

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

18 NOVEMBER 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 18 November 2015 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present:

- Forbes Watson, Chair (FW)
- Peter Blick, Locality Chair for Central Bournemouth (PB)
- Jenny Bubb, Locality Chair for Mid Dorset (JB)
- Chris Burton, Secondary Care Consultant Member (CB)
- Colin Davidson, Locality Chair East Dorset (CD)
- 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)
- Mary Monnington, Registered Nurse Member (MM)
- David Richardson, Locality Chair for Poole North (DR)
- Andy Rutland, Locality Chair for Poole Bay (AR)
- Jacqueline Swift, Joint Primary Care Commissioning Committee Chair (JS)
- Stephen Tomkins, Locality Chair for Christchurch (ST) (by proxy)
- Paul Vater, Chief Finance Officer (PV)
- Simon Watkins, Locality Chair for Poole Central (SW)

In attendance:

- Conrad Lakeman, Governing Body Secretary and General Counsel (CGL)
- Steph Lower, Executive Assistant (SL)
- David Phillips, Director of Public Health (DP)
- 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)

1. Apologies

- 1.1 Karen Kirkham, Locality Chair for Weymouth and Portland and Assistant Clinical Chair
- Tom Knight, Locality Chair for North Bournemouth

Action

Blair Millar, Locality Chair for West Dorset

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 September 2015 were **approved** for signature by the Chair as a true record, subject to the following amendments:-

4.2 9.1.8 - should read Poole Hospital Foundation Trust (PHFT). CGL

4.3 9.1.4 - the wording be amended to say 'The World Health Organisation (WHO) surgical checklist had not achieved the aim of eradicating never events and NHS England had released a new 'Improving Safety in Invasive Procedures' document. CGL

4.4 Regarding Looked After Children, the figures in graph 1 at 2.2 of the Quality report were queried. Members sought clarification whether they showed the numbers of looked after children for whom each local authority had responsibility, irrespective of where they were placed. The Director of Nursing and Quality had agreed to clarify and had done so in a post meeting note.

5. Matters Arising

5.1 There were no further 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 had no update.

7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

7.2 He said the Care Quality Commission (CQC) was currently

undertaking an unannounced review of safeguarding children and services for looked after children. The review would focus on the quality of health services and the effectiveness of safeguarding arrangements. There would be a number of visits to GP practices, Dorset Healthcare and Dorset County Hospital. Feedback was expected on 20 November and a written report would follow.

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 Locality Chair for East Bournemouth introduced the report on Quality.

9.1.2 There had been two Never Events reported since the last meeting – one at the Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCH) and one at Salisbury Hospital Foundation Trust. Both incidents were under investigation.

RBCH had now reported four Never Events and there was concern that this was in excess of the norm for a hospital of its size/composition.

9.1.3 Although remaining within the national expected range, mortality rates remained high for Dorset County Hospital (DCH) and the Trust had commissioned an independent review.

The Governing Body noted that although the mortality rates remained high, DCH was not an outlier.

9.1.4 Safeguarding training at DCH had fallen below expected levels and the Trust had been issued with a contract query. Some improvements had been noted.

9.1.5 There had been four reported radiotherapy incidents at Poole Hospital Foundation Trust (PCHFT) within a one month period but no patients had been harmed. The CQC was aware and an independent review of the incidents would be undertaken.

9.1.6 The CQC had visited RBCH during October and the outcome of the visit was awaited.

- 9.1.7 The Governing Body noted that RBCH was under investigation by Monitor regarding its finances.
- 9.1.8 The Dorset Healthcare (DHUFT) CQC report had been received with an overall rating of 'requires improvement', however, the Governing Body noted the 'outstanding' rating for the Community Mental Health Forensic Services and In-Patient Mental Health Services which was the first 'outstanding' rating in the country.
- 9.1.9 Following a query regarding the low mandatory training and appraisal performance at RBCH, the Director of Nursing and Quality was directed to ascertain whether medical appraisals were included within the figure.
- 9.1.10 The Governing Body sought assurance that appropriate action was being undertaken regarding the two DHUFT services listed as unsafe through the CQC. The Director of Nursing and Quality said immediate action had taken place when the unsafe services had been identified and at the Quality Summit, the CQC had reported it was content that DHUFT had taken appropriate measures. Ongoing monitoring would be undertaken to ensure that the improvements were sustained.
- 9.1.11 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 He said DCH was achieving the 18 week referral to treatment target.
- 9.2.3 A contract query had been raised with RBCH regarding its diagnostic performance, but there were signs of improvement.
- 9.2.4 All Trusts had achieved the A & E waiting time standard for quarter 2, although it was recognised that quarter 3 was likely to be more challenging.
- 9.2.5 Following concern that South West Ambulance Service NHS Foundation Trust (SWAST) was only achieving the Red 1 target, the Chief Finance Officer said the changes to the Red 1 target which was the fundamental test, had impacted upon the Red 2 target making it a more challenging standard. He said overall SWAST was performing well in Dorset and was only narrowly missing a number of targets.

9.2.6 The Governing Body noted that 111 service performance had been 'green' for the last month, and along with the improvements in A & E and the RTT targets, these were key targets discussed at the NHS England assurance meetings.

9.2.7 Concern was raised regarding the Children and Adolescent Mental Health Services (CAMHS) breaches. This was an area of ongoing difficulties, including workforce levels, which was a national issue. The breaches were being managed through the DHUFT contracting process. Further investments to improve the service would be made and the Clinical Commissioning Committee would receive an in depth update at its meeting on 16 December 2015.

9.2.8 The Governing Body noted that premature mortality rates had worsened within the Wessex area.

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 Overall the CCG was on track to deliver the control target surplus of £15.69M.

9.3.3 There had been an increase in GP referrals and the Chief Finance Officer was directed to provide further context in the next report.

9.3.4 The significant cost pressure areas remained Continuing Healthcare and Prescribing.

9.3.5 NHS England had drafted a proposed review of the current treatment of acute fines but this may now be withdrawn.

9.3.6 The Governing Body noted the deteriorating financial position of the provider trusts and was mindful of their cash positions particularly going into 2016-17. Pressures elsewhere in the public sector were also having an impact on the NHS.

9.3.7 The Chief Officer referred to the Government's forthcoming Comprehensive Spending Review. It was anticipated the NHS would receive a three year settlement. The allocation for Dorset CCG was likely to be known in late December/early January and a further report would be made to the Governing Body.

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- 9.3.8 There was concern at the increasing spend on non NHS provider contracts, particularly in light of the deteriorating position of the provider trusts.
- 9.3.9 The Chief Finance Officer sought Governing Body approval to protect all underspends, including devolved locally commissioning budgets. He said all existing commitments would be honoured but it was recognised that some overspent budgets would require assistance through vired underspent budgets.
- 9.3.10 The Governing Body **approved** the protection of underspent budgets including devolved locally commissioning budgets subject to the caveat set out in paragraph 9.3.9 above.
- 9.4 **Strategic Delivery Plan**
- 9.4.1 The Chief Finance Officer introduced the Strategic Delivery Plan report
- 9.4.2 It was a first draft that outlined the continued progress of the Two Year Delivery Plan priorities and detailed the shift of priorities from the Clinical Commissioning Programmes to the Clinical Delivery Groups.
- 9.4.3 The Governing Body **noted** the Strategic Delivery Plan Report.
- 9.5 **Assurance Framework**
- 9.5.1 The Director of Nursing and Quality introduced the Assurance Framework report.
- 9.5.2 She said the assurance outcome from NHS England for Quarter 4 had now been received with the CCG being 'assured with support'.
- 9.5.3 The Governing Body **noted** the Assurance Framework.
- 9.6 **Update report on Engagement and Communications**
- 9.6.1 The Director of Engagement and Development introduced the update report on Engagement and Communications.
- 9.6.2 He said Dr Simon Watkins had been appointed the new GP lead for Engagement and Communications.
- 9.6.3 Pen Portraits to support the Clinical Services Review had now been completed and would be available shortly.

- 9.6.4 Dorset CCG was hosting a Patient and Public Engagement Group conference on 21 November 2015. Locality Chairs were asked to encourage representation from their localities.
- 9.6.5 The Governing Body **noted** the update report on Engagement and Communications.
- 9.7 **Financial Control Environment Assessment**
- 9.7.1 The Chief Finance Officer introduced the report on the Financial Control Environment Assessment.
- 9.7.2 Each CCG was required to complete a self-assessment of their financial governance and control environment. The Audit and Quality Committee had reviewed in detail the CCG's self-assessment and approved the Financial Control Assessment at its meeting on 14 October prior to final submission to NHS England.
- 9.7.3 The Governing Body **approved** the Financial Control Environment Assessment.
- 9.8 **NHS Constitution Annual Report**
- 9.8.1 The Director of Nursing and Quality introduced the NHS Constitution Annual Report.
- 9.8.2 An internal audit was carried out in June 2015 on the evidence available to demonstrate that the CCG was compliant with the NHS Constitution. The overall finding was of 'reasonable assurance' and there were a number of recommendations made following the audit. Outstanding actions from the action plan would be followed up through the Audit and Quality Committee.
- 9.8.3 The Governing Body **noted** the NHS Constitution Annual Report.
- 9.9 **Update report on Adult Safeguarding**
- 9.9.1 The Locality Chair for Central Bournemouth introduced the update report on Adult Safeguarding.
- 9.9.2 There were now two named doctors supporting Adult Safeguarding.
- 9.9.3 The Director of Nursing and Quality highlighted the widening agenda for Adult Safeguarding.

9.9.4 There was concern regarding the number of patients referred for inquests who were under Deprivation of Liberty (DoL) orders and the financial implications. The Director of Nursing and Quality said a government review of the legislation had commenced but would not report until 2017, but advised that concerns had been fed back.

9.9.5 The Governing Body Secretary and General Counsel updated the Governing Body on a recent case regarding DoLs and the impact on the CCG's financial position regarding the required annual reviews for those in funded nursing care and continuing healthcare. He said there would be a likely recurrent budgetary impact and would report back once further clarification had been received.

CGL

9.9.6 The Governing Body **noted** the update report on Adult Safeguarding.

9.10 **Update report on Children's Safeguarding**

9.10.1 The Locality Chair for Central Bournemouth introduced the update report on Children's Safeguarding.

9.10.2 There was concern that there had been no progress on agreement for a single Children's Safeguarding Board. The Governing Body directed that the CCG Chair send a formal letter to the relevant Chief Executives.

SSh

9.10.3 The Governing Body **noted** the update report on Children's Safeguarding.

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 Governing Body noted the expanding remit for the Systems Resilience Group which now included cancer and mental health performance.

10.1.3 Delayed transfers of care remained of concern locally, but this was common across the South West area.

10.1.4 The outcome of the proposed national industrial action for junior doctors was still awaited.

10.1.5 Overall, services in Dorset were better prepared for the winter period than 2014-15, however, there was recognition that it

would be a very challenging period.

- 10.1.6 An additional £285,000 had been made available from NHS England for winter resilience and discussions were underway regarding how the money could be best spent. A letter had been sent to practices seeking expressions of interest from those practices prepared to open at the weekends during December/January. If there was insufficient interest, an approach would be made to SWAST.
- 10.1.7 Following concern expressed regarding insufficient beds in care homes, the Director of Nursing and Quality said there had been an increase in nursing beds due to open within care homes, with the beds currently being quality assured. The biggest issue was the demand for specialist dementia beds. Domiciliary care and capacity was being reviewed with the local authorities.
- 10.1.8 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 report on the Better Together update.
- 10.2.2 The report provided an update on progress with projects within the programme and examples of changes that were being delivered. It also highlighted the risks where projects were not on track and the action being taken to address the slippage.
- 10.2.3 He said the governance arrangements for the Better Together Programme were actively being reviewed and the recommendations would be brought to the Governing Body and local authorities early in the new year.
- 10.2.4 The Director of Engagement and Development welcomed feedback from the Locality Chairs regarding the next phase of the 'Promoting Integrated Care pan-Dorset' as set out in section 3.7.3 of the report.
- 10.2.5 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 There were no Urgent Decisions.

12. Questions from the Public

12.1 There were no members of the public present and no questions received in advance of the meeting.

13. Any Other Business

13.1 The Director of Engagement and Development introduced Colin Wood, the new Head of Communications.

13.2 The Governing Body Secretary and General Counsel said the Head of Management Accounts and Financial Planning had asked that the delegated limit for the Funded Nursing Care/Continuing Healthcare Lead be increased from £50,000 to £75,000 as the SBS ISFE national finance system did not allow for a £50,000 limit. Currently invoices over the £50,000 limit were unnecessarily being escalated to a senior manager. Following a recommendation from the Chief Finance Officer to support the request, the Governing Body **approved** an increased delegation limit of £75,000.

CGL

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 20 January 2015 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.