

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

18 JANUARY 2017

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 January 2017 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)
 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, Primary Care Commissioning Committee Chair (JS)
 George Thomson, Secondary Care Consultant Member (GT)
 Paul Vater, Chief Finance Officer (PV)
 Simon Watkins, Locality Lead for Poole Central (SW)
 Simone Yule, Locality Lead for North Dorset (SY) (Part)

In attendance: Sam Crowe, Deputy Director of Public Health (SC)
 Conrad Lakeman, Secretary and General Counsel (CGL)
 Steph Lower, Executive Assistant (SL)
 Phil Richardson, Director of Design and Transformation (PR)
 Sally Sandcraft, Deputy Director of Service Delivery (SSa)
 Sally Shead, Director of Nursing and Quality (SSh)
 Charles Summers, Director of Engagement and Development (CS)
 Five members of the public

Action

1. Apologies

1.1 Teresa Hensman, Audit and Quality Chair
 David Jenkins, Deputy CCG Chair/Public Engagement Member

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 There were no Declarations of Interest made.

4. Minutes

- 4.1 The minutes of the meeting held on 16 November 2016 were **approved** as a true record.

5. Matters Arising

S Yule arrived

- 5.1 9.2.8 – The Locality Lead for Purbeck asked for further detail regarding the Dorset Healthcare University NHS Foundation Trust (DHUFT) non achievement of the standard of the ‘percentage of people on the caseload with a long term condition who had individualized care plans’ in Purbeck. The Chief Finance Officer agreed to take this forward outside the meeting.

PV

- 5.2 9.3 – Regarding private sector operations, the Chief Finance Officer said he was organising a meeting to look at how to achieve advantages from job planning.

PV

- 5.3 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 had no further updates.

7. Chief Officer’s Update

- 7.1 The Chief Officer introduced his Update.

- 7.2 He reminded Locality Leads that the 360⁰ Stakeholder Survey would be live from 16 January 2017 to 24 February 2017 and encouraged all to participate.

- 7.3 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 Director of Nursing and Quality introduced the report on Quality.

9.1.2 She apologised that the Quality Scorecard information under the SSNAP (stroke indicators) was incorrect and some of the data regarding Pressure Ulcers had been corrupted. A revised Quality Scorecard was tabled.

9.1.3 Improvement had not been seen in the mortality rates at Dorset County Hospital NHS Foundation Trust (DCHFT) and the Trust had commissioned a further external review of processes.

9.1.4 Following concern regarding the lack of DCHFT attendance at the Dorset-wide Mortality Group, it was noted that this had already been raised and attendance would be secured in future.

9.1.5 Over the Christmas period there had been two 12 hour+ A & E trolley breaches concerning mental health patients – one for DCHFT and one for Poole Hospital NHS Foundation Trust (PHFT). Both breaches would be subject to a root cause analysis.

9.1.6 There were a number of specific concerns regarding delayed SWAST ambulances which would be discussed in Part 2 of the meeting.

9.1.7 The re-designation of the DCHFT Neonatal services had taken place on 9 January 2017. There had been a detailed planning process and there were a relatively small number of women who would be transferred. The change was outside of the Clinical Services Review process.

9.1.8 The Governing Body directed that for the next report, more detail be provided regarding the long standing issues surrounding the Pain Service.

SSh

9.1.9 The Governing Body directed that the Director of Nursing and Quality provide a copy of the Children and Adolescent Mental Health Services (CAMHS) Audit and Quality Committee deep dive report to the Primary Care Commissioning Committee

SSh

Chair.

- 9.1.10 Improvement in stroke performance had been seen in both DCHFT and PHFT and the Governing Body directed that the Director of Nursing and Quality circulate the timetabled dates for improvement.
- 9.1.11 It was noted a more detailed report would be taken to the forthcoming Primary Care Commissioning Committee regarding the Dispensing Services Quality Scheme (DSQS).
- 9.1.12 There remained concern regarding performance of the Looked After Children Initial Health Assessments. Meetings had been arranged with Dorset County Council's new service lead and an improvement plan was in place. There was a plan to achieve 90% performance within the next 2-3 months.
- 9.1.13 The Governing Body **noted** the Quality Report.

SSh

9.2 **Performance Report**

- 9.2.1 The Chief Finance Officer introduced the Report on Performance.
- 9.2.2 Regarding Referral to Treatment (RTT), performance at DCHFT remained disappointing despite a number of actions taken. A performance meeting was due to be held imminently.
- 9.2.3 All Trusts were on course to achieve the quarterly cancer standards.
- 9.2.4 It was noted A & E performance in Dorset was significantly above the national average with two Trusts achieving more than 95% in November 2016.
- 9.2.5 Although the paper set out some of the actions being taken, concern was raised regarding the unsatisfactory DCHFT performance overall and the resulting effect on the CCG's assurance rating. Reassurance was sought that the CCG was doing sufficient to address the issues.
- 9.2.6 DCHFT had produced trajectories that showed the hospital getting back on track but this had not happened. The November data was live and would be challenged at the forthcoming performance meeting. A more detailed report would be brought to the next meeting.

PV

- 9.2.7 Concern was raised regarding rejected GP referrals for CAMHS. It was suggested this may have had an effect on the improvement in the CAMHS waiting times.
- 9.2.8 The Governing Body directed that the Director of Nursing and Quality feedback the comments into the deep dive discussion at the forthcoming Audit and Quality Committee meeting on 8 February 2017.
- 9.2.9 Concern was raised regarding the red ratings for the SWAST Red Response standards and, potentially, leaving the rural areas unprotected by re-directing ambulances into the urban areas.
- 9.2.10 Regarding the performance measure of New Cases of Cancer diagnosed at an early stage, it was noted that this was one of the most effective ways of improving cancer outcomes.
- 9.2.11 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 Regarding the delivery of 1% Treasury headroom of £11M, progress had been made with £5.3M secured towards the total from cost reductions in-year.
- 9.3.3 Following concern regarding the overspend on non-NHS contracts, the Chief Finance Officer said a clinical audit review was planned to be undertaken with several providers to ensure correct coding.
- 9.3.4 The Governing Body directed that a possible 'cap' on provider spend be explored.
- 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 There were no gaps in assurance and the Governing Body welcomed the revised format.
- 9.4.3 The Governing Body **noted** the Assurance Framework.

SSh

PV

9.5 Primary Care Commissioning Strategy

9.5.1 The Deputy Director of Service Delivery introduced the report on the Primary Care Commissioning Strategy.

9.5.2 There appeared to be a degree of public confusion regarding the local impact of the Strategy and further engagement with the public would be required to reinforce the message that local decisions would include proper engagement with the public and through the Public Participation Groups.

9.5.3 Collaborative working with Public Health was vital to shape discussions regarding the diverse needs of communities and to build appropriate service provision, including prevention at scale.

9.5.4 The Governing Body **approved** the report on the Primary Care Commissioning Strategy.

9.6 Criteria-Based Access Protocols (CBAPs)

9.6.1 The Deputy Director of Service Delivery introduced the report on Criteria-Based Access Protocols.

9.6.2 In the absence of the Clinical Delivery Groups, it was recommended that the Clinical Commissioning Committee (CCC) had ultimate responsibility for the approval of CBAPs. However, given the increasing number of CBAPs, it was further recommended that authority be delegated to the CCG Chair and Assistant Clinical Chair to approve (or otherwise) any CBAP except where one or both believed it should be considered by the CCC.

9.6.3 The Governing Body **approved** the recommendation in the report on Criteria-Based Access Protocol.

9.7 Annual Equality, Diversity and Inclusion Report 2016

9.7.1 The Registered Nurse Member introduced the Annual Equality, Diversity and Inclusion Report 2016.

9.7.2 The report was subject to review by NHS England and the Care Quality Commission (CQC) as part of their assurance processes and would be published on the CCG's website.

9.7.3 The Governing Body noted the re-establishment of the Equality, Diversity and Inclusion Steering Group that would drive forward the implementation of the Strategy and Action Plans.

9.7.4 The Governing Body **approved** the Annual Equality, Diversity and Inclusion Report 2016.

9.8 **Emergency Preparedness Resilience and Response (EPRR) Assurance Report**

9.8.1 The Deputy Director of Service Delivery introduced the Emergency Preparedness Resilience and Response (EPRR) Assurance Report.

9.8.2 The report provided an update following the self-assessments by the Dorset Trusts against the four NHS standards.

9.8.3 Where Trusts were not fully compliant, an improvement plan had been drawn up to outline how the amber or red core standards would be addressed over the coming 12 months.

9.8.4 The Governing Body **noted** the Emergency Preparedness Resilience and Response (EPRR) Assurance Report.

9.9 **Digitally Enabled Dorset – Digital Roadmap**

9.9.1 The Director of Design and Transformation introduced the Digitally Enabled Dorset – Digital Roadmap report.

9.9.2 The Roadmap underpinned the Sustainability and Transformation Plan (STP) and set the shared agenda for digital services to support health and social care services across the county over the next 5 years.

9.9.3 The Governing Body **noted** the Digitally Enabled Dorset – Digital Roadmap report.

9.10 **Transformation Update**

9.10.1 The Director of Design and Transformation introduced the Transformation Update.

9.10.2 Clinical Delivery Groups were no longer in existence and the previous priorities were being aligned to the STP-prioritised pieces of work.

9.10.3 It was noted that the STP rating was red as the senior executive level resource had not yet been secured.

9.10.4 The red flag would turn to amber when the Senior Responsible Officers had an agreed list of priorities. It was anticipated this would be by the February System Leadership Team meeting.

9.10.5 The Governing Body directed that clear measurable progress be reported to the next Governing Body meeting.

9.10.6 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 Locality Lead for Poole Central introduced the report on the Local A & E Delivery and Urgent Care Board.

10.1.2 Over the Christmas period the system as a whole had performed well compared to the regional and national picture, however, the position for the first week in January 2017 had proved more challenging.

10.1.3 Following concern regarding the Primary Care Resilience Fund bids and the involvement of GPs as key stakeholders in putting in place the care home schemes, the Locality Lead for Poole Central said the fund had a very short timescale for submission of bids. Reassurance was provided regarding the level of GP involvement and the Governing Body noted discussions were ongoing through the cluster groups.

10.1.4 It was noted that DCHFT was performing well on type 1 A & E (walk-in) which would be contra-indicated by the under-performance for Delayed Transfers of Care. The Deputy Director of Service Delivery was directed to look into this.

SSa

10.1.5 The Governing Body **noted** the report on the Local A & E Delivery and Urgent Care Board.

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 approve the funding of NICE technology appraisals TA407, TA409 and TA415 (Clinical Commissioning Committee report 21/12/2016).

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) Regarding the Clinical Services Review public consultation, further detail was requested about the process after the consultation concluded on 28 February 2017;
- (b) The dates for the Mental Health Services Review.

12.3 Regarding the CSR process, the Director of Design and Transformation said the overall Governing Body decision making process would depend on the outcome and time to analyse the consultation response. It would be unlikely that this would be prior to September 2017. Following conclusion of the public consultation on 28 February 2017, and dependent on the volume of responses, the independent research company Opinion Research Services (ORS) would undertake a 10-12 week analysis of the results that would culminate in the production of a report.

12.4 The Mental Health consultation was planned to run from 1 February 2017 through to 31 March 2017.

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 16 March 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.