

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING**

16 JULY 2014

PART ONE – PUBLIC MINUTES

A meeting of Part 1 of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held at 14:00hrs on 16 July 2014 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG

Present: Forbes Watson, Chair (FW)
Peter Blick, Locality Chair for Central Bournemouth (PB)
Chris Burton, Consultant Member (CB)
Rob Childs, Locality Chair for North Dorset (RC)
Paul French, Locality Chair for East Bournemouth (PF)
Tim Goodson, Chief Officer (TG)
Teresa Hensman, Lay Member (TH)
Karen Kirkham, Locality Chair for Weymouth and Portland (KK)
Tom Knight, Locality Chair for North Bournemouth (TK)
Chris McCall, Locality Chair for Poole North (CM)
Blair Millar, Locality Chair for West Dorset (BM)
Mary Monnington, Nurse Member (MM)
Andy Rutland, Locality Chair for Poole Bay (AR)
Paul Vater, Chief Finance Officer (PV)

In attendance: Conrad Lakeman, Governing Body Secretary (CGL)
Martin Longley, Deputy Locality Chair for Mid Dorset (ML)
Steph Lower, Executive Assistant (SL)
Jane Pike, Director of Service Delivery (JP)
Suzanne Rastrick, Director of Quality (SR)
Charles Summers, Director of Engagement and Development (CS)
Simon Watkins, Deputy Locality Chair for Poole Central (SW)

Three members of the public.

Action

1. Apologies

1.1 Jenny Bubb, Locality Chair for Mid Dorset (JB)
Colin Davidson, Locality Chair East Dorset (CD)
David Jenkins, Lay Member (DJ)
Richard Jenkinson, Locality Chair for Christchurch (RJ)
Patrick Seal, Locality Chair for Poole Central (PS)

2. Quorum

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

3. Declarations of Interest

3.1 The Chair reminded members of the need to ensure Declarations of Interest were up to date.

3.2 No additional Declarations of Interest were made.

4. Minutes

4.1 The minutes of the meeting held on 21 May 2014 were **approved** for signature by the Chair as a true record.

4.2 The minutes of the Special meeting held on 4 June 2014 were **approved** for signature by the Chair as a true record, subject to:-

- an insertion at 4.4.4, and
- an insertion at 4.5.2 and 4.5.3,

as set out below:-

4.4.4 The Committee noted the results of the membership and stakeholder survey and sought confirmation that the auditors were aware of the results of these. Whilst it was confirmed that the auditors were so aware, it was acknowledged that they had been received in the 14-15 financial year.

4.5.2 She reported that TIAA had given an opinion of 'significant assurance' for the year as a whole, in respect of the internal controls that had been reviewed.

4.5.3 The Chair highlighted that concerns had been raised at the A&Q Special meeting on the format of the Board (Governing Body) Assurance Framework (BAF) for its purpose to remain effective for the CCG.

The Governing Body noted that a new BAF would be presented to the next A&Q Committee meeting on 9 July.

5. Matters Arising

- 5.1 9.7.3 An outcome was awaited from the Wessex Area Team in relation to their withdrawal of the national list delineating which drugs would be funded by NHS England and those that would be funded by the CCG.
- 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 He said that Suzanne Rastrick had been appointed to the role of Chief Allied Health Professions Officer at NHS England with a provisional start date in September.
- 6.3 He congratulated Suzanne on her appointment to the role and on behalf of the Governing Body, expressed sincere thanks for her contribution not only to the CCG, but also the former PCT.
- 6.4 The Governing Body **noted** the Update of the Chair.

7. Chief Officer's Update

- 7.1 The Chief Officer introduced his Update.
- 7.2 Clinical Services Review (CSR) update
- 7.2.1 Invitations had been sent to stakeholders to attend the shortlisted provider presentations on 4 September 2014.
- 7.2.2 It had been agreed that the CSR Steering Group would be renamed the Partnership Forum to more accurately reflect its role.
- 7.2.3 Governing Body members would shortly receive an update on the CSR governance arrangements and project plans. There would be an opportunity for further discussion at the forthcoming Development Workshop.
- 7.2.4 A formal launch had been planned for early October. The CCG website would have a dedicated CSR area.

7.3 Patient Transport Service

7.3.1 The service continued to improve but there were still areas where further improvement was required. Regular meetings were held with E-Zec.

7.4 111 service

7.4.1 Additional staff had been recruited to assist and the 60 second call answering target had recently been met across the South West Area for the first time. There was a slip in performance against target during the last weekend, but he hoped the target would now be met regularly.

7.5 Urgent Care pressures

7.5.1 Urgent Care pressures were challenging for the three acute trusts. Poole FT had the highest number of patients and diverts were in place. Work was underway to analyse the admissions profiles.

7.5.2 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 Quality introduced her Report on Quality.

2.4 - A fundamental change in the application process for a Deprivation of Liberty (DoLs) order had resulted in an increase in those requiring assessment. All three local authorities were responsible for the administration of this process but all had voiced concerns regarding their capacity to deal with the increase in demand.

9.1.2 2.15 - Pressure ulcer numbers reported at Royal Bournemouth and Christchurch Hospitals NHS Trust (RBCH) had shown regular increases. The Director of Quality had attended a summit held by the Trust and was pleased to advise that there had been a significant reduction during the last two months.

9.1.3 There was an inconsistent approach to the reporting arrows within a number of reports and the Governing Body directed the Chief Finance Officer and Director of Quality to adopt a

	consistent approach for the future.	
9.1.4	The Director of Quality was directed to circulate details of the actions arising from the quality accounts and the CCG's response to the Nurse Member and Locality Chair for Poole North.	SR
9.1.5	The Governing Body directed the Director of Quality to include a section on the quality of medicine prescribing in future reports.	SR
9.1.6	The Governing Body was concerned regarding the Emergency Departments' waiting times and directed the Chief Finance Officer to raise at the next contract meetings.	PV
9.1.7	The Governing Body noted that information obtained from CCG data indicated that a significant number of children and young adults had been admitted to the RBCH during 2013-14. As RBH was not commissioned to provide Paediatric services, the Director of Quality was directed to obtain and report more detailed information for the next meeting.	SR
9.1.8	The Governing Body noted the toolkit for the prescribing budget.	
9.1.9	The Governing Body noted the Report of the Director of Quality and the Quality Report.	
9.2	Performance Report (including Quality Premium)	
9.2.1	The Chief Finance Officer introduced his Report on Performance and Quality Premium.	
9.2.2	The Governing Body noted that each provider had submitted a 'bid' to NHS England and the Area Team aimed at addressing the rising backlog of Referral to Treatment waiting lists. A final decision was awaited but it was hoped that a sum of circa £2M would be received.	
9.2.3	There remained concerns in relation to DEXA scans at Dorset County Hospital (DCH) and recruitment of staff. Contingency plans had been put in place with extra capacity available through the choose and book service. He said that the position was discussed regularly at contract meetings and there was awareness that alternative providers would be used. This issue was a concern nationally and fines were likely to be used to address the failure in service.	
9.2.4	In response to a question regarding 35 week waits, the Director of Service Delivery said processes were in place for	

long-wait patients to be treated in clinically urgent, and then chronological, order.

9.2.5 In response to a question in relation to C Diff targets, the Director of Quality said actual numbers for C Diff were small. A nurse consultant had been recruited for RBCH and DCH.

9.2.6 The Governing Body was concerned regarding Dorset Healthcare's breaches of mental health emergency 3-4 hour crisis response service and directed the Director of Quality to raise at the next contract meeting and report.

SR

9.2.7 The Director of Service Delivery said the 111 service for Dorset had performed well until SWAST took on Somerset, Devon and Cornwall services. Work had been ongoing to improve the service. A review had concluded that Dorset CCG's approach to the service was well funded. SWAST had now reverted to the model that focused on Dorset call handlers taking Dorset calls, but there remained a need for a contingency plan to manage short term sicknesses.

9.2.8 The Governing Body **noted** the Report of the Chief Finance Officer and the Performance/Quality Premium Report.

9.3 **Finance Report**

9.3.1 The Chief Finance Officer introduced his Report on Finance.

9.3.2 This was the first report for the new year. His overall rating had escalated to amber to reflect the risk of cost pressures.

9.3.3 He said the prescribing budget would be reviewed to ensure it remained accurate.

9.3.4 Referral rates were monitored closely and had increased in 2013-14. The reasons for the increase were being investigated.

PV

9.3.5 In response to a question in relation to CHC growth, the Director of Service Delivery was asked to provide a more detailed report for the September meeting.

JP

9.3.6 In response to a question, the Chief Finance Officer advised that although locality budgets were recurrent, there was a need to review them annually to ensure value for money.

9.3.7 The Governing Body **noted** the Report of the Chief Finance Officer and the Finance Report.

9.4 **Two Year Delivery Plan**

- 9.4.1 The Chief Finance Officer introduced his Report on the Two Year Delivery Plan.
- 9.4.2 The Governing Body noted that the Dementia Advisory Service, a priority from the 2013-14 Plan, had now been completed.
- 9.4.3 The Carers Programme was now a direct workstream of the Better Together Programme and had been removed from the Plan.
- 9.4.4 Work was still ongoing on the Reducing Avoidable Emergency Admissions priority and the Review and Redesign of Urgent and Emergency Care Services.
- 9.4.5 The Director of Service Delivery said the Two Year Delivery Plan was ambitious and may need to be reviewed in light of the Clinical Services Review outcomes.
- 9.4.6 In response to a question, the Director of Service Delivery said she anticipated changes nationally to resolve the specialist commissioning issues with some specialist commissioning likely to revert to CCGs.
- 9.4.7 The Governing Body **noted** the Report of the Chief Finance Officer and the Two Year Delivery Plan.

9.5 **Revised Governance Structure**

- 9.5.1 The Governing Body Secretary introduced his Report on the revised Governance Structure.
- 9.5.2 He was proposing a change in the Annual Programme so that the Governing Body and Clinical Commissioning Committee meetings would alternate each month. Proposed new dates had been suggested; the CCC would now take over the Development Workshop dates and new dates would be sought for the Workshops.
- 9.5.3 Following a discussion between the GB locality chairs, the membership of the Clinical Commissioning Committee (CCC) would now include all GPs who were members of the Governing Body (GB), the secondary care member, and all CCP Chairs, together with the existing executive members.
- 9.5.4 The revised Terms of Reference for the CCC had proposed removal of the lay member, but following a discussion the Governing Body directed that membership should include the

lay member to provide the opportunity for the voice of the public to be heard amongst clinicians.

- 9.5.5 Due to the significant work programme, the proposal was for the shadow PCC meetings to start in August. The shadow PCC would be the voice of primary care but would be unable to make decisions until there was attendance from the Area Team and/or the CCG Constitution updated (depending on the decisions required).
- 9.5.6 The first item on the agenda would focus on a strategy for primary care and how it could be developed.
- 9.5.7 The proposed terms of reference for the Primary Care Committee (PCC) would be reviewed as the first few meetings progressed.
- 9.5.8 Following a discussion regarding quoracy of the PCC as set out in section 2.2 of the Terms of Reference, the Governing Body directed that the wording be amended to reflect that a quorum should include at least one GP.
- 9.5.9 The size of the PCC would need to be manageable, but following a discussion, there was support for the membership/ attendees to include a principal locality lead.
- 9.5.10 The Chair said that, to ensure there was a link between the GB and PCC, there should be at least one Locality Chair from each cluster.
- 9.5.11 In response to a question regarding the budget for the PCC, the Chief Officer said the Area Team would provide budget for matters under their jurisdiction and the CCG for matters currently within its remit.
- 9.5.12 The Governing Body directed that delegated power be given to the Chief Officer and Chair to amend the Terms of Reference of the committee as necessary between now and the next Board meeting, dependent on any response from the Area Team.
- 9.5.13 The Governing Body **approved**:-
- (a) the creation of a PCC.
 - (b) the Terms of Reference for the PCC – subject to changes to the quorum requirements, clarification of the overlap between the PCC and CCC and a revision to include a Principal Locality Lead.
 - (c) nomination by each cluster of two members of the PCC, one of whom should be a locality chair and the other who may

CGL

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be a locality chair, GP or practice manager.
 (d) a change of membership of the Clinical Commissioning Committee to include all GPs who are members of the Governing Body, the secondary care member and all CCP chairs, together with existing executive members.

There was one abstention to the approval of matter (d).

(e) a change in the Annual Programme so that Governing Body and Clinical Commissioning Committee meetings alternate, with workshops rescheduled.

(f) delegated authority to the Chair and Chief Executive to amend the Terms of Reference of the committee as necessary between now and the next Board meeting, to incorporate any response from the Area Team.

9.6 **Organisational Development Framework**

9.6.1 AR introduced the Report and the Organisational Development Framework.

9.6.2 The Framework had been developed to support and enable the delivery of the two year delivery plan and refreshed five year strategy.

9.6.3 There was concern that the top level document did not contain milestone dates and key outcome measures.

9.6.4 The Governing Body directed that further work be undertaken on the Framework to include the extra detail and the revised document be brought back to the September meeting.

9.6.5 The Governing Body **did not approve** the Report of the Director of Engagement and Development and the Organisational Development Framework.

9.7 **Commissioning Support Services Annual Report**

9.7.1 The Chief Officer introduced his Annual Report on Commissioning Support Services (CSS) for 2013/2014.

9.7.2 The CSS annual report for 2013-14 reflected the work undertaken by the commissioning support service and formed part of its own assurance of being fit for purpose and providing value for money.

9.7.3 He said that the CSS had undertaken a customer survey and the overall score had been 7.5 out of 10.

CS

- 9.7.4 The Governing Body discussed offering support services to other CCGs. The Chief Officer said there was no remit to do this and he would not wish to shift the focus away from the service to Dorset CCG.
- 9.7.5 The Governing Body considered whether the Audit and Quality Committee should ask the internal auditors to undertake an independent benchmarking exercise.
- 9.7.6 TH, A & Q Committee Chair, said the Audit and Quality Committee had received the CSS Annual Report at their recent meeting and would receive a progress update in the Autumn.
- 9.7.7 The Governing Body directed TH to keep the GB apprised of the A & Q Committee's review of support services. TH
- 9.7.8 The Governing Body directed that printed copies of the CSS Annual Report be provided for distribution at locality meetings. CS
- 9.7.9 The Governing Body **noted** the Report of the Chief Officer and the Commissioning Support Services Annual Report.
- 9.8 **Annual Review of the Information Governance Toolkit**
- 9.8.1 The Director of Quality introduced her Report and the Annual Review of the Information Governance Toolkit.
- 9.8.2 The Governing Body **noted** the Report of the Director of Quality and the Annual Review of the Information Governance Toolkit.
- 9.9 **Annual Complaints Report**
- 9.9.1 The Director of Quality introduced her Annual Complaints Report.
- 9.9.2 She said she would be presenting a report to the next Audit and Quality Committee on the current position in relation to concerns raised by GPs through the Niggles system. SR
- 9.9.3 The Governing Body directed that the timeliness of responses be included in future Annual Complaints Reports. SR
- 9.9.4 The Governing Body **noted** the Report of the Director of Quality on Annual Complaints.

9.10 **Primary Care Task and Finish Update**

- 9.10.1 The Locality Chair for Poole Bay gave a verbal update on the Primary Care Task and Finish Group.
- 9.10.2 The Group had met every two weeks ahead of the formation of a shadow Primary Care Committee.
- 9.10.3 He highlighted the current areas of work which included the £5 per head, over 75 allocation and how it would be spent and the framework for the new assurance process.
- 9.10.4 The Governing Body **noted** the verbal update of the Locality Chair for Poole Bay on the Primary Care Task and Finish Group.

10. **Wider Healthcare issues**

- 10.1 There were no wider healthcare issues.

11. **Committee Reports, Minutes and Urgent Decisions**

11.1 **Reports**

- 11.1.1 There were no Reports.

11.2 **Minutes**

11.2.1 **Audit and Quality Committee Special meeting – 4 June 2014**

- 11.2.1.1 The Governing Body **noted** the minutes of the Audit and Quality Committee Special meeting held on 4 June 2014.

11.3 **Urgent Decisions**

- 11.3.1 There were no Urgent Decisions.

12. **Any Other Business**

- 12.1 There was no other business.

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

- 13.1 The next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group will be held on Wednesday 17 September 2014 at Vespasian House at 14:00hrs.

14. Exclusion of the Public

To resolve that representatives of the Press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

DRAFT