

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

#### PART ONE – PUBLIC MINUTES

15 JANUARY 2014

A meeting of Part 1 of the Governing Body, of NHS Dorset Clinical Commissioning Group was held at 14:00 hrs on 15 January 2014 at Canford House, Discovery Court Business Centre, 551-553 Wallisdown Road, Poole, Dorset, BH12 5AG.

**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:** Jacqueline Cotgrove, Director of Operations and Delivery -NHS England (JC)  
Jessyca Hayes, Executive Assistant (JLH)  
Jane Horne, Consultant in Public Health - Dorset County Council (JH) – Part  
Conrad Lakeman, Governing Body Secretary (CGL)  
Jane Pike, Director of Service Delivery (JP)  
Suzanne Rastrick, Director of Quality (SR)  
Frances Stevens, Deputy Director of Review Design Delivery (West) - Part  
Charles Summers, Director of Engagement and Development (CS)  
Jayne Turnbull, Head of Assurance and Delivery - NHS England (JT)  
Alastair Ward, Deputy Locality Chair for Purbeck (AW)

The Chair informed the meeting that item 19 would move from Part Two of the Governing Body meeting to Part One, to be dealt with in the public domain.

Action

## 1. Apologies and Welcome

- 1.1 The Chair welcomed the public attendees and the NHS England representatives observing the meeting.
- 1.2 Karen Kirkham sent apologies stating she would arrive later.
- 1.3 No further 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 No additional Declarations of Interest were made.

## 4. Minutes

- 4.1 The minutes of the meeting held on 20 November 2013 were **approved** for signature by the Chair as a true record.

## 5. Matters Arising

- 5.1 **8.1.3 Performance Report** - The Director of Service Delivery said that Governing Body members had provided feedback and that it would be taken to the Contract Monitoring Meeting (CMM) for discussion.
- 5.2 **8.2.6.1 Research** – The Governing Body requested a register of research activity be maintained. The Director of Quality would approach Salisbury District Hospital NHS Foundation Trust (SFT) to pursue this.
- 5.3 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting.

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## 6. Chair's Verbal Update

- 6.1 The Chair said that he would not provide a separate verbal update as the Chief Officer would cover this on his behalf in his update.

## 7. Chief Officer's Verbal Update

7.1 The Chief Officer introduced his Verbal Update.

7.2 He said that the Director of Quality would cover the Royal Bournemouth and Christchurch Hospital (RBCH) Care Quality Commission (CQC) issue.

### **Colin Davidson, Locality Chair for East Dorset joined the meeting.**

7.3 The Chief Officer said that links had been sent to Governing Body members regarding the "Everyone Counts" planning guidance 2014/2015-2018/2019. He highlighted some of the main points:

7.4 There was an emphasis on 'high quality care for all, now and for future generations' and a focus on Quality and implementing the Francis, Winterbourne View and Berwick reports.

7.5 The guidance also referred to the Patient Safety Alert Systems and the way in which providers' responded and reacted to complaints.

7.6 Reference was made to seven day service and its effects on Primary Care and the plan that all over 75s would have a named GP.

7.7 The tightening financial situation across the country and the £30bn funding gap for 2020/2021 which was highlighted in 'A Call to Action' would also add to pressures.

7.8 He said that a 15% drop in emergency activity was required to ease the pressure on A&E departments.

7.9 Better Care Fund – The Chief Officer said that a draft plan would go to the Dorset Health and Wellbeing Board (HWB) on 5 February for approval but the draft plan would be sent to the Governing Body for comments prior to this date.

7.10 He apologised for the short time scale but asked members to email comments as soon as possible.

7.11 He reported that Mrs Debbie Fleming had been appointed Chief Executive at Poole Hospital NHS Foundation Trust (PHFT), but that there had been no appointment for the Chief Executive role at Borough of Poole.

All

7.12 Interviews would take place toward the end of January for the Dorset Healthcare University Foundation Trust (DHUFT) Chair.

7.13 The Governing Body **noted** the Verbal Update of the Chief Officer.

## 8. **Strategy**

8.1 There were no items of Strategy.

## 9. **Delivery**

### 9.1 **Performance Report**

9.1.1 The Chief Finance Officer introduced his Report on Performance.

9.1.2 He said that RBCH was still struggling to achieve the 18 weeks RTT target at speciality level.

9.1.3 He provided an update on the Friends and Family test and said that Dorset had received a good response but there was room for improvement.

9.1.4 He was concerned relating to Mental Health services and highlighted page 6 of the report. He noted that only 50% of targets had been achieved.

9.1.5 The Governing Body reminded the Chief Finance Officer and all authors to restrict acronyms to a minimum on reports for the Public part of the Governing Body meeting.

9.1.6 The Governing Body was concerned with the increase in waiting times and sought assurance that steps were in place to deal with this. The Chief Finance Officer said waiting times had improved slightly and that this issue would be raised in all providers' contract meetings.

9.1.7 The Governing Body noted that all localities reviewed referral patterns at each meeting and directed the Chief Finance Officer to include a breakdown of GP referral rates in future reports.

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

### 9.2 **Quality Report**

9.2.1 The Director of Quality introduced her Report on Quality,

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including the Royal Bournemouth and Christchurch Hospital (RBCH) Care Quality Commission (CQC) inspection and Quality Summit.

- 9.2.2 She said that PHFT had reported another Meticillin-Resistant Staphylococcus Aureus (MRSA) culture.
- 9.2.3 There were issues regarding Clostridium Difficile (C-Dif) which had been identified in the Performance Report. She said that the role of Public Health England was different to the previous post-infection review. She said the CCG was inviting all providers to a summit to work together to share best practice in infection prevention and control.
- 9.2.4 She updated item 2.23, and said that regulations 9, 10 and 17 had been breached. These regulations related to patients being deprived food, a lack of a robust reporting system and a lack of dignity in the treatment of some patients.
- 9.2.5 In respect of item 2.29 she reported that the Director of Service Delivery would meet with the Medical Director at Yeovil FT to ensure that Dorset patients' treatment would not be compromised by the planned changes.
- 9.2.6 She reported that three GP's had been appointed in Safeguarding roles:
  - Dr Isi Sosa – Children Safeguarding
  - Dr Peter Blick – Adult Safeguarding
  - Dr Ehab Aziz – Adult Safeguarding
- 9.2.7 No dates had been scheduled for Dorset County Hospital NHS Foundation Trust (DCH) review of complaints.
- 9.2.8 She said that Healthwatch would join her CCG teams in unannounced provider visits.
- 9.2.9 The CCG would now have to conduct announced provider visits with regard to Safety Thermometer inspections (CQUIN).
- 9.2.10 The Director of Quality would provide a post meeting note with regard to Safeguarding.
- 9.2.11 Members were concerned with staffing levels at DHUFT and the Director of Service Delivery assured members that DHUFT was currently agreeing a recruitment plan, which may involve recruiting from Ireland, Spain and Portugal. Recruitment was a national issue and was not isolated to the South West.

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- 9.2.12 The Governing Body **noted** the Report of Director of Quality on Quality, including the Royal Bournemouth and Christchurch Hospital (RBCH) inspection and Quality Summit.

**Karen Kirkham, Locality Chair for Weymouth and Portland joined the meeting.**

**9.3 Finance**

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

- 9.3.2 Members were disappointed with the position on the Urgent Care budget. The Director of Service Delivery said that she would provide a report to the 7<sup>th</sup> CCP with details of the £4m additional funding.

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- 9.3.3 The Director of Service Delivery said that an external case review would be carried out on a sample of Continuing Healthcare (CHC) cases to ensure they meet the criteria for CHC.

- 9.3.4 The Governing Body **noted** the Report of Chief Finance Officer on Finance.

**9.4 Response to the Francis Report**

- 9.4.1 The Director of Quality introduced her report on the Response to the Francis Report.

- 9.4.2 She highlighted that the report was solely based on the CCG's response, that South Coast Audit (CCG's internal auditors) had scrutinised the report on behalf of the CCG and that the auditor's comments had now been included. The auditors had found 'significant assurance' of compliance with the requirements.

- 9.4.3 She again said that unannounced provider visits would now be strengthened with Healthwatch's participation.

- 9.4.4 The Governing Body **noted** the Report of Director of Quality on the Response to the Francis Report.

**9.5 Winter Plan / Pressures Update**

- 9.5.1 The Director of Service Delivery introduced her Verbal Update on Winter Plan / Pressures.

- 9.5.2 She said that all providers were under pressure in terms of activity but that delivery of services had been acceptable until

the 31 December.

9.5.3 She said that January was already proving challenging for the three acute providers and that the providers have performed well against the 4 hour-wait target.

9.5.4 Norovirus had already been reported at the three acute providers and caused pressures. She said that each Tuesday a teleconference took place with the three acute providers to work through pressures being experienced.

9.5.5 The Chair asked whether the members should have any concerns, as winter had not yet finished. The Director of Service Delivery said that the providers had good contingencies in place to reach flood victims, that there had been significant impacts with urgent care and a fundamental change would need to take place to deal with Urgent Care in the future. She assured members that providers were as prepared as they could feasibly be.

9.5.6 The Governing Body **noted** the Verbal Update of the Director of Service Delivery on Winter Plan / Pressures.

## 9.6 **Annual Delivery Plan (ADP)**

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

9.6.2 He highlighted one red indicator in the report of recruitment at DHUFT. He said that recruiting for Mental Health would be reviewed over six months but that DHUFT did not have the staff to fill vacant posts.

9.6.3 He would be monitoring all other indicators closely but that the position was encouraging.

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

## 9.7 **Organisational Development Plan**

9.7.1 The Director of Engagement and Development introduced his Report on the Organisational Development Plan.

9.7.2 He said that the Organisational Development Plan supported the CCG Strategy.

9.7.3 Responding to a question regarding the CCG's running costs, the Chief Officer said that the CCG had committed to a 10% reduction in running costs from £25 to £22.50 per head. He

said that the CCG was currently under £25 per head and believed the CCG costs could be reduced by 10% but had concerns that the CCG would be asked assume responsibility for additional tasks and functions which may cause further cost pressures.

9.7.4 The Director of Engagement and Development said he would share the CCG report on employment expenditure with members

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9.7.5 The Governing Body **noted** the Report of the Director of Engagement and Development on the Organisational Development Plan.

## 9.8 **Clinical Commissioning Committee (CCC) Terms of Reference**

9.8.1 The Governing Body Secretary and General Counsel introduced his Report on the CCC Terms of Reference.

9.8.2 He said that three cluster locality representatives would need to be nominated for membership of the CCC but this had not yet been decided. It was agreed by the Governing Body that the Locality Chairs would nominate cluster representatives and the Chair would make the relevant appointments under the Urgent Decision procedure.

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9.8.3 The Governing Body **approved** the Report of the Governing Body Secretary and General Counsel and the revised CCC Terms of Reference.

## 10. **Wider Healthcare issues**

10.1 There were no Wider Healthcare issues to discuss.

## 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 Dr Simon Watkins, Chair Pan Dorset CCP, as a member for the Clinical Commissioning Committee under the Urgent Decisions

procedure.

## 12. Any Other Business

### 12.1 Fertility / Assisted Conception

12.2 The Deputy Director of Review Design Delivery (West) introduced her Report on Fertility / Assisted Conception.

12.2.1 She said that the matters for consideration were:

- Should the CCG continue commissioning Assisted Conception?
- What level number of cycles would the CCG agree if commissioning of this service continued? Would it be 1, 2 or 3 cycles? and
- What would be the age limit for this service?

12.2.2 The Director of Service Delivery said that surveys showed only limited public support for the commissioning of this service.

12.2.3 Financial implications were debated with regard to where the additional funding would come from and what implications this service would have on other services and the appropriate number of cycles.

12.2.4 The Chief Officer said that funding would not come from the Maternity, Reproductive and Family Health CCP alone but also from growth funding from within the CCG.

12.2.5 A further debate took place regarding prioritising processes for other services requiring funding. The Chair highlighted that this was a national issue and that this had been brought before the Governing Body as the CCG could be exposed under the Equality Act.

12.2.6 By a show of hands the Governing Body agreed to continue commissioning a Fertility / Assisted Conception service.

12.2.7 A debate took place with regard to financial implications and success rates, and how many cycles would be appropriate.

12.2.8 The Deputy Director of Review Design and Delivery said that public engagement would be needed to take place.

12.2.9 The Governing Body approved:

- the continuation of commissioning a Fertility / Assisted Conception service with

- An amended lower age range of 18-39 – the higher limitation due to the reduced effectiveness in the age group 40-42. This change was to be immediate to aid compliance with the Equalities Act.
- To consult on a reduction in the number of cycles commissioned to 1 cycle for those who are new to the service. Those currently undergoing treatment would remain under the current entitlements.
- This would be an Interim policy for one year.

### **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 19 March 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.