

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

21 JANUARY 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 21 January 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)
 Colin Davidson, Locality Chair East Dorset (CD)
 Tim Goodson, Chief Officer (TG)
 David Haines, Locality Chair for Purbeck (DH)
 Teresa Hensman, Lay Member (TH)
 David Jenkins, Lay Member (DJ)
 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, Consultant Nurse Member (MM)
 Andy Rutland, Locality Chair for Poole Bay (AR)
 Stephen Tomkins, Locality Chair for Christchurch (ST)
 Paul Vater, Chief Finance Officer (PV)

In attendance: Conrad Lakeman, Governing Body Secretary and General Counsel (CGL)
 Martin Longley, Deputy Locality Chair for Mid Dorset (ML)
 Steph Lower, Executive Assistant (SL)
 Phil Richardson, Programme Director – Transformation (PR)
 Emma Seria-Walker, Deputy Director of Review, Design and Delivery (ESW)
 Charles Summers, Director of Engagement and Development (CS)
 Simon Watkins, Deputy Locality Chair for Poole Central (SW)

Five members of the public

		Action
1.	Apologies	
1.1	Paul French, Locality Chair for East Bournemouth Karen Kirkham, Locality Chair for Weymouth and Portland 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 David Jenkins, Lay Member said that he had made two new declarations since the last meeting:-

- Independent Chair of an Inquiry into Policy and Practice for Cremation of Children's remains in Shropshire;
- Department for Environment, Foods and Rural Affairs (DEFRA) Chairman of Wessex Regional Flood and Coastal Committee.

- 3.2 The Chair welcomed to the meeting Stephen Tomkins, the new Christchurch Locality Chair.

4. Questions from the Public

- 4.1 The Chair introduced the Public Questions item.

- 4.2 Two questions had been submitted in advance and were read aloud by the relevant questioner. Following each response the Chair asked if there was anything further the questioner wished to add.

- 4.3 The Chair advised that following the meeting, the questions and responses would be added to the relevant Governing Body meeting page and appended to the minutes.

CGL

- 4.4 The relevant questioners would also receive a copy of the response(s) to their question(s).

CGL

5. Minutes

- 5.1 The minutes of the meeting held on 19 November 2014 were **approved** for signature by the Chair as a true record.

6. Matters Arising

- 6.1 There were no further matters arising.

7. Chair's Update

- 7.1 The Chair introduced his Update.

- 7.2 He thanked GP colleagues and practices for the successful response to the Special Resolution for the Constitutional changes. Currently, there had been over 80 responses in favour with none against.
- 7.3 The Governing Body noted that following a reconfiguration in the NHSE Area Team, Dr Liz Mearns had been appointed to the post of Medical Director and would replace Dr Stuart Ward.
- 7.4 The Governing Body **noted** the Update of the Chair.
- 8. Chief Officer's Update**
- 8.1 The Chief Officer introduced his Update.
- 8.2 The CCG was required to submit its co-commissioning application by 31 January 2015 although the new arrangements would not come into effect until 1 April 2015.
- 8.3 There had been two applications submitted from practices/groups of practices for the Prime Minister's Access Fund. The success of the applications is currently unknown.
- 8.4 The Governing Body **noted** the Update of the Chief Officer.
- 9. Strategy**
- 9.1 There were no Strategy items.
- 10. Delivery**
- 10.1 Quality Report**
- 10.1.1 The Director of Quality introduced the Report on Quality.
- 10.1.2 She said there had been a continuing decrease in the number of nursing beds within care homes and several care home closures. However, new providers were coming into the market.
- 10.1.3 The Governing Body noted that there was to be a Serious Case Review report published in February by the Safeguarding Adult Board regarding a learning disability case.
- 10.1.4 Following the changes to the Statement of Education Need Regulations, young people would now maintain a Looked After Children status until their 25th birthday.

- 10.1.5 There was concern that out of seven reported grade 3 or 4 pressure ulcers at Dorset County Hospital NHS Foundation Trust (DCHFT), four were deemed to have been 'unavoidable'.
- 10.1.6 The Director for Quality said these were reviewed robustly by a multi-disciplinary team with set criteria.
- 10.1.7 The Governing Body directed the Director of Quality to benchmark the figures against other local areas and report back. SSh
- 10.1.8 The Medicines Optimisation Group had recently considered the current job description and role of the Locality Prescribing Lead. As Locality Chairs were expected to appraise their respective prescribing lead, the Governing Body directed that the current job description be shared with Locality Chairs. SSh
- 10.1.9 The Governing Body **noted** the Quality Report.
- 10.2 **Performance Report (including Quality Premium)**
- 10.2.1 The Chief Finance Officer introduced his Report on Performance and Quality Premium.
- 10.2.2 The 18 week Referral to Treatment (RTT) performance of providers had shown improvement, but the January figures were showing slippage.
- 10.2.3 DCH had improved its diagnostic performance and achieved the 1% threshold.
- 10.2.4 The Cancer Standards performance for the Royal Bournemouth Hospital NHS Foundation Trust (RBHFT) had been of concern and had been addressed through the formal contract process. A remedial action plan had been implemented and performance had improved.
- 10.2.5 The Governing Body noted that the Christmas and New Year period had been extremely challenging with high activity within the A & E system.
- 10.2.6 Across the country, several trusts had called major incidents but following discussions, it was agreed that Dorset had not reached that level. The pressure had eased slightly but daily monitoring continued.
- 10.2.7 The 111 service performance in December 2014 had also been challenging. The most recent week's information showed a Monday-Friday call pick up rate in the high 90%

with weekends dipping to around 78%.

- 10.2.8 For January 2015, the position was still of great concern but there were some signs of improvement regarding the level of resilience alerts being issued.
- 10.2.9 There was concern that Dorset Healthcare University Foundation Trust (DCHFT) was currently only achieving 58% of 24 targets within the Mental Health services.
- 10.2.10 A formal contract notice had been raised with DHUFT to address the concerns and the Chief Finance Officer said the trajectory provided by the Trust to deliver improvements by 31 March 2015 showed an improving position.
- 10.2.11 There was concern regarding whether the targets set were realistic. The Governing Body directed that benchmarking be undertaken to enable a comparison to be made.
- 10.2.12 There was concern regarding the current difficulties experienced by South Western Ambulance Service Trust (SWAST). Systems resilience had been running for over 12 months and despite the investment, there had been little improvement.
- 10.2.13 The Patient Transport Service had experienced similar issues but the Chief Officer said the service now commissioned was far larger than originally proposed with evening and weekend working. The PTS service now appeared to have settled down.
- 10.2.14 There was a clear demand for the 111 service with over 1,500 calls daily over the weekend alone. The over-demand was driving the service and having a knock-on effect on performance.
- 10.2.15 The Governing Body **noted** the Performance/Quality Premium Report.

PV

10.3 **Finance Report**

- 10.3.1 The Chief Finance Officer introduced the Report on Finance.
- 10.3.2 He said the finance risk-rating had increased from amber to red due to increasing activity and spend in the non NHS contract (e.g. BMI, Spire and About Health etc.) and the Continuing Healthcare pressures.
- 10.3.3 The CCG had fully released all headroom and contingency. It was therefore imperative that any current forecast

underspends were maintained.

10.3.4 The Governing Body noted that DHUFT financial information appeared in the Operational Cost Statement appendices but directed that the DHUFT position also be included within the narrative of the report.

PV

10.3.5 The Pain Service was proving very popular but there was concern that the private hospitals were offering the same level of care as the MSK CCP designed service.

10.3.6 The Deputy Director of Review, Design and Delivery confirmed that there was a commitment to providing the same specification and this was being monitored in contract meetings.

R Childs left the meeting.

10.3.7 The Governing Body directed that an update be provided to the next Clinical Commissioning Committee meeting on the non NHS contracts/private hospital spend.

PV

10.3.8 The Chief Finance Officer confirmed that any pre-existing commitments would be met, but uncommitted funds should not be spent or committed.

10.3.9 The Governing Body **approved** the holding of underspent budgets to assist with the delivery of the control target surplus of £12.610M.

10.4 Two Year Delivery Plan

10.4.1 The Deputy Director of Review, Design and Delivery (Mid) introduced the Report on the Two Year Delivery Plan.

10.4.2 The vast majority of projects had been paused in light of the Clinical Services Review.

10.4.3 She highlighted the two red areas for podiatry and nursing care to support the frail elderly.

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

10.5 Assurance Framework

10.5.1 The Director of Quality introduced the Assurance Framework report.

10.5.2 There were fewer gaps in assurance than previously reported and actions were underway to close them.

10.5.3 There was a query regarding the requirements of the Senate's external scrutiny of the CCG's clinical decisions and the Director of Quality was directed to provide an update to the next meeting.

10.5.4 Regarding the single 'Assured with Support' assurance domain, the Chief Officer said the rating meant the CCG was assured, but the aim was to be 'fully assured' in all domains.

10.5.5 David Jenkins, Lay Member, said there should be a clear target of being 'fully assured' in all domains.

10.5.6 A national webinar had been held recently regarding the CCG assurance framework. There were plans to change the approach within the South Region but there was no definitive timetable.

10.5.7 The Governing Body **noted** the Assurance Framework.

10.6 **Re-selection of the Assistant Clinical Chair**

10.6.1 The Assistant Clinical Chair left the meeting.

10.6.2 The Director of Engagement and Development introduced the report on the Re-selection of the Assistant Clinical Chair.

10.6.3 The proposed re-appointment was until 31 July 2015, and succession planning would need to be considered in the near future.

10.6.4 The Governing Body noted that from a constitutional point, the Assistant Clinical Chair appointment was required to be made from a Locality Chair.

10.6.5 The Governing Body **approved** the report on the Re-selection of the Assistant Clinical Chair.

The Assistant Clinical Chair re-joined the meeting.

11. **Wider Healthcare issues**

11.1 **Systems Resilience Update**

11.1.1 The Deputy Director of Review, Design and Delivery (Mid) introduced the Update on Systems Resilience.

11.1.2 A debrief session was planned regarding the challenging Christmas and New Year period. Each provider had been asked to prepare a report by the end of January which would

be followed by an externally facilitated session with all providers to review the key issues.

- 11.1.3 Staff had been realigned within the Review, Design and Delivery team to add further capacity within systems resilience.
- 11.1.4 Work had been undertaken to evaluate the West Midlands Escalation Management System to see if it would be beneficial to Dorset, but a decision had been taken not to pursue.
- 11.1.5 The Systems Resilience Group had now approved the draft Ambulatory Care Strategy.
- 11.1.6 There was concern that the dashboard indicated that the number of bed days lost per month was far higher and rising at a faster rate, for DHUFT. The high throughput of patients was blocking the system and needed to be addressed.
- 11.1.7 There was concern at the change of name from urgent care to systems resilience which could be misleading. The Governing Body noted that there was a national drive to call it systems resilience.
- 11.1.8 The Deputy Locality Chair for Poole Central said although the main focus was urgent care, there was an expanded remit.
- 11.1.9 There was a query regarding whether the figures for the cancelled elective and urgent operations were a total or whether they related only to Dorset residents. The Chief Finance Officer agreed to check the position.
- 11.1.10 The Governing Body **noted** the Update Report on Systems Resilience.
- 11.2 **Clinical Services Review (CSR) update**
- 11.2.1 The Programme Director – Transformation introduced the CSR update.
- 11.2.2 He praised CCG staff who had stepped up and responded to the requirements of the review and also made reference to the good support received from GPs.
- 11.2.3 A lot of work had been undertaken since the last Governing Body update, including wide engagement with local public service organisations, NHS England, MPs and Monitor etc. and six public events held across Dorset.

PV

- 11.2.4 There was concern that the fast pace of the CSR left people feeling they didn't have enough time to fully understand the process. This had resulted in incorrect conclusions being drawn.
- 11.2.5 A significant effort was being made at the public events to get widespread input into the process, but it was acknowledged that it could become more difficult keeping people on board as particular options emerged.
- 11.2.6 Two Clinical Working Groups had been held with the outputs being fed into the Clinical Reference Group, CSR Assurance Group and other relevant bodies.
- 11.2.7 The focus of the Clinical Working Group meeting to be held on the evening of 21 January would be the emerging models of care and how they could be put into options for Dorset.
- 11.2.8 Due to the election period in Spring 2015, there would be a further two month opportunity to extend the Clinical Working Group debates before entering into the public consultation phase.
- 11.2.9 Ultimately the Governing Body would decide what would be taken forward for public consultation. At its meeting on 18 March 2015, the Governing Body would receive a shortlist of the options.
- 11.2.10 The Governing Body **noted** the CSR update.
- 11.3 **Better Together update**
- 11.3.1 The Deputy Director of Review, Design and Delivery (Mid) introduced the report on the Better Together update.
- 11.3.2 An Options Paper would be taken to the Better Together Board shortly on the future set up of the programme.
- 11.3.3 There was uncertainty amongst Locality Chairs as to how the work undertaken in localities supported/fitted in with the Better Together Programme and the Governing Body directed that this be discussed at the next Development Workshop.
- 11.3.4 The Governing Body **noted** the Better Together update.

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12. Committee Reports, Minutes and Urgent Decisions

12.1 Reports

12.1.1 There were no Reports.

12.2 Minutes

12.2.1 There were no draft Minutes to note.

12.3 Urgent Decisions

12.3.1 The Governing Body Secretary introduced the Report on the use of the Urgent Decision powers to approve the award of the Dorset CCG element of a South West Contract for Enteral Feeds to Nutricia Ltd.

12.3.2 The Governing Body directed that more detailed information be included in Urgent Decision reports for the future, including the duration of a contract.

12.3.3 The Governing Body **noted** the approval of the award of the Dorset CCG element of a South West Contract for Enteral Feeds to Nutricia Ltd under the Urgent Decision process.

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 18 March 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.

CGL