

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

19 JULY 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 19 July 2017 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present: Forbes Watson, Chair (FW)
 Jenny Bubb, Locality Lead for Mid Dorset (JB)
 Colin Davidson, Locality Lead East Dorset (CD) (Part)
 Teresa Hensman, Audit and Quality Chair (TH)
 Stuart Hunter, Chief Finance Officer (SH)
 David Jenkins, Deputy CCG Chair/Public Engagement Member (DHJ)
 Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
 Blair Millar, Locality Lead for West Dorset (BM)
 David Richardson, Locality Lead for Poole North (DR)
 Elaine Spencer, Registered Nurse Member (ES)
 Jacqueline Swift, Primary Care Commissioning Committee Chair (JS)
 Simon Watkins, Locality Lead for Poole Central (SW)

In attendance: Alan Betts, Deputy Director of Design and Transformation (AB)
 Conrad Lakeman, Secretary and General Counsel (CGL)
 Steph Lower, Executive Assistant (SL)
 David Phillips, Director of Public Health (DP)
 Sally Shead, Director of Nursing and Quality (SSh)
 Charles Summers, Director of Engagement and Development (CS)
 Alastair Ward, Deputy Locality Lead for Purbeck (AW)
 Mike Wood, Director of Service Delivery (MW)
 6 members of the public

	Action
1. Apologies	
1.1 Nick Evans, Locality Lead for Poole Bay Tim Goodson, Chief Officer David Haines, Locality Lead for Purbeck Mufeed Ni'Man, Locality Lead for East Bournemouth Ravin Ramtohal Locality Lead for Christchurch Ben Sharland, Locality Lead for Central Bournemouth 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 17 May 2017 were **approved** as a true record.

4.2 The minutes of the special meeting held on 24 May 2017 were **approved** as a true record, subject to the following amendment:-

- Dr S Watkins be recorded as in attendance rather than apologies

CGL

5.1 Matters Arising from the meeting held on 17 May 2017

5.1.1 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the meeting held on 17 May 2017.

5.2 Matters Arising from the special meeting held on 24 May 2017

5.2.1 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the special meeting held on 24 May 2017.

6. Chair's Update

6.1 The Chair introduced his Update.

6.2 He referred to the announcement made earlier by the Health Secretary and NHS England Chief Executive that the strongest Sustainability and Transformation Partnerships would receive a share of £325M extra capital funding pledged to the NHS in the Spring. Dorset would receive £100M to implement the major consolidation of emergency and planned care services between the Bournemouth and Poole hospitals.

6.3 This was good news for Dorset and a reflection of the hard work undertaken to get to this stage.

6.4 The Governing Body **noted** the Update of the Chair.

7. Chief Officer's Update

7.1 The Chief Finance Officer had no further updates.

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 Regarding the Special Educational Needs and Disabilities (SEND) Service, she said notification had been received that the Written Statement of Action submitted to the Department of Education had not been accepted as it lacked detail in terms of measurability and timelines. Further work was underway and an update would be provided to the Governing Body at its next meeting.

SSh

C Davidson arrived.

9.1.3 A CQC inspection recently undertaken at a care home within Dorset had highlighted a number of quality concerns. Work was ongoing to support residents within the home.

9.1.4 Concern was raised regarding the lack of progress with longstanding issues in the Pain Service. The Director of Nursing and Quality said the Royal College of Anaesthetists Faculty of Pain Invited Review report had been received but actions were yet to be agreed. The Governing Body directed that the Audit and Quality Committee undertake a deep dive of the Pain Service issues, including sight of the action plan, to report to the Governing Body.

CGL

9.1.5 Concern was raised regarding the Stroke SSNAP indicator which identified Poole Hospital NHS Foundation Trust (PHFT) as having slipped back to a 'D' grade. It was understood this had been due to bed capacity issues during a busy period. Due to the inconsistent position the Governing Body directed that an update be provided for the next meeting.

SSh

- 9.1.6 The Governing Body was concerned at the continuing issues with regard to the timeliness of initial health assessments for Looked After Children. This was regarding the timeliness of the notification and consent subsequently received from the local authority when the child came into care.
- 9.1.7 The Governing Body was concerned that overall, services for children in Dorset were significantly poorer than they should be. The regular updates did not provide assurance that the position was being addressed and the Governing Body sought further assurance.
- 9.1.8 It was clear that Children's Services needed to be looked at as a system as there appeared to be a lack of system-thinking.
- 9.1.9 The Governing Body noted that there was still more than one Safeguarding Board despite the CCG having written to express its concerns. The Director of Nursing and Quality said there was to be a government review of Children's Services and Safeguarding Boards and strategic discussions were underway with the three relevant local authority Directors and the Chairs of the relevant Boards regarding how it could look.
- 9.1.10 The Governing Body directed that this be raised at System Leadership/System Partnership Board level. FW
- 9.1.11 Concern was raised regarding DCHFT reporting a high number of inducted labours with a corresponding high number of unplanned C-Sections. Further information had been requested from the Trust and would be looked at in more detail at the Quality Group. An update would be provided to the next Governing Body meeting. SSh
- 9.1.12 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 There was general support for the revised format and the Governing Body noted the plan for more integrated reporting on Quality, Performance and Finance.
- 9.2.3 The report focused on the 9 Must Do's for CCGs.
- 9.2.4 There was a suggestion that for comparison purposes, statistical neighbour and national average information be MW

included in future reports.

- 9.2.5 The Governing Body was concerned regarding the 14-day cancer standard and how the acute trusts were working together as a system to look to mitigate the risks.
- 9.2.6 One test of the Sustainability and Transformation Partnership would be receiving a Dorset-wide system performance report enabling collective discussion and management of the challenges. The Operational Reference and Finance Group would be moving towards system-wide reporting but it was acknowledged that this would take time.
- 9.2.7 There was concern regarding the significant variation in fast-track referrals and it was noted that the introduction of comparators at a national level would assist.
- 9.2.8 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 report had been reformatted with a move towards reporting on an exception basis. This was the first report for the current financial year and as of month two the CCG was broadly on plan.
- 9.3.3 The CCG had a surplus carry forward of £27.2M but was expected to have a 0.5% increase to the surplus to allow for other deficits which amounted to a further £5.1M. Discussions were ongoing with NHS England as to the release of the £5.1M which would enable delivery of the Quality Innovation Productivity Prevention (QIPP) savings.
- 9.3.4 Following a query, the Chief Finance Officer confirmed actions were still being taken forward regarding the excess demand of non-NHS acute work.
- 9.3.5 There was concern that DCHFT had reported that cash may need to be borrowed by September 2017. The Governing Body noted that there was cash available within the Dorset system and discussions were taking place across the system.
- 9.3.6 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 the revised format for the Assurance Framework.

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

9.5 **Commissioning Support Services Annual Report 2016-17**

9.5.1 The Director of Engagement and Development introduced the report on Commissioning Support Services Annual Report 2016-17.

9.5.2 The Governing Body recognised the achievements of the in-house commissioning support services.

9.5.3 The Governing Body **noted** the report on Commissioning Support Services Annual Report 2016-17.

9.6 **Annual Review of the Information Governance Toolkit**

9.6.1 The Director of Nursing and Quality introduced the Annual Review of the Information Governance Toolkit.

9.6.2 Dorset CCG had achieved a Satisfactory IG Toolkit rating of 72% for 2016-17.

9.6.3 The Governing Body noted that the new General Data Protection Regulations would apply in the UK from May 2018 and were currently being phased in as new guidance was made available.

9.6.4 The Governing Body **noted** the Annual Review of the Information Governance Toolkit.

9.7 **Customer Care Annual Report**

9.7.1 The Director of Nursing and Quality introduced the Customer Care Annual Report.

9.7.2 The Governing Body **noted** the Customer Care Annual Report.

9.8 **Staff Survey Results 2016**

9.8.1 The Director of Engagement and Development introduced the Staff Survey Results 2016.

- 9.8.2 The results had been benchmarked against other CCGs in England. Overall, improvements had been made in a number of key areas since the 2015 survey, however in comparison to other CCGs there were a number of areas of concern.
- 9.8.3 One challenge was the number of staff who felt they were treated in a less than optimal way. Further feedback sought from staff had been shared with Directors and would be further shared with a wider group of senior managers on 27 July.
- 9.8.4 The Governing Body questioned 'Staff confidence and security in reporting unsafe clinical practice' as the majority of CCG staff were not in a clinical practice environment. The Director of Engagement and Development was directed to look into this issue further.
- 9.8.5 The Governing Body **noted** the Staff Survey Results 2016.
- 9.9 **Sustainability and Transformation Plan (STP) Update**
- 9.9.1 The Deputy Director of Transformation and Design introduced the STP Update.
- 9.9.2 He said good progress had been made with the One Acute Network. The Programme Director was in post and recruitment was underway for Programme staff.
- 9.9.3 Further work was underway through the Integrated Community and Primary Care Services (ICPS) Programme to consider the consultation feedback.
- 9.9.4 A Prevention at Scale Programme Manager was now in post.
- 9.9.5 The Governing Body noted further work undertaken following the consultation feedback would be published on the CCG website in the coming weeks.
- 9.9.6 The Governing Body noted that a new independent Chair had been appointed to the Sustainability and Transformation Plan (STP) Public Engagement Group. An official announcement would be forthcoming.
- 9.9.7 The Governing Body directed that a financial update and any modelling changes be included within future STP update reports.
- 9.9.8 The Governing Body **noted** the STP Update.

CS

AB

5. 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 He said preparations were in progress for the winter period including lessons learned from previous years.

10.1.3 The Governing Body **noted** the report on the Local A & E Delivery and Urgent Care Board.

6. 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:-

12.3 Question

Why had there been no reference or application of the NHS England and Public Health England's 2014 Adaptation to Climate Change Planning Guide for Health and Social Care Organisations in the Clinical Services Review or the Sustainability and Transformation Plan (STP) and other CCG studies.

Answer

The STP focused on health and social care services rather than the wider term of sustainability, and estates planning would take account of climate change documents. The estates and facilities planning wouldn't commence until the Governing Body had made a decision at the September 2017 meeting.

Within secondary care there was a significant element of climate change reporting and there was explicit recognition reflected in numerous joint facilities working that the carbon footprint needed to be diminished as far as was practicable and there was good evidence of doing just that.

12.4 Question

Why was the language in the Sustainability and Transformation Plan report so opaque in what was a practical planning document for a public meeting rather than a medical/clinical document. Even with the abbreviations deciphered it lacked concrete specifics.

There was a request to stop using the wording 'Prevention at Scale' as he felt it had no practicable meaning.

Answer

The Chair clarified that Part 1 of the Governing Body meeting was the meeting held in public and not a public meeting and papers were prepared for Governing Body members rather than the public. The STP document was a high level plan of major change and the report was a summary update of the project reports within the programme itself. The whole Plan was available in the public domain.

Regarding use of the 'Prevention at Scale' wording, this was a phraseology taken from the national Five Year Forward View. The Director of Public Health said alternative suggestions would be welcomed. Having said that, there was a collective challenge as a system to embrace prevention at scale across the system in all areas and move away from the project based ad hoc initiatives. The answer was not an explanation but an ethos that underpinned all the ongoing work and recognition that the system as a whole took prevention seriously.

12.5 Question

Further to his question asked at the previous meeting regarding an equitably accessible comprehensive NHS, the response as written had not answered the question posed. The additional wording 'facilities and/or' and 'own and/or' was added to the question as follows and a further response sought.

'Further to a question asked previously regarding an equitably accessible comprehensive NHS facilities and/or services guide clearly stating what it does/doesn't own and/or

commission, how is such information not a pre-requisite for and at the core of all CCG actions and decisions and related considerations, reviews, surveys and preparations prior to any plan/design, let alone implementation?’

Answer

The previous response to the above question would be revisited.

TG

13. Any Other Business

13.1 Appointment of Dr M Ni’Man as Governing Body GP Lead on the Primary Care Commissioning Committee (PCCC) for a further year.

13.1.1 The Secretary and General Counsel said Dr M Ni’Man had been appointed as the Governing Body GP representative on the PCCC on 1 August 2016 for 1 year. Following soundings taken at the recent Governing Body GP Leads meeting, it was recommended that Dr Ni’Man continue in the role for a further year. The Governing Body **approved** the recommendation.

CGL

13.2 Terms of Reference for the Primary Care Commissioning Committee (PCCC), Clinical Commissioning Committee (CCC), Audit and Quality Committee (A&Q) and the Remuneration Committee

13.2.1 The Secretary and General Counsel said the Annual Planner which set out the work to be undertaken by the Governing Body over the year suggested that the Terms of Reference for each Committee should be reviewed and any changes approved at the July meeting. Given the output of the recent Committee self-assessments and the changes anticipated as a result of the Accountable Care System, this had been deferred to enable a wider review of governance structures.

The Governing Body **approved** such an approach.

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 20 September 2017 at Vespasian House. The meeting would start at 10am at the Dorford Centre, Dorchester due to the number of anticipated invited stakeholders and interested parties. Formalities would be taken at the start followed by consideration of the single item relating to the Clinical Services Review. Once decisions had been made the meeting would be adjourned and reconvened at 2pm in the

Boardroom at the CCG. There would be a significant amount of communications in due course regarding the meeting.

15. Exclusion of the Public

- 15.1 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.