04.

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

18 May 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 18 May 2016 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present:
Forbes Watson, Chair (FW)
Peter Blick, Locality Lead for Central Bournemouth (PB)
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)
Tom Knight, Locality Lead for North Bournemouth (TK)
Blair Millar, Locality Lead for West Dorset (BM)
Mary Monnington, Registered Nurse Member (MM)
David Richardson, Locality Lead for Poole North (DR)
George Thomson, Secondary Care Consultant Member (GT)
Stephen Tomkins, Locality Lead for Christchurch (ST) (by proxy)
Paul Vater, Chief Finance Officer (PV)
Simon Watkins, Locality Lead for Poole Central (SW)
Simone Yule, Locality Lead for North Dorset (SY)

In attendance:
Conrad Lakeman, Governing Body 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)
Charles Summers, Director of Engagement and Development (CS)
Mike Wood, Director of Service Delivery (MW)
40+ members of the public

Action

1. Apologies

1.1 Mufeed Ni'Man, Locality Lead for East Bournemouth
Jacqueline Swift, Primary Care Commissioning Committee Chair

2. Quorum

2.1 It was agreed that the meeting could proceed as there was a quorum of members present.

3. Declarations of Interest (DOIs)

3.1 The following additional DOIs were received:-

- Dr S Tomkins declared he was part of an LLP which included the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT);
- Dr D Richardson declared he was a hospital practitioner at RBCHFT.

The Governing Body Secretary and General Counsel said that both could participate in the discussion but not in the decision relating to agenda item 8.1 – CSR consultation options.

4. Minutes

4.1 The minutes of the meeting held on 16 March 2016 were **approved** for signature by the Chair as a true record.

5. Matters Arising

5.1 There were no Matters Arising.

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 He said Mary Monnington, Registered Nurse Member, was stepping down on 30 June and on behalf of the Governing Body thanked her for her contribution to the Governing Body and the CCG.

6.3 It was noted interviews for a replacement had taken place and an offer had been made.

6.4 The Governing Body **noted** the Update of the Chair.

7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

7.2 He said the final outcome of the NHS England – South (Wessex) assurance process was expected by 31 May.

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

8. Strategy

8.1 **Clinical Services Review (CSR) –options for consultation**

Given the significant public interest in item 8.1, the Chair took the item following item 5 – Matters Arising.

8.1.1 The Director of Design and Transformation introduced the report on the CSR – options for consultation.

8.1.2 The Assistant Clinical Chair gave a presentation that included the background to the Clinical Services Review, the two proposed options and the evaluation behind the preferred option.

8.1.3 At the conclusion of the presentation the Chair invited questions from Governing Body members. Questions were received as follows:-

8.1.4 Question - Dr S Yule, Locality Lead for North Dorset Following public consultation, if RBCH became the site for the major emergency hospital, how assured is the Governing Body that it would be able to serve the whole of Dorset and not just the people in the conurbations of Bournemouth and Poole, and what benefit would there be for the west of the county?

Answer – Dr S Watkins, Locality Lead for Poole Central
Reassurance was given that access to the appropriate hospital care would be provided across the whole of Dorset. Care was planned to be given closer to home regardless of where individuals lived within Dorset. Estimates suggested that between 95-97% of current hospital care for the west would remain to be provided at Dorset County Hospital NHS Foundation Trust (DCHFT) so access would stay the same. There would also be an increase in A&E consultant hours at DCHFT.

Only 3-5% (being the most acute cases) would require treatment at the major emergency hospital and there was evidence to suggest that for those very specialist cases, despite any increase in travel times, ensuring an increased standard of care saved lives.

8.1.5 Question – Dr G Thompson, Secondary Care Consultant member
How assured is the Governing Body that in the period of transformation in the health system in Dorset, services would be provided with the same level of care during the change from the present state to the future proposed state?

Answer – Sally Shead – Director of Nursing and Quality
Patient safety and quality is of prime importance and there was an awareness of the risks during the transitional period. The main objectives would be to maintain patient safety and quality during that period and quality indicators would be monitored closely with the Trusts.

8.1.6 Question – Teresa Hensman – Governing Body Lay Member 18 months ago the financial gap was identified at £200M, please could the reduction to £158M be clarified. What would happen if the anticipated capital investment was not received?

Answer – Paul Vater, Chief Finance Officer
Additional funding was received this year as part of the Government allocation which had reduced the gap to £158M. Both options had significant capital investment associated with them and if no capital was available the changes proposed would not occur in the same way. There may be opportunities to work more efficiently but, for example, the proposal to build a new maternity unit could not be undertaken.

8.1.7 The Chair said that 14 written questions had been received by members of the public and had been themed as follows:-

8.1.8 Question - how much was Dorset CCG under-funded by, what was the cost of the review and where had the money come from?

Answer - The Chief Finance Officer said under the new allocation formula published in December 2015, Dorset CCG was on budget so not under-funded, but the challenges remained real. The cost of the review to date was £2.94M and funding had been sourced principally from legacy non-recurrent Primary Care Trust funds.

8.1.9 Question - What services would move from DCHFT to RBCHFT and had travel times and traffic been considered getting from Poole to Bournemouth as the Poole site was more accessible by bus and train.

Answer - The Director of Design and Transformation said no services would move from DCHFT to RBCHFT and patients who attended DCHFT outpatients would continue to do so. He confirmed public transport had been considered and the majority of patients would continue to receive care at PCHFT including those requiring elective care.

8.1.10 Question - Workforce was a very significant consideration within this and would any jobs be at risk? What about maternity nursing expertise in Poole and the impact on staff regarding their jobs?

Answer - The Director of Engagement and Development said currently there were over 30,000 NHS staff delivering services to Dorset. He said there was a workforce shortage and a need to retain staff and there should be no reason why NHS staff were concerned that their jobs were at risk. A planned conference with staff and their representatives was due to take place in June. Regarding the maternity nursing expertise in Poole, networked arrangements were already been undertaken by clinical staff and a new maternity unit would be good news for staff.

8.1.11 Question – What would be the overall savings for the NHS and what would be the investment going to RBCHFT?

The Chief Finance Officer said opportunities had been identified with a total value of £185M across a number of areas. Investment of capital under Option B would be £62M for PCHFT and £85M for RBCHFT making a total £147M potential investment. He explained that 'money followed the patient' so if a particular Trust undertook more work then they would receive more revenue, but this would be determined in the future dependent on the outcome of the proposals.

8.1.12 Question – Would extra funding be going to Yeovil Hospital and why hadn't there been consultation with Somerset CCG?

The Chief Finance Officer said that if an increased number of Dorset patients used Yeovil Hospital services then extra funding would be provided. It was not anticipated there would be substantial capital requirements for Yeovil Hospital

unless there was a significant change in patient numbers.

The Director of Engagement and Development said the formal consultation stage had not yet been reached but engagement had been undertaken with Somerset CCG and Yeovil Hospital regarding Dorset's CSR proposals. Further discussions would be undertaken as the position developed.

8.1.13 Question – there were concerns raised about quality.

The Director of Nursing and Quality said quality was monitored on a regular basis and the Governing Body received regular Quality reports as part of the agenda papers. In terms of any transitional period, quality monitoring would need to be strengthened with a focus on ensuring patient safety and quality was the main consideration.

8.1.14 Question – there was concern regarding travel times and patients moving to different sites and whether any extra funding would be provided to SWASFT?

The Chief Finance Officer said CCGs were typically investing more in ambulance services year on year and the question would be whether the proposed changes would require more investment in the number of ambulances. With more care in the community closer to home planned, there should not be a year on year increase in emergency admissions. Close working with SWASFT would continue with any additional activity funded as appropriate.

8.1.15 Question – Please explain the evaluation of the process

The Chief Officer said the CCG would have to undergo a rigorous NHS England assurance process before being able to proceed to public consultation.

An external review had already been undertaken by a gateway team to look at the approach taken by the CCG.

The Wessex Clinical Senate (comprised of multi-professional clinical, public sector and patient leaders) had undertaken an initial review to ensure any proposals were underpinned by clear clinical advice in line with national best practice. The Senate was to meet again in the coming week to undertake a final review and clarify any outstanding questions.

In July the proposals would be considered by NHS England's Oversight Group for Service Change and Reconfiguration. This Group would also provide advice and recommendations

to NHS England's Investment Committee due to take place in August 2016. The Committee would decide prior to public consultation whether to support the proposals and whether funding was likely to be available. Therefore public consultation was likely to begin at the earliest in September 2016 with a decision proposal likely in March 2017.

8.1.16 There were a number of verbal questions/comments received by members of the public as follows:-

8.1.17 Question – What would be the procedure for community hospitals?

The Assistant Clinical Chair said community hospitals were part of the current phase of work and discussions were underway regarding community services, development of hubs and community bedded sites. More formed ideas regarding the location of community hub bedded sites would be brought to a future Governing Body meeting.

8.1.18 Comment - There was concern regarding accessibility to the proposed Bournemouth major emergency hospital due to the lack of close public transport and congestion on the surrounding roads.

The Director of Design and Transformation said comprehensive traffic analysis had been undertaken with testing during the night and peak travel times using an organisation that had GPS data for travel times. It had been decided the Bournemouth site provided better overall access for the population of Dorset. Discussions had been undertaken with the relevant local authorities regarding their future plans for road systems, including a new access road for Bournemouth hospital for which funding had been set aside.

It was noted that some patients would need to travel from Poole to Bournemouth or Bournemouth to Poole so the congestion issues wouldn't be alleviated either way. As currently happened in Dorset, it was common practice that the most serious cases of major trauma were taken to the relevant specialist hospital, for example brain injuries were taken to Southampton, serious burns taken to Salisbury and major heart attacks or strokes taken to RBCH. Centralizing teams and creating larger units with more consultant cover would save lives.

8.1.19 The Chair thanked members of the public for their questions/comments and reminded them that there would be an opportunity for further debate during the public consultation phase.

8.1.20 The Governing Body **approved** the recommendations set out in the CSR consultation options report as follows:-

(a) **approved** the updated acute hospital model of care and the CCG preferred site-specific option;
(b) **approved** the proposal to proceed to consultation;
(c) **approved** the proposed Integrated Community Services model of care and further development of the site-specific options;
(d) **approved** the proposal to proceed through NHS England assurance;
(e) **approved** the delegation of authority to the Chair and Chief Officer to make reasonable amendments to the public consultation proposal to address the external assurance feedback;
(f) **approved** the delegation of authority to the Chair and Chief Officer to sign off the public consultation document.

8.1.21 The Chair adjourned the meeting for 10 minutes to enable those who wished to leave to do so.

8.2 **Sustainability and Transformation Plan**

8.2.1 The Chief Officer introduced the report on the Sustainability and Transformation Plan (STP).

8.2.2 The Plan would remain with a Dorset footprint covering the five NHS Foundation Trusts and the three local authorities and would set out how partners planned to ensure local health and care services would be radically transformed to provide better outcomes for health and wellbeing over the next five years in line with the Five Year Forward View. The CSR would form a core part of the Plan.

8.2.3 The Plan was currently being drafted and would require submission by 30 June 2016. Each participating organisation would take the Plan to their own Board, including the relevant Health and Wellbeing Boards.

8.2.4 Feedback had been received from the Local Medical Committees (LMC) that Dorset's STP was insufficiently detailed regarding General Practice, but it was noted that this was covered within the Integrated Community Services content.

8.2.5 It was confirmed that evidence would be contained within the submission to show the Dorset system was working collaboratively.

8.2.6	The Governing Body directed that the draft Plan be circulated to members before it was taken to the Health and Wellbeing Boards.	RK
8.2.7	The Governing Body **approved** the delegation of authority to the Chair and Chief Officer to sign off the STP for submission prior to 30 June 2016 subject to the caveat set out in 8.2.6 above.	
9.	**Delivery**	
9.1	**Quality Report**	
9.1.1	The Director of Nursing and Quality introduced the report on Quality.	
9.1.2	Dorset County Hospital NHS Foundation Trust (DCHFT) had started to implement their action plan following the external review of mortality rates. The Director of Nursing and Quality had received assurance that following a review of case notes, there were no clinical concerns. The position would continue to be monitored.	
9.1.3	Concerns relating to the SWASFT 111 service were being investigated and the CQC inspection report was awaited. The Director of Nursing and Quality was directed to circulate the report headlines when received.	SSh
9.1.4	The Director of Nursing and Quality said a root cause analysis would be undertaken regarding the continued rise in acquired pressure ulcers and this would be reported to the next Quality meeting.	
9.1.5	There were concerns regarding the Dorset 111 service which had been providing assistance to the Devon 111 service. This had resulted in a dip in performance for Dorset.	
9.1.6	The Governing Body **noted** the Quality Report.	
9.2	**Performance Report**	
9.2.1	The Chief Finance Officer introduced the Report on Performance.	
9.2.2	A & E and SWASFT services were under pressure and showing red in a number of areas.	
9.2.3	Premature Mortality Quality Premium - it was predicted that the required reduction in the potential years of life lost would	

not be achieved. Colleagues continued to work closely with Public Health Dorset to understand the changes in mortality rates. A joint piece of analysis work would be undertaken regarding the underlying reasons and health prevention learnings.

9.2.4 Delayed Transfers of Care (DToC) had increased for the majority of providers and continued to be of concern. There was an overarching Dorset Delayed Transfer of Care Action Plan and the 42 recommendations from the independent review in respect of the Bournemouth system had been fed into this Plan and were being actioned and monitored closely.

9.2.5 There was continued concern with the performance of SWASFT in some areas of the county and this would be addressed as part of the CSR.

9.2.6 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 It was noted that the CCG had now fully released its headroom and there would be no contingency for 2016-17.

9.3.3 A Financial Recovery Task Force had been formed to look at efficiency savings across the organisation. The group would work closely with GPs through the Primary Care Reference Group to explore new ways of working.

9.3.4 The Chief Finance Officer said neither PCHFT and DCHFT had met the requirements of the £21M Department of Health monies ear-marked for Dorset and would not receive any extra funding. RBCHFT would receive approximately £7M but this would require it to achieve all financial targets. NHS England had been asked what was to happen to the unallocated money for Dorset.

9.3.5 Provider deficits continued to increase and were a stark reminder of why it was essential to proceed with the Clinical Services Review.

9.3.6 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 It was noted the Audit and Quality Committee would review the Framework.

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

9.5 **Scheme of Delegation Amendment**

9.5.1 The Chief Finance Officer introduced the report on the Scheme of Delegation Amendment.

9.5.2 The amendment requested was to allow the Head of Primary Care to sign off monthly payment approvals for both GMS and PMS contracts.

9.5.3 The Governing Body **approved** the report on the Scheme of Delegation Amendment.

9.6 **Workforce Race Equality Standard Report 2016**

9.6.1 The Director of Engagement and Development introduced the Workforce Race Equality Standard Report 2016.

9.6.2 The Governing Body **approved** the Workforce Race Equality Standard Report 2016.

9.7 **Royal College of Paediatrics and Child Health Invited Review of Maternity and Paediatric services in Dorset**

9.7.1 The Assistant Clinical Chair introduced the Royal College of Paediatrics and Child Health Invited Review of Maternity and Paediatric services in Dorset report.

9.7.2 She drew attention to the 11 recommendations, in particular the three requiring urgent attention:-

- Re-designation of the Local Neonatal Unit (LNU) at Dorset County Hospital (converting it to a Special Care Unit);
- Implementing the Together for Child Health standards (developing a plan to improve advice links with GPs); and
- Hospital care for local people (to confirm the feasibility or otherwise of service integration between DCHFT and Yeovil Hospital).

9.7.3 The Governing Body **noted** the Royal College of Paediatrics and Child Health Invited Review of Maternity and Paediatric services in Dorset.

9.8 **Annual Report for Infection Control**

9.8.1 The Director of Nursing and Quality introduced the Annual Report for Infection Control.

9.8.2 The Governing Body **noted** the Annual Report for Infection Control.

9.9 **Annual Report on Adult Safeguarding**

9.9.1 The Director of Nursing and Quality introduced the Annual Report on Adult Safeguarding.

9.9.2 It was noted during the year there had been changes within the Adult Safeguarding Lead GPs with Dr P Blick and Dr I Sosa now supporting Adult Safeguarding.

9.9.3 The Governing Body **noted** the Annual Report on Adult Safeguarding.

9.10 **Annual Report on Children's Safeguarding**

9.10.1 The Director of Nursing and Quality introduced the Annual Report on Children's Safeguarding.

9.10.2 One of the main themes that had emerged from the annual report had been the Serious Case Reviews.

9.10.3 It was noted Level 3 safeguarding training was being provided for primary care GPs.

9.10.4 The Governing Body expressed continued concern regarding access to CAMHS, particularly from schools.

9.10.5 There was concern regarding the increase in the number of children within the Dorset County Council subject to a child protection plan but a decrease in numbers for the Bournemouth and Poole local authorities.

9.10.6 The Governing Body **noted** the Annual 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.

9.12	**Mental Health Services Update**	
9.12.1	The Director of Service Delivery introduced the Mental Health Services Update.	
9.12.2	The demand for Section 117 aftercare had risen and as part of the activity to analyse the growing cost pressures, a benchmarking exercise was being undertaken across the southern region.	
9.12.3	Further work was being undertaken with local authority partners to identify ways to reduce Section 117 delayed discharges (thought to be the result of an increased demand for the limited supply of both community placements and domiciliary care).	
9.12.4	Whilst the CAMHS position required significant improvement, it was noted that this was a universal issue but that the Dorset service was above the national average.	
912.5	Monthly trajectories to address access issues would be reported and robustly monitored via the contract review meetings, with contract mechanisms and levers applied if not met.	
9.12.6	There was concern that an educational establishment in the East of the county had sought national funding for charities to provide a resource.	
9.12.7	The Locality Lead for East Dorset said clinical evidence was important and asked GP colleagues to let him know if they had any individual experiences of shortcomings regarding CAMHS care to enable him to raise at the contract review meetings.	All GPs
9.12.8	The Governing Body **noted** the Mental Health Services Update.	
10.	**Wider Healthcare issues**	
10.1	**Systems Resilience Update**	
10.1.1	The Locality Lead for Poole Central introduced the Update on Systems Resilience.	
10.1.2	Delayed Transfers of Care (DToC) remained a continued pressure on the system.	

10.1.3 All system partners had planned well for the junior doctor strikes with the main pressure being the backlog of cancelled outpatient appointments and operations.

10.1.4 It was noted the Dorset System Resilience Group had expressed an interest in hosting the forthcoming Wessex Urgent and Emergency Care Network. An invitation had been received to present details of the proposal at the forthcoming Wessex network meeting

10.1.5 The Governing Body **noted** the Update Report on Systems Resilience.

10.2 **Joint Working with the Local Authorities**

10.2.1 The Director of Service Delivery introduced the report on Joint Working with the Local Authorities.

10.2.2 The Governing Body **noted** the report on Joint Working with the Local Authorities.

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 for two decisions:-

- Approval of Dr S Yule to replace Dr P French as the Governing Body GP member on the Audit and Quality Committee.
- Approval to sign the new contract for the provision of the Home Oxygen Service to the South West Region Clinical Commissioning Groups.

12. Questions from the Public

12.1 The full time allocation for Public questions had been taken under item 8.1.

13. Any Other Business

13.1 There was no other business.

14. **Date and Time of the Next Meeting**

14.1 The Special Governing Body meeting to approve the Annual Report and Accounts will be held on Wednesday 25 May 2016 at Vespasian House at 11.00hrs.

The next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group will be held on Wednesday 20 July 2016 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.