

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

**15 JULY 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 15 July 2015 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:**

- Forbes Watson, Chair (FW)
- Chris Burton, Secondary Care Consultant Member (CB)
- Paul French, Locality Chair for East Bournemouth (PF)
- Tim Goodson, Chief Officer (TG)
- David Haines, Locality Chair for Purbeck (DH)
- Teresa Hensman, Audit and Quality Chair (TH)
- David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)
- Karen Kirkham, Locality Chair for Weymouth and Portland (KK)
- Chris McCall, Locality Chair for Poole North (CM)
- Mary Monnington, Registered Nurse Member (MM)
- Andy Rutland, Locality Chair for Poole Bay (AR)
- Patrick Seal, Locality Chair for Poole Central (PS)
- Jacqueline Swift, Joint Primary Care Committee Chair (JS)

**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)
- David Phillips, Director of Public Health (DP)
- Jane Pike, Director of Service Delivery (JP)
- Nikki Rowland, Deputy Director of Finance, Contracting and Procurement (NR)
- Sally Shead, Director of Quality (SSh)
- Emma Shipton, Deputy Director of Organisational Development (ES)
- Mike Wood, Deputy Director of Review, Design and Delivery (West) (MW)
- 5 members of the public

**Action**

**1. Apologies**

1.1 Peter Blick, Locality Chair for Central Bournemouth  
Jenny Bubb, Locality Chair for Mid Dorset

Colin Davidson, Locality Chair East Dorset  
Blair Millar, Locality Chair for West Dorset  
Paul Vater, Chief Finance Officer

## 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 Chief Officer, Chief Financial Officer, Dr K Kirkham and Jacqueline Swift declared an interest in item 21 (part 2).

## 4. Minutes

- 4.1 The minutes of the meeting held on 20 May 2015 were **approved** for signature by the Chair as a true record, subject to the following amendment:-

8.14 – ‘neonatal intensive care unit level 2’ should read ‘local neonatal unit’.

- 4.2 The minutes of the special meeting held on 27 May 2015 were **approved** for signature by the Chair as a true record.

## 5. Matters Arising

- 5.1 8.14 – ‘neonatal intensive care unit level 2’ should read ‘local neonatal unit’.

- 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 The Governing Body noted this would be the last meeting for Jane Pike, Director of Service Delivery and Chris McCall, Locality Chair for Poole North and the Chair thanked both for their significant contributions to the work of the CCG.

- 6.3 The Governing Body **noted** the Update of the Chair.

## 7. Chief Officer’s Update

- 7.1 The Chief Officer introduced his Update.

CGL

- 7.2 He said the final outcome for the NHS England Quarter 4 assurance was still awaited.
- 7.3 There would be a national change to the format for the CCG Assurance process for 2015-16 with future ratings being 'outstanding', 'good', 'limited assurance' and 'not assured'.
- 7.4 The Governing Body noted that the outcome of the recent CQC inspection of Dorset Healthcare was awaited.
- 7.5 NHS England had discontinued the 18 weeks referral to treatment target for admitted and non-admitted pathways and was now targeting the percentage of people waiting over an 18 week period.
- 7.6 Feedback had been received following the recent CSR external gateway review. The CSR Wessex Clinical Senate review feedback was still awaited.
- 7.7 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 Locality Chair for East Bournemouth introduced the report on Quality.
- 9.1.2 There was concern regarding the reported Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCHFT) Never Event which was similar to a previous incident. Whilst the Trust had focused on ensuring compliance with the World Health Organisation (WHO) Checklist for surgical procedures, less focus had been placed on ensuring the same level of compliance for Medical Physicians. Immediate action had been taken by the Trust to minimise the risk of a recurrence.
- 9.1.3 The current overall compliance with the WHO Checklist was 90% and a targeted improvement programme was underway. The Governing Body directed the Director of Quality to review the trajectory to achieve 100% compliance.
- 9.1.4 There was concern at the increase in the number of reported grade 2 pressure ulcers at RBCHFT.

SSh

- 9.1.5 Dorset County Hospital (DCH) was currently close to the upper control limits for mortality rates and this was being monitored.
- 9.1.6 The Governing Body sought assurance that the DCH Board saw this as a high priority and there was an action plan to deliver improvement.
- 9.1.7 The Director of Quality said she had had early sight of a report following an audit review within several specialties but this had not provided sufficient assurance, therefore a meeting with the Medical Director had been requested. The Governing Body directed further assurance be sought from DCH.
- 9.1.8 There had been a number of concerns regarding the complaints process at DCH and these had been identified as areas for improvement in the Trust's Annual Complaints Report.
- 9.1.9 South Western Ambulance Service Foundation Trust (SWASFT) was performing poorly in terms of call answering times, particularly at weekends and peak times. The introduction of the ring-fenced service from July 2015 was expected to lead to an improved performance in Dorset.
- 9.1.10 There was concern regarding the performance of Dorset County Council's health assessments for Looked After Children. Issues with information sharing had been raised at Director level with the local authority.
- 9.1.11 A contract query had been issued regarding DCH safeguarding training which was still not at the expected level. An action plan was in place and was being monitored closely against trajectories.
- 9.1.12 There had been a high growth rate in prescribing due to the in-year announcement of an increase in the price of category M drugs that had caused an unexpected in-year cost pressure of £800,000. The Medicines Optimisation Group sought the approval of the Governing Body to an uplift of 3.3% on the final outturn for prescribing.
- 9.1.13 Following a discussion regarding the reasons for the uplift, the Governing Body **approved** the recommendation to uplift the Prescribing Budget as set out in Part C (page 20, paragraph 4).

SSh

## 9.2 Performance Report

- 9.2.1 The Deputy Chief Finance Officer introduced the report on Performance.
- 9.2.2 The Governing Body noted that reporting would be changing to reflect the revised constitutional standards regarding referral to treatment. This was expected to take effect from October 2015.
- 9.2.3 Members noted the 'non-admitted' backlog at DCHFT had increased but there had been significant recent improvement in the 'admitted' backlog, particularly regarding Ophthalmology.
- 9.2.4 There was concern with the delays within diagnostic performance. The Director of Service Delivery said RBCH had been asked for an improvement plan regarding MSK ultrasound and in order to alleviate the pressure regarding MRIs, a different provider had been sourced with Dorset Healthcare. The benefits of this had already being seen.
- 9.2.5 DCHFT and PCHFT had both been ranked in the top quartile nationally on Emergency Department performance as at June 2015.
- 9.2.6 The Director of Service Delivery said the move to the standalone 111 service from July 2015 had already shown improvements with performance for the first weekend in July in excess of 80%. This was in comparison to the previous 40-45% performance. There was an expectation that this would improve further.
- 9.2.7 The Governing Body **noted** the Performance Report.

## 9.3 Finance Report

- 9.3.1 The Deputy Chief Finance Officer introduced the Report on Finance.
- 9.3.2 From 1 June, NHS England had imposed a control on all consultancy spend, with any spend above £50K (incl. VAT) requiring pre-approval by NHS England and the Treasury via a strict business case approvals process.
- 9.3.3 A challenging budget had been set for Continuing Health Care (CHC) for 2015-16 that had resulted in a potential £1.2M overspend being forecast. A joint CHC work programme had been established with the three local authorities to reduce CHC demand and care costs.

- 9.3.4 There had been an increase in CHC complaints. Discussions were being held with providers to ensure patient expectations of CHC were managed correctly.
- 9.3.5 It was anticipated that the review of CHC retrospective claims would be completed by the end of August 2015.
- 9.3.6 Following a query regarding the increase in private sector spend, the Deputy Chief Finance Officer said work needed to be undertaken with the provider trusts to understand why patients were electing to be seen by the non NHS providers. It was suggested that this was partly due to access to the service and the ability to be seen sooner by a consultant.
- 9.3.7 Whilst the CCG financial position was broadly in balance, it was noted that there was a predicted system-wide deficit of £20M.
- 9.3.8 Following concern that the Choose and Book service could be used by provider trusts to manage their own budgets, the Governing Body noted this would be a breach of contract and would be addressed accordingly.
- 9.3.9 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 There was concern with the length of time between an initial dementia assessment and diagnosis. The Director of Service Delivery expected that the service would improve.
- 9.4.3 The Governing Body **noted** the report on the Two Year Delivery Plan.
- 9.5 **Assurance Framework**
- 9.5.1 The Director of Quality introduced the Assurance Framework report.
- 9.5.2 She highlighted the gap in assurance regarding external scrutiny from NHS England and the external clinical experts regarding the Clinical Services Review (CSR).
- 9.5.3 The Governing Body **noted** the Assurance Framework.

## 9.6 **Clinical Commissioning Local Improvement Plan (CCLIP) Outcomes 2014-15**

- 9.6.1 The Director of Service Delivery introduced the report on the CCLIP Outcomes for 2014-15.
- 9.6.2 The Governing Body noted that the report had been reviewed in detail at the recent Audit and Quality Committee meeting.
- 9.6.3 Despite attempts to engage, two practices had chosen not to take part in the process. They were relatively small practices but the Governing Body acknowledged that there was a need to ensure that patients of those practices were not disadvantaged by an inequality of access to services.
- 9.6.4 The Governing Body directed that the Joint Primary Care Commissioning Committee consider the matter and the potential outcomes.
- 9.6.5 The Governing Body **noted** the report on the CCLIP.

MW

## 9.7 **Annual Review of the Information Governance Toolkit**

- 9.7.1 The Director of Quality introduced the report on the Annual Review of the Information Governance Toolkit.
- 9.7.2 She said Version 13 of the Toolkit had recently been released and there were a number of additional requirements to be met that would require further work.
- 9.7.3 The Governing Body noted that RBCH hadn't achieved the integrated governance standard. A contract query had been raised to ensure the requirements were met.
- 9.7.4 The Governing Body **noted** the Report on the Annual Review of the Information Governance Toolkit.

## 9.8 **Annual Complaints Report**

- 9.8.1 The Director of Quality introduced the Annual Complaints report.
- 9.8.2 The Governing Body noted that the report had been reviewed in detail at the recent Audit and Quality Committee meeting.
- 9.8.3 There had been a total of 216 complaints, 123 of which related to the CCG, the majority of which were for Continuing Health Care.
- 9.8.4 The Governing Body **noted** the Annual Complaints report.

## 9.9 **Annual Report on the Staff Survey**

- 9.9.1 The Deputy Director of Organisational Development introduced the annual report on the Staff Survey.
- 9.9.2 The results had been shared throughout the CCG and staff had been invited to develop the action plan through focus groups and the Our Voice Our Forum meetings.
- 9.9.3 The Governing Body noted that there was no sense from the report how staff were feeling and the Deputy Director of Organisational Development was directed to provide a link to the survey results. ES
- 9.9.4 Consideration would be given to reviewing the results more fully at a future Development Workshop. ES
- 9.9.5 The Governing Body **noted** the annual report on the Staff Survey.

## 9.10 **Commissioning Support Services Annual Report 2014-15**

- 9.10.1 The Chief Officer introduced the Commissioning Support Services Annual Report.
- 9.10.2 The Governing Body noted that the report had been reviewed in detail at the recent Audit and Quality Committee meeting with some changes suggested.
- 9.10.3 Overall, the in-house commissioning support service was an asset and had enabled timely responses to changes in demand including the ability to undertake the CSR and develop teams in a responsive way. The report identified areas for improvement.
- 9.10.4 Benchmarking with other in-house CCG teams was encouraged but like for like comparators were difficult due to their different ways of doing things.
- 9.10.5 Following a query regarding mandatory training targets, the Chief Officer said a workforce scorecard was produced that reported the mandatory training target position and staff appraisals undertaken.
- 9.10.6 The Governing Body **noted** Commissioning Support Services Annual Report.

## 9.11 **360° Stakeholder Survey**

- 9.11.1 The Chair introduced the 360° Stakeholder Survey.
- 9.11.2 The 360° Stakeholder Survey had been discussed at the recent Joint Primary Care Commissioning Committee and Development Workshop with an action plan prepared showing the key themes for development and next steps.
- 9.11.3 Positive feedback had been received from NHS England in terms of benchmarking against other areas.
- 9.11.4 The Governing Body **noted** the 360° stakeholder survey.

## 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 The Systems Resilience Group (SRG) had become the focal point for numerous issues.
- 10.1.3 The current key area of focus was the eight high impact action requirements that NHS England expected to be included within the operational resilience element of plans.
- 10.1.4 The Governing Body **noted** the Update Report on Systems Resilience.

### 10.2 **Better Together update**

- 10.2.1 The Director of Service Delivery introduced the Better Together update.
- 10.2.2 The update highlighted all the areas of work being undertaken.
- 10.2.3 It was noted Miriam Maddison had commenced in a fixed term position as the new Better Together Programme Director.
- 10.2.4 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 process to restrict authority to commit expenditure of up to £1,000 to specific finance staff members. This had been intended to be restricted to non-pay expenditure but this had not been included in the original wording submitted. The change was sought to restrict the delegation to non-pay expenditure only.

## 12. Questions from the public

12.1 The Chair introduced the Public Questions item and invited questions from members of the public.

12.2 Mr A Hutchings asked the following questions:-

- whether there was a start and end date for the CSR public consultation;
- whether the consultation would be available in hard copy;
- whether there would be suitable venues for public consultation meetings including room size, location and times.

The Chief Officer said the consultation period would be a minimum of 12 weeks, but the exact timing was still uncertain as the review was subject to a number of processes being completed, including assurance by NHS England. An external gateway review and Wessex Clinical Senate review had been undertaken and these would inform the NHS England Assurance process.

The consultation document would be available on the internet with limited hard copies also available. A summary leaflet would also be produced along with an on line video animation.

The plan was to hold as many events as possible across Dorset at different times, including evenings and weekends to ensure maximum engagement and consultation of the people of Dorset.

A public Joint Health Overview and Scrutiny Committee was to be held on Monday 20 July specifically to look at the CSR and proposals for public consultation. Further details were available from the [dorsetforyou.com](http://dorsetforyou.com) website.

- 12.3 Mr C East referred again to the SWAST issues mentioned in The Yarn article. He queried whether the improvement in response time statistics could be due to gaming of targets by concentrating on the urban rather than rural areas.

The Director of Service Delivery said there had always been a differential between urban and rural performance and this was a national issue. There had been a significant investment in SWAST first responders in rural areas to support immediate action. SWAST had also piloted a project to ensure the right response to the right call. By undertaking a triage, they were able to ensure that the appropriate emergency response vehicle was despatched.

- 12.4 Mr P Jordan referred to his questions raised at the previous meetings and said he still hadn't received a convincing answer regarding the transport and equitable access to services issues. Following the 20 May Governing Body meeting, he had written some follow up questions and had not received a response until today.

The Chair apologised on behalf of the CCG for the delay in the response. He said a detailed travel time analysis had been undertaken by an external body and offered for Mr Jordan to discuss his continuing concerns regarding the transport and equitable access to services with relevant officers outside of the meeting.

PR

### 13. **Any other business**

- 13.1 There was no further 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 16 September at Vespasian House at 14.00hrs.

### 15. **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.