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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

18 MARCH 2015

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 18 March 2015 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)
David Haines, Locality Chair for Purbeck (DH) (Part)
Teresa Hensman, Lay Member (TH)
David Jenkins, Lay Member (DJ)
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)
Andy Rutland, Locality Chair for Poole Bay (AR)
Stephen Tomkins, Locality Chair for Christchurch (ST) (Part)
Paul Vater, Chief Finance Officer (PV)

In attendance:
Liane Jennings, Deputy Director – Transformation (LJ) (Part)
Conrad Lakeman, Governing Body Secretary and General Counsel (CGL)
Martin Longley, Deputy Locality Chair for Mid Dorset (ML)
Steph Lower, Executive Assistant (SL)
Jane Pike, Director of Service Delivery (JP)
Sally Shead, Director of Quality (SSh)
Emma Shipton, Deputy Director of Organisational Development (ES)
Simon Watkins, Deputy Locality Chair for Poole Central (SW)
5 members of the public

Action

1. Apologies

1.1 Jenny Bubb, Locality Chair for Mid Dorset
Colin Davidson, Locality Chair East Dorset
Mary Monnington, Consultant Nurse Member
Patrick Seal, Locality Chair for Poole Central

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 Governing Body Secretary reminded GP chairs and asked them to remind colleague GPs who may be involved in federating to ensure any actual/potential conflicts of interest were declared. An e-mail would be sent shortly to all paid GPs providing advice on potential/actual conflicts of interest. CGL

3.2 No further Declarations of Interest were made.

4. Minutes

4.1 The minutes of the meeting held on 21 January 2015 were **approved** for signature by the Chair as a true record.

5. **Matters Arising**

5.1 10.2.11 – it was noted that DHUFT had performed well against some of the national metrics but were not meeting the local targets. Further benchmarking work would be required with other mental health providers to ascertain whether DHUFT was an outlier.

6. Chair's Update

6.1 The Chair had no further update.

7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

7.2 There had been over 260 Vanguard applications submitted but Dorset CCG's application had been unsuccessful.

D Haines arrived

7.3 Following the difficulties experienced over the Christmas/New Year period with some providers declaring major incident status, there was strong focus on preparedness for the Easter weekend. Work was ongoing with providers to gain assurance regarding an adequate and appropriate level of services in place for that weekend.

7.4	The CCG 360 survey had been sent to all GPs. It was noted that approximately 28% of GPs had completed the survey with a 25% completion rate overall. Locality leads were asked to encourage colleagues to complete the survey.	Locality Leads
7.5	The Governing Body **noted** the Update of the Chief Officer.	
8.	**Strategy**	
8.1	**Opening Budget**	
8.1.1	This item had been moved to the Confidential Part 2 due to the ongoing contract negotiations.	
8.2	**Delivery Plan Refresh**	
8.2.1	The Chief Officer introduced the Delivery Plan Refresh.	
8.2.2	The refreshed Delivery Plan had been submitted to NHS England (Wessex) in February and had been updated following feedback. Ongoing dialogue continued regarding expansion of some areas to reflect some of the priorities emerging from this year's planning framework. Governing Body approval would need to be subject to those continuing discussions and sign-off by NHS England.	
8.2.3	The national guidance for the 2015-16 Quality Premium had yet to be formally published, but there would be a requirement to choose two local Quality Premiums (QP) in addition to the eight nationally defined QP measures.	
8.2.4	The Chief Officer suggested that the Governing Body should select 'Estimated diagnosis rate for people with dementia' as one of the local QP measures.	
8.2.5	After discussion it was agreed that the selection of the further local QP would be delegated to the next Clinical Commissioning Committee in April 2015.	CGL
8.2.6	The Governing Body **approved** the selection of 'Estimated diagnosis rate for people with dementia' as one of the local QP measures and **approved** the Delivery Plan Refresh subject to any changes required by NHS England,	
8.3	**Engagement and Communications Update report**	
8.3.1	The Deputy Director of Organisational Development introduced the report.	

8.3.2 It provided a summary of the engagement and communications activity to date, including the use of digital media platforms that had been expanded to improve and increase the CCG's reach with the public, patients and stakeholders etc.

8.3.3 The Governing Body **noted** the Engagement and Communications Update report.

8.4 **Organisational Development Framework Update report**

8.4.1 The Locality Chair for Poole Bay introduced the Organisational Development Framework update.

8.4.2 Considerable organisational development activity had been progressed over recent months, including a change of emphasis at membership events towards primary care.

8.4.3 The roles of the CCG teams had been refocused with locality teams working on more engagement at practice level.

8.4.4 The portfolios of the CCP chairs had also been refocused to maximise clinical involvement and leadership with the Clinical Services Review (CSR).

8.4.5 The next 12 months would focus on transitional arrangements as the organisation moved towards the implementation of the CSR.

8.4.6 The Governing Body **noted** the Organisational Development Framework update report.

9. Delivery

9.1 **Quality Report**

9.1.1 The Director of Quality introduced the report on Quality.

9.1.2 The report would now be provided in three parts (a) main providers (b) associate and smaller providers and (c) the CCG.

9.1.3 Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) had reported five 12 hour breaches in A&E which were being investigated. Members noted that the Monitor rating had changed to 'under review'.

9.1.4 Following a discussion regarding mortality rates, the Governing Body directed that the Director of Quality provide more information at the next meeting on what action the SSh

trusts were taking to reduce their mortality rates.

9.1.5 Concern was expressed regarding Governing Body assurance that appropriate safeguarding training was being undertaken in the provider trusts.

9.1.6 The Director of Quality said action plans were in place and further information had been requested to gain assurance of how the trusts intended to increase training levels. This was being escalated through the contractual processes. The relevant Safeguarding Boards were also monitoring the position.

9.1.7 CSR research work had shown that quality across Dorset was uneven, however, feedback from providers suggested their quality performance was good. The Quality report showed variations and members sought assurance as to how this was being addressed.

9.1.8 The Director of Service Delivery said that if one or two patients missed the cancer standard due to the lack of specialist or specialist kit availability, this would have an impact on the performance figures because of the relatively small numbers. It was important that providers realised that service delivery was patchy. One patient missing a target was one too many.

9.1.9 The Governing Body noted that targets would only be met by ensuring more flexible arrangement across Dorset.

9.1.10 The Director of Quality said providers had access to the publicly available Quality and Performance reports and the urgent care information was also shared through the Systems Resilience Group.

9.1.11 The CCG remained above trajectory for Clostridium Difficile. The Infection Control Team was carrying out a review of community cases to identify prescribing or other issues, but no root cause or trends had yet been identified for community acquired cases.

9.1.12 The Governing Body **noted** 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 A & E system and 999 was under much pressure and resilience work was ongoing with the provider trusts on a weekly basis.

9.2.3 NHS England had agreed a backlog clearing exercise to the end of November 2014, however there was an expectation that the backlog clearance would be maximized up to 31 March 2015. The impact on performance was currently unknown.

9.2.3 The Governing Body **noted** the Performance/Quality Premium Report.

9.3 **Finance Report**

9.3.1 The Chief Finance Officer introduced the Report on Finance.

9.3.2 The financial position was stable and there was a level of confidence that the year-end financial control target would be achieved.

9.3.3 The control total expectation had been rated a 'red' risk but based on the current position, the Chief Finance Officer said this could be downgraded to amber.

9.3.4 Continuing Health Care was still of concern but over the last six months, work had been undertaken to stabilise costs.

9.3.5 Capped contracts were currently being explored with BMI.

9.3.6 It was important to note that the three main provider trusts' contracts should be in balance at the year end, not their own financial positions.

9.3.7 The Governing Body **noted** the Finance Report.

9.4 **Two Year Delivery Plan**

9.4.1 The Director of Service Delivery introduced the Report on the Two Year Delivery Plan.

9.4.2 The local dementia diagnosis rate had risen to over 60% by 31 January 2015. This was believed to be the fastest growth rate in England. Members noted the national target rate had risen to 67% and whilst this target would not be met this year, there was confidence that it would be met next year.

9.4.3 The Governing Body **noted** the Two Year Delivery Plan.

9.5	**Assurance Framework**	
9.5.1	The Director of Quality introduced the Assurance Framework report.	
9.5.2	The Governing Body noted the five areas within the assurance framework where gaps had been identified in controls or assurances and the actions planned to rectify those areas.	
9.5.3	The Governing Body **noted** the Assurance Framework.	
9.6	**Annual Review of Declarations of Interest**	
9.6.1	The Governing Body Secretary introduced the report on the Annual Review of Declarations of Interest.	
9.6.2	He said there were now two outstanding Declarations of Interest for new paid GPs.	
9.6.3	The Governing Body directed that these be resolved within 28 days.	CGL
9.6.4	The Governing Body directed that future reports be expanded to include how Declarations of Interest and conflicts of interest are actively managed.	CGL
9.6.5	The Governing Body **noted** the report on the Annual Review of Declarations of Interest.	
9.7	**Weymouth Integrated Assessment and Treatment Service**	
9.7.1	The Director of Service Delivery introduced the report on the Weymouth Integrated Assessment and Treatment Service.	
	S Tomkins arrived	
9.7.2	The current contract with the two year extension for the Walk In Centre and The Health Centre would expire on 30 June 2016. A further contract extension would be in breach of contract and procurement rules leaving the CCG vulnerable to challenge.	
	L Jennings arrived	
9.7.3	It was noted that the project had been discussed as part of the CSR, but there was a time pressure to undertake the procurement exercise, otherwise the proposal could not be delivered.	

9.7.4 There was concern regarding the cost effectiveness of the project and whether the new service could be provided within the current financial envelope.

9.7.5 The Director of Service Delivery said Weymouth had well-recognised deprivation health issues which had not changed and the original decision had been made by Dorset PCT and was allowed for within legacy funds. At the time, Primary Care Trusts were mandated to commission GP-led health centres, commonly referred to as 'Darzi centres' and that specific element would be funded by NHS England.

9.7.6 It was suggested there should be a 20% reduction in the cost envelope for the project to reflect the considerable CSR efficiency saving requirements.

9.7.7 Final approval would be subject to the outcomes of the CSR, but there was a need to keep this running in parallel with the CSR urgent care model.

9.7.8 If approved, the full tender process and specification would be brought back to a future Governing Body meeting for further approval.

9.7.9 The Governing Body **approved** the Weymouth Integrated Assessment and Treatment Service business case.

9.8 **Revised Governance Arrangements**

9.8.1 The Governing Body Secretary introduced the report on the Revised Governance Arrangements.

9.8.2 The report sought approval for:-

(a) changes to the Standing Orders and the Scheme of Delegation as set out in Appendix 1;
(b) approval of the Terms of Reference for the Joint Primary Care Committee (JPCC);
(c) approval of the amendments to the Terms of Reference of the Audit and Quality Committee (A&Q).

In addition, a late direction had been received from NHS England advising that:-

(d) the Governing Body was required to approve the changes to the Constitution that were agreed by the membership at the end of 2014.

One further change was required following recent NHS England guidance which made clear that neither clinicians nor executives could hold the position of the Chair or Vice Chair of the JPCC.

The Governing Body Secretary further proposed:-

(e) the new Lay Member recruited to chair the JPCC become a member of the Clinical Commissioning Committee (CCC) to provide balance and perspective to both roles;

David Jenkins relinquish his role as a member of the CCC but becomes Vice Chair of the JPCC;

Teresa Hensman remain Chair of the A & Q but would be neither a member of the JPCC nor the CCC in order to maintain independence.

9.8.3 The Governing Body **approved** (a) to (e) as set out in section 9.8.2 above.

10. Wider Healthcare issues

10.1 **Systems Resilience Update**

10.1.1 The Director of Service Delivery introduced the Update on Systems Resilience.

10.1.2 There continued to be pressures in the system, including NHS 111 performance which remained a significant challenge.

10.1.3 There was a national focus regarding Easter preparedness. Work had been undertaken to look at lessons learned from the Christmas period. One concern had been regarding communication and a detailed communications plan was being progressed in partnership with the provider trusts. The Easter plans had been shared with NHS England and assurance was awaited.

10.1.4 The Governing Body noted that NHS England had challenged why all of primary care was not open during the Easter weekend.

Co-ordination was required to ensure an even distribution of availability in Dorset. The Director of Service Delivery said primary care volunteers had been sought and work was being undertaken to try to match demand with resources.

10.1.5	The 111 Service for Dorset was a blended model with other commissioned services across Devon, Somerset and Cornwall and there was a challenge regarding the differential funding arrangements being put into the 111 system by the different commissioners. Work was being undertaken with SWAST and the other commissioners to resolve.	
10.1.6	The Director of Service Delivery agreed to determine why Wimborne Hospital would not open during the Easter weekend as normal working hours included weekends.	JP
	K Kirkham arrived	
10.1.7	The Governing Body directed that the Easter plans be shared with Locality Leads.	JP
10.1.8	There was concern regarding Delayed Transfers of Care. The Director of Service Delivery said although levels were as high as they had been, there had been an increase in delayed transfers, hence re-establishment of the Working Group.	
10.1.9	Targeted work was being undertaken for the Easter weekend to manage the delayed transfers of care including closer working with the local authorities to reduce the time taken from the decision to discharge to getting patients who were the responsibility of the local authority out of hospital.	
10.1.10	The Governing Body **noted** the Update Report on Systems Resilience.	
10.2	**Clinical Services Review (CSR) update**	
10.2.1	The Deputy Programme Director – Transformation introduced the CSR update.	
10.2.2	The Case for Change technical document was now available on the Dorset's Vision website at http://www.dorsetsvision.nhs.uk/.	
10.2.3	The Pre Consultation Business Case (PCBC) was in development and would pull together all the outputs from the CSR.	
10.2.4	At its meeting on 20 May, the Governing Body would receive a recommendation from the CSR Assurance Group to approve the options for consultation, subject to the NHS England Senate Review process.	

10.2.5 The focus of the Clinical Working Group on 25 March would be to look in more detail at which services should be delivered where across the three acute hospital sites and to narrow down the options to be included in the PCBC, if possible.

10.2.6 There had been a specific focus on Mental Health which had been embedded within the workstreams. Public Patient Engagement Group feedback had been received that they were assured by the work that had been and continued to be done.

10.2.5 The pre-election period 'purdah' would commence on 25 March. There would be a need to remain politically impartial at all times with no engagement in activities that were likely to call into question the political impartiality of the organisation, or which could give rise to criticism that public resources were being used for party political purposes. However, this should not be taken as a reason for putting on hold work that needed to be undertaken.

10.2.6 The Governing Body **noted** the CSR update.

10.3 **Better Together update**

10.3.1 The Director of Service Delivery introduced the report on the Better Together update.

10.3.2 A number of cluster groups had been established. There were some emerging models of integrated locality teams beginning to identify the differences between the Care Co-ordinator and Care Manager roles. The Care Co-ordinator role was a vital role to make integrated teams work at practice level and was very distinct from the Care Manager Role that was more of a clinician role.

10.3.3 A Workshop would be held in due course with the date to be notified.

10.3.4 The Governing Body **noted** the Better Together update.

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 Governing Body Secretary reported the use of the Urgent Decision powers to authorise the recruitment of the additional Governing Body lay member to chair the Joint Primary Care Committee.

12. Any Other Business

12.1 There was no further business.

13. Questions from the Public

13.1 The Chair introduced the Public Questions item.

13.2 Mr P Jordan introduced his question. He referred to the response given by the Programme Director (Transformation) to his questions read out to the Governing Body on 21 January 2015 regarding access to health services within the Need to Change document. He was concerned that the response provided did not answer his questions.

13.3 The Governing Body through the Chief Officer directed the Deputy Director (Transformation) to re-visit the original questions and provide a further response to Mr Jordan. He suggested the response include the defined role of the Patient Transport Services and an update regarding the large investment in transport services. LJ

13.4 Mr C East introduced his question. He was concerned that updated CSR information would not be shared with the public during the election period which meant individuals would be unable to take the information into account in raising issues with the politicians in the run up to the forthcoming elections.

13.5 He had been advised that the CSR options would be narrowed down and made available by 31 March and queried when this information would be available publicly.

13.6 The Chief Officer re-cited the public involvement at each stage of the CSR process, including the public meetings rotated around Dorset, radio interviews and videos of some of the sessions on the Dorset Vision website.

13.7 In terms of timing, the review was slightly behind schedule with work continuing with the clinicians to narrow down the definitive options.

13.8 A decision would be made at the Governing Body on 20 May regarding the proposed public consultation that would likely run from mid-August for 12 weeks and it was noted the CSR was far from any decisions being made regarding any service changes.

13.9 The key themes and reasons for undertaking the CSR had been clearly communicated over months in a timely manner and the organisation had worked hard to share available information with the public at each stage.

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 20 May 2015 at Vespasian House at 14:00hrs.

15. Exclusion of the Public

15.1 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.