable at present. When referring a patient, the on-line system would provide the GP with a list of service providers and a discussion should take place with the patient regarding the best option. However, patients with more complicated issues would not be able to be referred to the Winterborne. Enquiries would be made of the Weymouth and Portland locality to understand what there was in terms of service provider choices. Enquiries would also be made regarding when DCHFT would become directly bookable.

SSa

Regarding the PPGs, the CCG was working with GP practices to promote engagement with patients and encourage proactive PPGs. However, it was noted that some GP practices were experiencing difficulties in recruiting patient volunteers. The Acting Director of Primary and Community Care would look into this.

SSa

- 12.3 A member of the public noted there were no items under the Strategic heading on the agenda and asked why the current DCHFT maternity and paediatrics issue had not been included.

He referred to the potential merger between RBCHFT and PHFT and also referred to the decision taken at the Governing Body meeting in September 2017 regarding RBCHFT becoming the major emergency hospital. He said he didn't feel the views of many people in West and South Dorset had been listened to regarding access and accessibility and questioned the rationale for the decision.

- 12.4 Answer

A public statement regarding the future possible configuration of maternity and paediatrics services across Dorchester and Yeovil had been issued recently and there was no further update to provide to the Governing Body. Once a proposal had been put together, it would be brought back to the Governing Body for consideration.

In relation to the public views regarding the major emergency hospital decision, the CCG had confirmed that a 24/7 A & E would be retained at DCHFT and as a direct result of the issues raised, the CCG had announced its intention to create a single service across Dorset and work to maintain a consultant-led maternity service and overnight paediatrics service in Dorchester, as well as at the major emergency hospital.

The accessibility issue had been addressed on a number of occasions and was not the only criteria the decision was based on. Whilst RBCHFT was situated in the far East of the county, part of the population it served came from within West Hampshire.

13. **Any Other Business**

- 13.1 The Secretary and General Counsel sought Governing Body approval for the following three proposals:-

- 13.2 The Primary Care Commissioning Committee Terms of Reference membership currently referred to the 'Deputy Director of Service Delivery'. This role had recently changed to the Acting Director of Primary Care. Approval was sought to amend the Terms of Reference accordingly.
- 13.3 The Clinical Commissioning Committee Terms of Reference membership currently referred to the 'Director of Service Delivery'. This role had recently changed to the Director of Design and Transformation. Approval was sought to amend the Terms of Reference accordingly.
- 13.4 Approval was sought to amend the Remuneration Committee Terms of Reference so in future they included consideration of significant structural changes, Director and directorate structures and wider system implications of any internal changes.
- 13.5 The Governing Body **approved** the proposals set out in 13.2 – 13.4 above.
- 13.6 The Director of Quality and Nursing sought Governing Body approval to disband the Quality Assurance Group which was set up during the Clinical Services Review as a sub-group of the Audit and Quality Committee. The Governing Body **approved** the proposal.
- 13.7 The Director of Quality and Nursing referred to an Allied Health Professionals conference taking place on 9 February 2018 and asked Governing Body members to let her know if they wished to attend.

CGL

14. **Date and Time of the Next Meeting**

- 14.1 The next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group would be held on Wednesday 21 March 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.