

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

16 NOVEMBER 2016

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 16 November 2016 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present:

- Forbes Watson, Chair (FW)
- Jenny Bubb, Locality Lead for Mid Dorset (JB)
- Colin Davidson, Locality Lead East Dorset (CD)
- Nick Evans, Locality Lead for Poole Bay (NE)
- Tim Goodson, Chief Officer (TG)
- David Haines, Locality Lead for Purbeck (DH)
- Teresa Hensman, Audit and Quality Chair (TH)
- David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)
- Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
- Blair Millar, Locality Lead for West Dorset (BM)
- David Richardson, Locality Lead for Poole North (DR)
- Ben Sharland, Locality Lead for Central Bournemouth (BS)
- Elaine Spencer, Registered Nurse Member (ES)
- Jacqueline Swift, Joint Primary Care Commissioning Committee Chair (JS)
- George Thomson, Secondary Care Consultant Member (GT)
- Stephen Tomkins, Locality Lead for Christchurch (ST)
- Paul Vater, Chief Finance Officer (PV)
- Simone Yule, Locality Lead for North Dorset (SY)

In attendance:

- Conrad Lakeman, Secretary and General Counsel (CGL)
- Steph Lower, Executive Assistant (SL)
- Phil Richardson, Director of Design and Transformation (PR)
- Sally Shead, Director of Nursing and Quality (SSh)
- Emma Shipton, Deputy Director of Engagement and Development (ESh)
- Mike Wood, Director of Service Delivery (MW)
- 7 members of the public

Action

1. **Apologies**
- 1.1 Simon Watkins, Locality Lead 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/Gifts and Hospitality

- 3.1 Declarations of Interest and Gifts and Hospitality received and offered were made as follows:-

- Agenda item 20 - Award of Contract without Competition – Nick Evans declared that he undertook out of hours clinical work for South Western Ambulance Service NHS Foundation Trust (SWASFT). It was agreed he could remain but would not vote on that item.

4. Minutes

- 4.1 The minutes of the meeting held on 21 September 2016 were **approved** as a true record.
- 4.2 The minutes of the additional meeting held on 19 October 2016 were **approved** as a true record.

5. Matters Arising

- 5.1 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting held on 21 September 2016.
- 5.2 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous additional meeting held on 19 October 2016.

6. Chair's Update

- 6.1 The Chair had no further updates.

7. Chief Officer's Update

- 7.1 The Chief Officer introduced his Update.
- 7.2 He said there had been national discussions regarding the publication of submitted Sustainability and Transformation Plans (STP) and said the Dorset STP had already been in the public domain.
- 7.3 A number of key performance areas (KPIs) were not being achieved by both Bournemouth and Christchurch Hospitals

NHS Foundation Trust (RBCHFT) and Poole Hospital NHS Foundation Trust (PHFT) and concern was raised regarding governance of the STP which included both parties.

7.4 There was concern nationally at the lack of public engagement regarding STPs. It was recognised that for Dorset it may be difficult for the public to differentiate between the STP and the Clinical Services Review (CSR) and the scope of the consultation would need to be clear and simple.

7.5 The Governing Body **noted** the Update of the Chief Officer.

8. Strategy

8.1 Draft Operational Plan 2017-18 to 2018-19

8.1.1 The Chief Officer introduced the report on the Draft Operational Plan 2017-18 to 2018-19.

8.1.2 The Operational Plan was a 2 year plan to support the delivery of the national requirements and the Dorset STP. The Governing Body noted that the final submission of the Plan to NHS England was significantly earlier than in the previous year.

8.1.3 The Governing Body **approved** the content of the draft Operational Plan 2017-18 to 2018-19 and delegated authority to the Chair and Chief Officer to make final amendments and to approve the Operational Plan for submission to NHS England.

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9. Delivery

9.1 Quality Report

9.1.1 The Director of Nursing and Quality introduced the report on Quality.

9.1.2 The SWASFT Care Quality Commission (CQC) report had been published with the service rated 'requires improvement'.

9.1.3 There had been improvements to the previously rated 'inadequate' 111 service and the warning notice had been lifted. A follow up inspection was planned for early December.

9.1.4 The Governing Body noted there had been sustained improvement regarding Initial Health Assessments for Looked After Children.

- 9.1.5 A report had recently been taken to the Health and Overview Scrutiny Committee (HOSC) regarding Continuing HealthCare. Work was ongoing regarding integration with local authorities and potential pooling of budgets. A report would be brought to a future Governing Body meeting.
- 9.1.6 The majority of Dorset GP practices had been inspected by the CQC with three rated as 'inadequate', three 'outstanding' and the majority rated as 'good'. Feedback regarding the process had mainly been positive with learning and improvement seen.
- 9.1.7 The Governing Body noted the SWASFT responsiveness target was aggregated across the region and rated as a whole service. Local issues remained which could be raised at the forthcoming Governing Body Development Workshop at which SWASFT would be in attendance.
- 9.1.8 There had been four Never Events at PHFT in the past year. Two related to the same team and disciplinary action had been taken.
- 9.1.9 Autism Wessex residential units had received an 'inadequate' OFSTED rating and it was noted that all Dorset Looked After Children and CHC funded children had been moved out of Autism Wessex accommodation to alternative provision.
- 9.1.10 The Governing Body **noted** the Quality Report.
- 9.2 **Performance Report (including Quality Premium)**
- 9.2.1 The Chief Finance Officer introduced the Report on Performance.
- 9.2.2 Regarding Ophthalmology, both Dorset County Hospital NHS Foundation Trust (DCHFT) and RBCHFT were engaging with private sector resource to recover their Referral to Treatment (RTT) performance which was below the 92% standard.
- 9.2.3 There had been an improvement in the waiting times for the Child and Adolescent Mental Health Services (CAMHS).
- 9.2.4 There was concern regarding diagnostic waiting times at community hospitals and the resources available. Meetings had been held with RBCHFT and PHFT and would be held with DCHFT. The CCG had not yet had sight of the resulting action plans and this would be followed up.
- 9.2.5 The Governing Body was concerned regarding the reported 0% diagnostic performance for RBCHFT for patients waiting

over 6 weeks for treatment and whether this had been aggregated. The Governing Body directed the Chief Finance Officer to clarify this matter.

9.2.6 The Governing Body was concerned regarding the overall amount of 'red' in the Performance Report, particularly in light of the provider deficit position. The CSR consultation needed to be open and transparent regarding the sustainability of the financial position and deteriorating trend to reinforce the need for change.

9.2.7 It was noted that all NHS Foundation Trusts across Dorset had exceeded the expected level of Delayed Transfers of Care (DTC) with the exception of PHFT. PHFT had been working with RBCHFT to try and reduce DTC across all Dorset providers.

9.2.8 The Locality Lead for Purbeck sought clarity regarding paragraph 2.68 that reported that Dorset Healthcare University NHS Foundation Trust (DHUFT) had not achieved the standard of 'the percentage of people on the caseload with a long term condition who had individualised care plans' in Purbeck. The Governing Body directed that the Chief Finance Officer clarify outside of the meeting.

9.2.9 The Governing Body **noted** the Performance Report.

9.3 **Finance Report**

9.3.1 The Chief Finance Officer introduced the Report on Finance.

9.3.2 The report was for the period ending September 2016 and the achievement of surplus was still forecast. There were growing cost pressures including an increase in private sector operations.

9.3.3 It was noted some patients chose to have private sector operations due to the shorter waiting times. There could also be a monetary incentive for consultants once they had fulfilled their NHS obligations. The Chief Finance Officer and Secondary Care Consultant member agreed to meet to look at how to achieve the best benefits from job planning.

9.3.4 The Governing Body was concerned regarding Dorset provider trusts being able to meet their agreed STP financial control milestones and whether this would have a financial impact on the CCG. It was noted the milestones would be assessed on a quarterly basis and provider trusts were individually accountable for meeting their own targets.

- 9.3.5 The Governing Body **noted** the Finance Report.
- 9.4 **Assurance Framework**
- 9.4.1 The Director of Nursing and Quality introduced the Assurance Framework report.
- 9.4.2 Following a meeting with Audit and Quality Committee members, the Assurance Framework would be condensed and include a more meaningful narrative report. The revised format would be taken to the Audit and Quality Committee in February 2017 followed by the Governing Body meeting in March 2017.
- 9.4.3 The Governing Body **noted** the Assurance Framework.
- 9.5 **Engagement and Communications Framework 2017/18 to 2018/19**
- 9.5.1 The Deputy Director of Engagement and Development introduced the Engagement and Communications Framework 2017/18 to 2018/19.
- 9.5.2 The Framework supported the delivery of the Operational Plan and had an internal focus in response to the STP and wider transformation. The Framework also took account of the CCG's new responsibilities e.g. primary care. The Implementation Plan Appendix was largely based on supporting the CSR consultation.
- 9.5.3 There was a reminder that engagement was a role for everyone and not just the Engagement and Communications team and during the CSR consultation.
- 9.5.4 Clear and accessible information in plain English was key to effective engagement with the people of Dorset.
- 9.5.5 The Governing Body **approved** the Engagement and Communications Framework 2017/18 to 2018/19.
- 9.6 **Organisational Development Framework 2017/18 to 2018/19**
- 9.6.1 The Deputy Director of Engagement and Development introduced the Organisational Development Framework 2017/18 to 2018/19.
- 9.6.2 The Governing Body **approved** the Organisational Development Framework 2017/18 to 2018/19.

- 9.7 **Draft Equality, Diversity and Inclusion Strategy**
- 9.7.1 The Registered Nurse Member introduced the Draft Equality, Diversity and Inclusion Strategy.
- 9.7.2 The Committee noted that in Dorset, black and ethnic minority groups only made up 4.5% of the population which was low in comparison to some other areas. The Strategy was proportionate but could make inclusion more challenging. The emphasis was on understanding who used Dorset's health services.
- 9.7.3 The Governing Body **approved** the Draft Equality, Diversity and Inclusion Strategy.
- 9.8 **NHS Constitution Annual Report**
- 9.8.1 The Director of Nursing and Quality introduced the NHS Constitution Annual Report.
- 9.8.2 The Governing Body **noted** the NHS Constitution Annual Report.
- 9.9 **Safeguarding Adults Annual Report Update**
- 9.9.1 The Director of Nursing and Quality introduced the Safeguarding Adults Annual Report Update.
- 9.9.2 The Governing Body **noted** the Safeguarding Adults Annual Report Update.
- 9.10 **Update Report on Children's Safeguarding**
- 9.10.1 The Director of Nursing and Quality introduced the Update Report on Children's Safeguarding.
- 9.10.2 The CCG had been actively involved in the Multi-Agency Safeguarding Hub (MASH). This would bring together the three local authorities, DHUFT, safeguarding advisers and the Dorset Police in one hub to enable safeguarding concerns to be received and actioned on a multi-agency basis. It was anticipated the MASH would be fully functional by Spring 2017.
- 9.10.3 The Governing Body was concerned regarding feedback of information to GPs and the Director of Nursing and Quality was directed to pursue this with the Assistant Clinical Chair outside the meeting.

SSh

9.10.4 The CCG continued to champion the proposal for a Pan Dorset Local Safeguarding Children Board and it was noted that progress was being made to integrate all the sub-groups.

9.10.5 There was concern regarding the increased number of children subject to a Child Protection Plan and the ability to meet the additional workload. This was a national issue and the local MASH should assist with early help and identification.

9.10.6 The Governing Body **noted** the Update Report on Children's Safeguarding.

9.11 **Transformation Update**

9.11.1 The Director of Design and Transformation introduced the Transformation Update

9.11.2 The Governing Body **noted** the Transformation Update.

10. **Wider Healthcare issues**

10.1 **Local A&E Delivery and Urgent Care Board**

10.1.1 The Director of Service Delivery introduced the Local A&E Delivery and Urgent Care Board update.

10.1.2 A winter planning workshop had been held in October with all stakeholders and a follow up session was planned with local authorities regarding their pressures.

10.1.3 There had been a significant national signpost campaign to ensure the public used the most appropriate service.

10.1.4 There was an ongoing discussion at the A & E Delivery and Urgent Care Board regarding the benefits of opening GP surgeries out of hours or expanding the out of hours service.

10.1.5 There was a suggestion that GPs could be placed at Minor Injury Units during strategic times over the bank holiday/ Christmas period but co-ordination with the 111 service was key.

10.1.6 The Governing Body was concerned regarding the timeliness of concluding the discussion and the impact of asking GP surgeries to open up over the Christmas period with insufficient notice.

10.1.7 Following a query regarding provider trust staff flu vaccination programmes and the potential impact on resilience, it was

noted there was a CQUIN national target of 75% and all providers followed best practice.

- 10.1.8 The Governing Body **noted** the Local A&E Delivery and Urgent Care Board 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 There were no urgent decisions.

12. Questions from the Public

- 12.1 The Chair introduced the Public Questions item.

- 12.2 A member of the public asked the following questions:-

- (a) How the CCG expected to sustain NHS Dorset services during any implementation of the CSR proposals.
- (b) How could the CCG expect the public to understand and make meaningful responses to the CSR consultation when it did not contain all the NHS clinical services delivered in Dorset?
- (c) How could both (a) and (b) above be effectively delivered by a few copies of a 48 page publication, with drop in/pop up sessions in each of Dorset's 13 localities?
- (d) How were all the above service proposals equitably accessible to all?

- 12.3 In response, the Director of Design and Transformation said the processes in place were robust and would ensure meaningful responses from the public. The review started with a needs based analysis of the population and that had not changed.

- 12.4 Equality of access was at the heart of the principles of developing the review and was about addressing variation that existed across all areas. The different needs of the Dorset population had been recognised.

- 12.5 A member of the public asked the following questions:-
- (a) Was 1 December 2016 the release date for the consultation and would there be sufficient hard copies for those unable to access the information on-line?
 - (b) Would there be sufficient advertising for meetings held at suitable times of the day for the working population to ensure a meaningful public discussion and would the CCG formally consult with the Public and Patient Engagement Groups (PPEGs) with an expected formal response?
 - (c) Concern was raised regarding the Choose and Book system - in particular the time taken for a telephone response and a lack of available appointments, resulting in the individual having to contact the relevant hospital and potentially be put on a waiting list. The Governing Body was asked whether this was acceptable.

12.7 The Deputy Director of Engagement and Development said the commencement date for the CSR consultation would be announced shortly. 75,000 hard copies had been printed and would be widely distributed, including GP practices. Numerous events would be held between 2pm until 8pm to enable wide attendance. Once the consultation date was announced, a marketing plan would be put underway to make the public fully aware of the consultation and events.

12.8 The Chief Officer said that the problems regarding the Choose and Book system was an ongoing issue and discussions were being held with the provider trusts regarding their holding range and availability. This was a reflection of the pressures on services and workforce difficulties.

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 January 2017 at Vespasian House at 14.00hrs.

15. Exclusion of the Public

It was resolved that representatives of the Press and other members of the public were excluded from the remainder of this meeting having regard to the confidential nature of the business transacted, publicity of which would be prejudicial to the public interest.