

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

PART ONE – PUBLIC MINUTES

19 MARCH 2014

A meeting of Part 1 of the Governing Body, of NHS Dorset Clinical Commissioning Group was held at 14:00 hrs on 19 March 2014 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG

Present:

- Forbes Watson, Chair (FW)
- Peter Blick, Locality Chair for Central Bournemouth (PB)
- Jenny Bubb, Locality Chair for Mid Dorset (JB)
- Chris Burton, Secondary Care Member (CB)
- Rob Childs, Locality Chair for North Dorset (RC)
- Colin Davidson, Locality Chair East Dorset (CD) - Part
- Paul French, Locality Chair for East Bournemouth (PF)
- Tim Goodson, Chief Officer (TG)
- David Haines, Locality Chair for Purbeck (DH)
- Teresa Hensman, Lay Member (TH)
- David Jenkins, Lay Member (DJ)
- Richard Jenkinson, Locality Chair for Christchurch (RJ)
- Karen Kirkham, Locality Chair for Weymouth and Portland (KK) - Part
- 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)
- Patrick Seal, Locality Chair for Poole Central (PS)
- Paul Vater, Chief Finance Officer (PV)

In attendance:

- Margaret Allen, Deputy Director of Review, Design and Delivery (Mid) – for item 10.1 (MA)
- Liane Jennings, Deputy Director of Strategic Development and Engagement (LJ)
- Conrad Lakeman, Governing Body Secretary (CGL)
- 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)

		Action
1.	Apologies and Welcome	
1.1	No apologies were received.	

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.

No additional Declarations of Interest were made.

4. Minutes

- 4.1 The minutes of the meeting held on 15 January 2014 were **approved** for signature by the Chair as a true record subject to the following:-

9.2.2 (page 5) – should be corrected to read ‘PHFT had reported another MRSA culture **bacteraemia**’.

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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 Verbal Update

- 6.1 The Chair gave his Verbal Update
- 6.2 He said the organisation was nearing the first year of operation as a CCG which was a milestone.
- 6.3 A number of GPs had attended the Clinical Senate held on 13 March 2014 and the Locality Chair for Weymouth and Portland (KK) had undertaken a presentation. Positive feedback had been received on the Dorset CCG’s plans for the future.

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 **Strategy Refresh**

- 8.1.1 The Director of Engagement and Development introduced the Report on the Strategy Refresh.
- 8.1.2 He said helpful feedback had been received from NHS England and once the final assurance had been received, further feedback would be provided to the Governing Body. CS
- 8.1.3 Concern was raised that the reference within the Strategy to the financial sustainability of the four providers was not sufficiently clear and discussion centred on whether there should be more information on the providers' financial forecasts.
- 8.1.4 The Chief Officer said the focus of the Strategy was centred on commissioning rather than the provider landscape. Following discussion, it was decided that the reference to the economic challenges faced was sufficient.
- 8.1.5 The Governing Body directed that the reference in Appendix 1 (second page) to a CCG Development Workshop held in January 2014 should be amended as it was a Membership Event. CS
- C Davidson arrived 14.15pm.**
- 8.1.6 The Governing Body **approved** the Report of the Head of Planning and Assurance and the Strategy Refresh.
- 8.2 **Better Care Fund**
- 8.2.1 The Chief Finance Officer introduced the Report of the Deputy Director of Service Delivery on the Better Care Fund proposal.
- 8.2.2 The report had been taken to both Health and Wellbeing Boards and set out the vision for the NHS and local authorities going forward, with the major strategic theme being areas of common interest.
- 8.2.3 Members noted that most of the CCG's contribution was in relation to the Dorset Healthcare contract, with a smaller share being acute funding.
- 8.2.4 He said the Better Together Fund would give more freedom to commission services with other providers if an improved service was being offered above the current provider.
- 8.2.5 Members noted that some of the funding for 2015-16 would be released dependent on progress against nationally and locally determined metrics (as listed in section 3.5 of the report) and wished to understand more about the metrics.

- 8.2.6 The Chief Finance Officer advised that ‘first cut’ meant his current understanding of the new policy in the absence of detailed guidance. He was expecting further guidance to be issued in due course that may result in changes to his initial planning assumptions.
- 8.2.7 The Governing Body directed that a post meeting note be circulated to members explaining the metrics-structure underpinning the Fund and the governance issues, to include a link to Sam’s story. PV
- 8.2.8 The Governing Body directed that a short bullet-point briefing paper be produced for members to take to their locality meetings to help them explain the position. PV
- 8.2.9 The Governing Body **approved** the Report of the Deputy Director of Service Delivery and the Better Care Fund proposal.
- 8.3 **Two Year Delivery Plan**
- 8.3.1 The Director of Engagement and Development introduced the Report on the Two Year Delivery Plan.
- 8.3.2 The Plan would be shared with the Health and Wellbeing Boards in March for comments and with the CCC on 26 March for information, before final submission to the NHS England Area Team on 4 April for further feedback.
- 8.3.3 The Governing Body directed the incorrect wording in the covering report under 3.2 (a) which referred to approval of the five year Strategy rather than the Two Year Delivery Plan be corrected and asked that for future reports, the covering paper corresponded accurately with the report. CS
- 8.3.4 There was concern that the CCC was being asked to comment on the Plan after approval by the Governing Body.
- 8.3.5 The Chief Officer said that if any fundamental comments were received following the CCC meeting, both he and the Chair would consider these under the proposed delegated authority to amend the Plan. The Governing Body would then receive a brief update of any changes at the next meeting to ensure approval of the final report. CS
- 8.3.6 The Governing Body **approved** the Report of the Head of Planning and Assurance and the Two Year Delivery Plan and delegated authority to the Chief Officer and Chair to make any changes required following comments received from the CCC.

8.4 Opening Budget

8.4.1 The Chief Finance Officer introduced his Report on the Opening Budget.

8.4.2 There was concern that the pie chart reflecting acute commissioning figures appeared to show a percentage growth. The Chief Officer advised that this was due to activity changes.

8.4.3 The Governing Body directed that a post meeting chart be produced and circulated to members that showed the allocation of the growth funding.

8.4.4 There was concern regarding forward planning towards the Better Care Fund plans and care out of hospital. It would take time to employ more people to work in the community and start to make a difference.

8.4.5 The Chief Finance Officer advised that this would be the first year of Better Care Fund planning and there were budgets that would help towards care out of hospitals, but targets and measured outcomes would be needed to avoid the position remaining aspirational. Acute trusts were aware that there could be a transfer of funds from them.

8.4.6 The Governing Body **approved** the Report of the Chief Finance Officer and the Opening Budget.

8.5 Annual Review of Governance documents

8.5.1 The Governing Body Secretary introduced his Report on the Annual Review of Governance documents.

8.5.2 The Governing Body **approved** the Report of the Governing Body Secretary on the Annual Review of Governance documents.

8.6 Compliance with the CCG Governance Code

8.6.1 The Governing Body Secretary introduced his Report on Compliance with the CCG Governance Code.

8.6.2 He ran through the three areas of possible non-compliance.

8.6.3 With regard to Principle 3, members said that the CCG did comply and would be able to evidence significant interaction with other CCGs through the Clinical Senate, Quality Surveillance Group and Wessex Commissioning Assembly and directed the Governing Body Secretary to note such interaction on the gap analysis.

PV

CGL

8.6.4 Subject to the comments regarding Principal 3 compliance, the Governing Body **approved** the Report of the Governing Body Secretary on Compliance with the CCG Governance Code.

8.7 **Approval of Changes to Delegated Authority**

8.7.1 The Governing Body Secretary introduced his Report on Approval of Changes to Delegated Authority.

8.7.2 The Director of Engagement and Development said he thought the delegated authority for Redundancy (section 6.3 of the Detailed Delegation Limits) related only to redundancy within contract. The Governing Body Secretary was directed to check this point.

8.7.3 The Governing Body **approved** the Report of the Governing Body Secretary and Approval of Changes to Delegated Authority.

9. **Delivery**

9.1 **Quality Report**

9.1.1 The Director of Quality introduced her Report on Quality and highlighted a number of issues.

9.1.2 In relation to RBCH, the CCG had made one unannounced visit following-up on the findings of the CQC inspection. There had been a number of minor areas that needed improvement but she was pleased to report significant progress.

9.1.3 In relation to Children's Safeguarding – the Serious Case Review was due to be published shortly.

9.1.4 The Locality Chair for Poole North asked that the Medicines Optimising Lead took on the issue raised by the recent Serious Case Review of un-prescribed medication for children.

9.1.5 The Director for Service Delivery advised that the CQC had inspected E-Zec. E-Zec fully met one requirement regarding safe management of patient information, but of the other four, there was one minor impact and three moderate impacts, all of which were subject to an action plan that had been accepted by the CQC. Work was progressing with E-Zec on an improvement plan.

9.1.6 The Locality Chair for Purbeck (DH) asked for information on the waiting times for children and adolescent mental health cases. The Director of Service Delivery advised that this would

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SR

be the subject of discussion at the forthcoming DHUFT contract meeting and agreed to advise DH following that meeting.

9.1.7 The Governing Body **noted** the Report of Director of Quality on Quality.

9.2 Performance Report

9.2.1 The Chief Finance Officer introduced his Report on Performance.

9.2.2 He advised that there were pressures in Referral To Treatment times (RTT).

9.2.3 For DCH there were a number of issues including concerns in Diagnostic Performance where a formal contract query had been raised, and there was a backlog of ophthalmology cases.

9.2.4 A fine could be imposed regarding the Diagnostic Performance but further exploration was required to ensure DCH was doing all it could and that the position was not due to an increase in demand.

9.2.5 Members were made aware of RBCH's rejection of a referred patient and a late referral appointment-date which was a clear breach of contract.

9.2.6 The Locality Chair for East Dorset (CD) was concerned at the irregular availability of Choose and Book for referrals to community hospitals and had been told by the Admissions Officer that the service was withdrawn when a breach was likely. The Director of Service Delivery asked for evidence and would pursue this issue.

9.2.7 Members were concerned at the increasing number of red indicators and whether this was due to the trusts' financial issues. The Director of Service Delivery said the majority of patients were seen and treated within 18 weeks and it was likely the red indicators were at speciality level monitored by the CCG. The Trusts were still achieving the aggregate level measured by Monitor.

9.2.8 The Governing Body **noted** the Report of the Chief Finance Officer on Performance.

9.3 Finance

9.3.1 The Chief Finance Officer introduced his Report on Finance.

9.3.2 The Governing Body **noted** the Report of Chief Finance Officer

on Finance.

9.4 **Quality Premium**

9.4.1 The Chief Finance officer introduced his Report on the Quality Premium.

9.4.2 All local targets were being achieved and he was satisfied with the latest progress. This should generate additional funds for next year.

9.4.3 The Director of Quality advised that the wording in section 2.16 should read ‘...following a **number of** cases in July 2013’.

PV

9.4.4 The Governing Body **noted** the Report of the Chief Finance Officer on Quality Premium.

9.5 **Annual Delivery Plan (ADP)**

9.5.1 The Chief Finance Officer introduced his Report on ADP Progress.

9.5.2 Members noted that overall, there had been good progress.

9.5.3 Under 6.2 (Appendix 1) - Winterborne View – the Director of Service Delivery was directed to ensure that a proactive media statement was prepared regarding this issue.

JP

9.5.4 The Governing Body directed the Director of Service Delivery to provide a brief narrative for localities on the information being prepared by the Urgent Care Board to inform the Better Care Fund.

JP

9.5.5 The Governing Body directed the Director of Service Delivery to provide an exception report of the red indicators for future reports, alongside the summary Appendix.

JP

9.5.6 The Governing Body **noted** the Report of the Chief Finance Officer on ADP Progress.

9.6 **Annual Review of Declarations of Interest**

9.6.1 The Governing Body Secretary introduced his Report on the Annual Review of Declarations of Interest.

9.6.2 He advised the Governing Body of the number of outstanding member practice/GP Declarations.

9.6.3 David Jenkins, Lay Member (DJ) was concerned at the position in the context of governance shortcomings. The Governing

Body Secretary advised that the regime was in place but there were limited tools at his disposal to ensure declarations were made. He would now be seeking the assistance of the CCP Chairs in acquiring the remaining declarations.

9.6.4 The Governing Body **noted** the Report of the Governing Body Secretary on the Annual Review of Declarations of Interest.

9.7 **Annual Update on Adult Safeguarding**

9.7.1 The Director of Quality introduced the Report of the Adult Safeguarding Nurse Specialist on the Annual Update on Adult Safeguarding.

9.7.2 The report showed 4 alerts for DCH, 18 for RBCH and 20 for PHFT. The issue of consistency had been raised with the Trusts as there appeared to be a higher level of reporting in Bournemouth/Poole than in the rural part of the County.

9.7.3 The Nurse Member (MM) said that this may be due to thresholds as some of the reporting was unsubstantiated. The Director of Quality advised this had been addressed within the consistency issues raised.

9.7.4 The Governing Body **noted** the Report of the Adult Safeguarding Nurse Specialist on the Annual Update on Adult Safeguarding.

9.8 **Annual Update on Children's Safeguarding**

9.8.1 The Director of Quality introduced the Report of the Designated Nurse Consultant for Children on the Annual Update on Children's Safeguarding.

9.8.2 The Governing Body **noted** the Report of the Designated Nurse Consultant for Children on the Annual Update on Children's Safeguarding.

9.9 **Award of Contracts without Competition**

9.9.1 The Chief Finance Officer introduced his Report on the Award of Contracts without Competition for:-

- Termination of Pregnancy service
- Julia's House and Naomi House
- Weldmar

9.9.1.1 The Governing Body was concerned that the award of contracts

without competition could be open to challenge. The Chief Finance Officer was confident of the CCG's ability to demonstrate the reasons why competition was not sought in each of the cases.

9.9.1.2 The Governing Body **approved** the Report of the Chief Finance Officer on the Award of Contracts without Competition for:-

- Termination of Pregnancy service
- Julia's House and Naomi House
- Weldmar

9.9.2 The Chief Finance Officer introduced his Report on the Award of Contract without Competition for:-

- Urgent Care Service – Out of Hours

9.9.2.1 This was a substantial contract and Chief Finance Officer was directed to provide a copy of the Evaluation matrix to the Audit and Quality Committee for completeness.

PV

9.9.9.2 The Governing Body **approved** the Report of the Chief Finance Officer on the Award of Contracts without Competition for the Urgent Care Service – Out of Hours.

10. Wider Healthcare issues

10.1 Proposal to carry out a Clinical Services Review

10.1.1 The Chief Officer introduced the Report on the Proposal to carry out a Clinical Services Review.

10.1.2 Following discussions at the workshop and member events, this would be the first formal paper submitted for approval. The paper had been shared with the Chief Executives of the four provider trusts.

10.1.3 He referred to the 'NHS Call to Action' document which noted there was much unwarranted variation in the quality of care across the country, and fundamental changes to how health and care services were used and delivered was required to make quality more uniform.

10.1.4 He said Sir D Nicholson's last interview had said that the NHS could move to a deficit position for the whole country in 15/16. He believed it was likely all four Dorset providers may report deficit positions for next year (14/15).

10.1.5 Locality chairs reported that at the locality meetings, there had

been requests for more information on the decision making process and asked to be kept informed of progress at regular intervals.

- 10.1.6 In terms of CSR governance, it was likely there would be an overarching project board (including GB members and representatives from other organisation), with sub groups for monitoring/engagement processes etc. All decisions would ultimately be reported to the Governing Body.
- 10.1.7 The Chief Officer said wider primary care membership and representatives from other NHS providers would form a critical part of the process in informing the discussion groups considering redesign of services.
- 10.1.8 Members were concerned that even though there was support for the Review, the CCG could end up with a blueprint that would be impossible to implement due to the scale and complexity.
- 10.1.9 Members asked for clarification regarding the release of the PCT legacy funds. The Chief Officer said that there was no reason not to expect legacy funds to be returned in full.
- 10.1.10 The Chair asked for a show of hands for **approval** of the report of the Deputy Director of Review, Design and Delivery on the Proposal to carry out a Clinical Services Review. The Report and proposal were approved with one abstention and all other members present approving.

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

11.1 **Reports**

- 11.1.1 There were no Reports to note or approve.

11.2 **Minutes**

- 11.2.1 There were no minutes to note.

11.3 **Urgent Decisions**

- 11.3.1 The Governing Body **noted** the appointment of the cluster representatives on the Clinical Commissioning Committee under the Urgent Decisions procedure.
- 11.3.2 The Governing Body **noted** the adoption of the former PCT Sustainability Policy under the Urgent Decisions procedure.

12. Any Other Business

12.1 Location of future Governing Body meetings

- 12.1.1 The Chair asked for members' views regarding the location of future Governing Body meetings as the accommodation at Canford House was proving unsuitable due to the room size.
- 12.1.2 Members were keen that the public in the East of the County were not disadvantaged from attending the CCG meetings.
- 12.1.3 The Governing Body directed that Governing Body meetings be held exclusively at Vespasian House for the next six months whilst exploring options for a suitable venue in the East of the county. Options to be reported to the Governing Body as soon as possible.

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12.2 Armed Forces covenant

- 12.2.1 The Chief Officer advised that the CCG would be signing the covenant to support the Armed Forces and that Dr Simon Watkins, Chair of the Pan Programme CCP, had agreed to be the GP lead.
- 12.2.2 Members noted that there may be funds available from the Ministry of Defence for particular projects that benefited service personnel.
- 12.2.3 The Governing Body endorsed the covenant to support the Armed Forces.
- 12.3 The Governing Body Secretary advised members that Teresa Hensman was now the Lay Member representative for Wessex Assurance meetings.

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 21 May 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.