

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

20 SEPTEMBER 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 20 September 2017 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present:

- Forbes Watson, Chair (FW)
- Jenny Bubb, Locality Lead for Mid Dorset (JB)
- 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)
- Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
- Blair Millar, Locality Lead for West Dorset (BM)
- Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)
- 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:

- Conrad Lakeman, Secretary and General Counsel (CGL)
- Steph Lower, Executive Assistant (SL)
- Phil Richardson, Director of Design and Transformation (PR)
- Sally Shead, Director of Nursing and Quality (SSh)
- Charles Summers, Director of Engagement and Development (CS)
- Mike Wood, Director of Service Delivery (MW)
- 5 members of the public

1. Apologies

1.1 Colin Davidson, Locality Lead East Dorset

Action

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 19 July 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 introduced his Update.

6.2 The Governing Body **approved** the appointment of Mary Armitage as the Secondary Care Consultant Member.

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

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 Mortality rates remained higher than expected at Dorset County Hospital NHS Foundation Trust (DCHFT), however the clinical-coding action plan was progressing with regular

CGL

updates.

- 9.1.3 C Diff rates were high at Poole Hospital NHS Foundation Trust (PHFT) and the cause of the increase was being looked into.
- 9.1.4 Children's Services was still of concern, particularly for Dorset County Council with two children's care homes rated inadequate by the Care Quality Commission (CQC).
- 9.1.5 The Governing Body noted that PCHFT was currently undergoing a CQC inspection.
- 9.1.6 Regarding mortality, a Pan Dorset Mortality Group had been set up to look at mortality figures and it was noted that there had been poor attendance by DCHFT. This was a missed opportunity for learning and sharing good practice. The Governing Body directed that this be raised at the next DCHFT Contract Review Meeting.
- 9.1.7 The Governing Body **noted** the Quality Report.

SSh

9.2 Performance Report

- 9.2.1 The Director of Service Delivery introduced the Report on Performance.
- 9.2.2 There was a plan to move towards system-wide reporting.
- 9.2.3 The Governing Body noted the A & E standard amber rating.
- 9.2.4 The Referral to Treatment (RTT) target had slipped. This was mainly attributable to the Ophthalmology performance at DCHFT. Performance measures were in place including a review of pathways and protocols.
- 9.2.5 There was concern regarding the mental health out of area placements and whether the Psychiatric Intensive Care Unit was blocked due to hard to place clients. The Governing Body directed that a post meeting note be provided along with a female/male numbers breakdown.
- 9.2.6 The Governing Body **noted** the Performance Report.

MW

9.3 Finance Report

- 9.3.1 The Chief Finance Officer introduced the Report on Finance.

- 9.3.2 The report covered the month 4 position to 31 July 2017 but the Chief Finance Officer said that the month 5 position appeared steady.
- 9.3.3 The forecast was to achieve plan, however, there were a number of significant risks identified in the report which were being managed.
- 9.3.4 The main pressures were the non-Dorset acutes and Continuing Healthcare, in particular the significant number of children's claims.
- 9.3.5 The overspend on non-NHS contracts continued to be of concern. Regarding the musculoskeletal service, a triage service was being introduced which should assist. This would be taken to the forthcoming Clinical Commissioning Committee. CGL
- 9.3.6 Delivery of the QUIPP and unidentified QUIPP remained a high risk. Discussions were ongoing with NHS England regarding the removal of the HRG4+ which had contributed to the challenging financial position.
- 9.3.7 Currently discussions did not currently take place with neighbouring STPs regarding provision of hospital services for hospitals that were on the Dorset borders but were not within the collaborative agreement and the Chief Finance Officer was directed to look into this. SH
- 9.3.8 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 significant gaps in assurance and an updated version of the Assurance Framework would be taken to the October Audit and Quality Committee.
- 9.4.3 The Governing Body **noted** the Assurance Framework.
- 9.5 **Accountable Care System (ACS) – Memorandum of Understanding (MoU)**
- 9.5.1 The Chief Officer introduced the report on the ACS Memorandum of Understanding.

- 9.5.2 The MoU set out the agreement between the Dorset system, NHS England and NHS Improvement.
- 9.5.3 Subject to individual approval within each Dorset system partner, the Chief Officer as STP leader would be required to sign the MoU on behalf of the Dorset system.
- 9.5.4 The MoU focused on existing NHS targets and the system would be asked to self-assure.
- 9.5.5 The MoU would sit alongside the existing statutory organisations and their roles and responsibilities. There was an expectation that each organisation would deliver their own set targets and performance.
- 9.5.6 The Governing Body **approved** the recommendations set out in the report on the ACS Memorandum of Understanding.
- 9.6 **Better Care Fund submission**
- 9.6.1 The Director of Service Delivery introduced the report on the Better Care Fund submission.
- 9.6.2 The Governing Body noted that the Dorset Better Care Fund plan was substantially more ambitious than in previous years. There was more complexity regarding the Bournemouth and Poole Better Care Fund plan and it was recognised that the two Plans would not progress at the same pace.
- 9.6.3 The Governing Body **approved** the recommendations set out in the report on the Better Care Fund submission.
- 9.7 **Governance Arrangements**
- 9.7.1 The Secretary and General Counsel introduced the report on Governance Arrangements.
- 9.7.2 He said the September Governing Body meeting would normally consider proposed changes to the CCG's governance documents but given the fundamental changes required as a result of the system approach, it would not be appropriate to look at these in isolation. He therefore proposed deferring this to coincide with any system-wide review.
- 9.7.3 The Governing Body **approved** the recommendations set out in the report on Governance Arrangements.

9.8	Looked After Children Annual Health Report	
9.8.1	The Director of Nursing and Quality introduced the Looked After Children Annual Health Report.	
9.8.3	The continued concerns of Governing Body members would be raised at the joint Corporate Parenting Board.	SSh
9.8.4	There were a number of looked after unaccompanied asylum seeker children who had come to Dorset who had gone missing in the system. This had been discussed at a recent Quality Group meeting and the Governing Body noted there was now more focus across the system to try and track those missing children.	
9.8.5	Regarding initial health assessments, there was continued concern that the business as usual approach was not working. Steps needed to be taken at the highest level to ensure appropriate priority was given to this issue.	
9.8.6	The identified reasons for the decline in the Dorset figure regarding initial health assessments was late notification by social workers, social workers not sending in the relevant parental consent for the assessment to be undertaken and foster parents being unwilling to bring children to appointments in Poole.	
9.8.7	The Governing Body noted that initial health assessment clinics were also provided in Dorchester to enable ease of attendance for children in the West of the county.	
9.8.8	There was a suggestion that such assessments take place within schools which could improve attendance.	
9.8.9	This appeared in the main to be a process issue and the Governing Body directed that the Chief Officer raise at Chief Executive level through the System Leadership Team with a view to being taken through the Health and Wellbeing Boards.	TG
9.8.11	The Assistant Clinical Chair would also raise at the forthcoming West Accountable Care meeting.	KK
9.8.12	The Governing Body directed that a post meeting note be provided with the agreed actions.	SSh
9.8.13	The Governing Body noted the Looked After Children Annual Health Report.	

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

- 9.9.1 The Director of Design and Transformation introduced the STP Update.
- 9.9.2 The Governing Body noted there would be a two-month delay in the delivery of the Dorset Care Record. The individual trusts' own development priorities were impacting on the ability to meet the development challenges but work was ongoing to address this.
- 9.9.3 A Strategic Estates Plan for Dorset was being developed. The Chief Executive of DHUFT would be the senior responsible officer, with the Chief Executive for PHFT being the senior responsible officer for the acute elements.
- 9.9.4 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.
- 10.1.2 He said a submission had been made for funding under the Urgent and Emergency Care transformation fund regarding urgent treatment centres and rapid response domiciliary care response for complex patients.
- 10.1.3 Governing Body members noted the annual winter planning workshop had been undertaken.
- 10.1.4 There was concern that a flu outbreak in Australia may be UK-bound and a tabletop mock exercise would be considered.
- 10.1.5 Resource packs regarding flu vaccinations were being provided with a particular focus on schools and care homes, with a push to get care home staff vaccinated.
- 10.1.6 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 to note.

12. Questions from the Public

12.1 The Chair introduced the Public Questions item.

12.2 In response to a question from a member of the public regarding the sizeable difference in the figures between the Dorset Better Care Fund and the Bournemouth and Poole Better Care Fund, the Director of Service Delivery explained that the Dorset Better Care Fund scheme included an aligned budget for purchasing care for older people and those with a physical disability.

12.3 It was noted that the Dorset BCF would be piloting a pooled budget approach with inclusion of the CCG's Continuing Healthcare budgets and inclusion of the Dorset County Council adult social care budget. Bournemouth and Poole Councils were still considering whether they would be aligning their budgets for purchasing care with those of the CCG. Therefore, the two schemes could not be compared as like for like.

12.4 In response to a question by a member of the public on how the CCG benchmarked with other CCGs regarding process, the NHS Constitution and its finances, the Chief Officer said the CCG had been benchmarked as 'good' in terms of its position. Regarding the Dorset STP footprint, the CCG was one of only six that had been assessed as outstanding. The CCG's financial position had been described as one, if not the best, in the country. Regarding the NHS Constitution, the Performance report referred to the Referral to Treatment Times and the difficulties with the ophthalmology service at DCHFT that had pulled down the Dorset system – this was a key constitutional target.

13. Any Other Business

13.1 There was no other 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 15 November 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.

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