

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

17 MAY 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 17 May 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 for East Dorset (CD)
- Nick Evans, Locality Lead for Poole Bay (NE)
- Tim Goodson, Chief Officer (TG)
- 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)
- Blair Millar, Locality Lead for West Dorset (BM)
- 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)

In attendance:

- Sam Crowe, Deputy Director of Public Health (SC) (Pa)
- Conrad Lakeman, Secretary and General Counsel (CGL)
- Steph Lower, Executive Assistant (SL)
- Phil Richardson, Director of Design and Transformation (PR)
- Sally Sandcraft, Deputy Director of Service Delivery (SSa)
- Sally Shead, Director of Nursing and Quality (SSh)
- Charles Summers, Director of Engagement and Development (CS)
- Alastair Ward, Deputy Locality Lead for Purbeck (AW)
- Six members of the public

	Action
1. Apologies	
1.1 David Haines, Locality Lead for Purbeck 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 March 2017 were **approved** as a true record.

5. Matters Arising

5.1 There were no further Matters Arising.

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 introduced his Update.

6.2 Dr George Thomson, Secondary Care Consultant Member had stepped down from the role with immediate effect and a recruitment exercise would be started to find his replacement. The Governing Body recorded its thanks to Dr Thomson for his contribution.

6.3 The Governing Body noted that Dr Ravin Ramtohal had been appointed the Locality Lead for Christchurch.

6.4 This would be Paul Vater's last full Governing Body meeting and on behalf of the Governing Body the Chair thanked him for his contribution to the Governing Body and the CCG.

6.5 The Governing Body noted the Update of the Chair.

7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

7.2 He referred to the recent cyber-attack and said Dorset had been largely unaffected with no evidence of the CCG systems having been affected by the ransomware. However, there remained a risk with a number of laptops

that had not yet been checked and this would be addressed by the IT team.

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

8. Strategy

8.1 Opening Budget

8.1.1 The Chair reminded members that the Opening Budget had been approved in Part 2 (confidential session) of the previous meeting.

8.1.2 The Governing Body **noted** the Opening Budget.

8.2 5 Year Forward View – Next Steps

8.2.1 The Chief Officer introduced the report on the 5 Year Forward View – Next Steps.

8.2.2 The report set out the progress achieved since the publication of the Five Year Forward View – Next Steps.

8.2.3 He said Dorset had been invited to apply to become an Accountable Care System and had submitted an expression of interest but there was unlikely to be an announcement until after the general election.

S Crowe arrived.

8.2.4 The Governing Body **noted** the 5 Year Forward View – Next Steps.

9. Delivery

9.1 Quality Report

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

9.1.2 An investigation report had been received from the South West Ambulance Service NHS Foundation Trust (SWASFT) regarding the serious issues raised and the CCG was acting upon this. Discussions were ongoing with the national Ambulance Response Pilot (ARP) team regarding the issues and whether they would influence the Pilot evaluation.

- 9.1.3 Ofsted and the Care Quality Commission (CQC) had conducted a joint inspection of the Special Educational Needs and Disabilities Service (SEND) in the Dorset County Council area. Following receipt of the report, an action plan was close to completion and a Statement of Action had been prepared for the Department for Education.
- 9.1.4 It was noted Regional Medicines Optimisation Committees would be developed from May 2017 but it was too soon to forecast whether a regional approach to formularies would create a cost pressure to the CCG. The CCG was seeking representation on the relevant committee.
- 9.1.5 There had been an improvement in performance for Looked After Children initial health assessments with stronger senior management oversight and it was hoped this would continue.
- 9.1.6 The Governing Body noted the good results for primary care following the CQC visits to Dorset practices.
- 9.1.7 A new quality framework was being considered by a group of Directors of Nursing and Quality to see how the quality of improvement could be measured across the system rather than through individual organisations.
- 9.1.8 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 Attention was drawn to Appendix 1 which provided background information regarding SWASFT services.
- 9.2.3 There was concern that achieving 77% of the monthly Dorset Healthcare University NHS Foundation Trust (DHUFT) Community Health Services targets should not be accepted as a good level of compliance. Whilst there was acknowledgement regarding the choice of wording in the report, the Chief Finance Officer explained the hard scoring system in terms of the local measures.
- 9.2.4 Regarding paragraph 2.58 – Children and Adolescent Mental Health Services (CAMHS) and the trends in waiting times and Did Not Attend (DNA) rates, the Governing Body sought assurance regarding what lessons had been learned from initial DNAs that might be applied to follow up DNAs to improve performance.

- 9.2.5 It was noted that a Matters Arising update regarding DNAs had been provided to a recent Audit and Quality Committee and the Governing Body directed that a further update be provided to the Governing Body by post meeting note. SSa
- 9.2.6 Regarding paragraph 2.63 – Heart Failure - there was concern regarding the reported 42.9% of patients whose medication was optimised within 16 weeks against the target of 60%. It was noted that although the patients had very complex medical conditions, the Governing Body directed that this be explored further with DHUFT. MW
- 9.2.7 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 provided the position for the financial year ending 31 March 2017. It was noted the external audit was largely complete and the surplus target had been achieved.
- 9.3.3 All the providers had achieved their Sustainability and Transformation Fund (STF) targets which had allowed access to the STF fund of £22.1M. However, it was noted that the STF funding position was front loaded for 2016-17 and the position would be more difficult in 2017-18 and 2018-19.
- 9.3.4 Work was ongoing regarding referral management and ensuring the NHS providers competed better with the private sector and the Chief Finance Officer would link with the Chief Operating Officers at both the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) and Dorset County Hospital NHS Foundation Trust (DCHFT) regarding RightCare principles.
- 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 She said future versions would be aligned with the Sustainability and Transformation Plan strategic objectives.
- 9.4.3 The Governing Body **noted** the Assurance Framework.

9.5 Annual Report for Infection Control

9.5.1 The Director of Nursing and Quality introduced the Annual Report for Infection Control.

9.5.2 The Governing Body noted the considerable achievement with a decline in infection across the system and directed that a letter to providers be drafted on behalf of the Governing Body to acknowledge the position.

FW/SSh

9.5.3 The Governing Body **noted** the Annual Report for Infection Control.

9.6 Annual Report on Adult Safeguarding

9.6.1 The Director of Nursing and Quality introduced the Annual Report on Adult Safeguarding.

9.6.2 The Governing Body was concerned that the wording in the report did not provide assurance that the CCG was being proactive in its commitment to the Modern Slavery agenda. The Director of Nursing and Quality said this area was included as part of the health care professional training and the Safeguarding Lead was actively working with all partners including the local authorities.

9.6.3 The Governing Body **noted** the Annual Report on Adult Safeguarding.

9.7 Annual Report on Children's Safeguarding

9.7.1 The Director of Nursing and Quality introduced the Annual Report on Children's Safeguarding.

9.7.2 The Governing Body was concerned regarding the areas of inadequacy and improvements required and whether sufficient focus had been given to this service area.

9.7.3 The Governing Body directed that this area be considered in more depth at the next Audit and Quality Committee.

SSh/CGL

9.7.4 The Governing Body **noted** the Annual Report on Children's Safeguarding.

9.8 Annual Report on Patient and Public Participation

9.8.1 The Director of Engagement and Development introduced the Annual Report on Patient and Public Participation.

- 9.8.2 He said a public engagement group for the Sustainability and Transformation Plan had been established.
- 9.8.3 The Governing Body noted resource had been dedicated to support practices, including the creation of a post to facilitate practice level patient engagement groups.
- 9.8.4 The Governing Body **noted** the Annual Report on Patient and Public Participation.
- 9.9 **CCG 360° Stakeholder Survey**
- 9.9.1 The Director of Engagement and Development introduced the report on the CCG 360° Stakeholder Survey.
- 9.9.2 The Governing Body **noted** the CCG 360° Stakeholder Survey.
- 9.10 **Transformation Update**
- 9.10.1 The Director of Design and Transformation introduced the Transformation Update.
- 9.10.2 The Governing Body noted that Matthew Piles from Dorset County Council would lead the Transport Reference Group.
- 9.10.3 He said a Programme Director had been appointed to work on the One Acute Network project.
- 9.10.4 The System Partnership Board (STB) had now been constituted and would provide an oversight for the System Leadership Team. The SPB would be chaired by Councillor Jill Haynes with Dr Forbes Watson appointed Vice Chair.
- 9.10.5 Further clarity was sought regarding the tracking of benefits and costs within the projects. The Operational and Finance Reference Group Collaborative Agreement Implementation progress report would be circulated to provide further information.
- 9.10.6 It was noted a fifth workstream was being developed titled 'Workforce Planning and Supply', led by Emma Shipton, Deputy Director of Engagement and Development. The primary focus would be the workforce section for the decision making business case.
- 9.10.7 The Governing Body **noted** the Transformation Update.

CGL

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 New guidance had been issued regarding the National Urgent and Emergency Care Delivery Plan. The Plan contained seven 'pillars' to put urgent and emergency care back on track and it set out a wide range of targets for each STP to deliver over the next five years.

10.1.3 Both RBCHFT and PHFT had been awarded national capital funding to assist with streaming at the A & E front door.

10.1.4 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 The Secretary and General Counsel introduced the Urgent Decision regarding approval to implement a managed dispersal of the Boscombe Manor Practice patient list to surrounding practices.

11.3.2 The Governing Body **noted** the Urgent Decision regarding approval to implement a managed dispersal of the Boscombe Manor Practice patient list to surrounding practices.

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

How is dementia handled by the NHS, for example, within GP surgeries, acute care/A & E's etc. as there was little mention of this in the Clinical Services Review/Mental Health Review or the Primary Care Strategy.

Answer

The dementia service was a priority and integral to the transformation work. A separate dementia service review was being undertaken due to its specialist nature. Significant progress had been made and the Integrated Community Services Plan was looking at the high risk complex patients and how the multi-disciplinary teams could support them. Dementia friendly surgeries were also being rolled out.

12.3

Question

Why did the Vascular Society's experts make their recommendations without visiting Dorset County Hospital NHS Foundation Trust – albeit the Dorset County Council Health Scrutiny Committee was verbally told that the voluntary experts didn't have time.

Answer

Vascular Services is commissioned through NHS England and it was not appropriate for the CCG to comment on the Vascular Society's investigation and report. However, the CCG could pass on the comments made.

CGL

12.4

Question

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

As previously advised, the number of services within the NHS was vast and it would be a significant task to track each individual service and contact details. NHS Choices provided a helpful on-line 'who does what' guide by postcode and links to the relevant organisations. The acute

trusts and CCG's own website also provided information and if information regarding a particular service was sought the CCG would be happy to assist in providing the details.

13. Any Other Business

13.1 There was no further business.

14. Date and Time of the Next Meeting

14.1 The Special Governing Body meeting to approve the Annual Report and Accounts will be held on Wednesday 24 May 2017 at Vespasian House at 11am.

The next meeting of the NHS Dorset Clinical Commissioning Group Governing Body will be held on Wednesday 19 July 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.