

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

20 JANUARY 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 20 January 2016 at Queen Elizabeth's School, Wimborne Minster.

**Present:**

- Forbes Watson, Chair (FW)
- Peter Blick, Locality Lead for Central Bournemouth (PB)
- Jenny Bubb, Locality Lead for Mid Dorset (JB)
- Chris Burton, Secondary Care Consultant Member (CB)
- Rob Childs, Locality Lead for North Dorset (RC)
- Colin Davidson, Locality Lead East Dorset (CD)
- Paul French, Locality Lead for East Bournemouth (PF)
- 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)
- Mary Monnington, Registered Nurse Member (MM)
- David Richardson, Locality Lead for Poole North (DR)
- Jacqueline Swift, Joint Primary Care Commissioning Committee Chair (JS)
- Stephen Tomkins, Locality Lead for Christchurch (ST) (by proxy)
- Paul Vater, Chief Finance Officer (PV)
- Simon Watkins, Locality Lead 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 (CW)
- 2 members of the public, Colin Wood, Keith Williams

Action

## 1. Apologies

1.1 Tom Knight, Locality Lead for North Bournemouth

## 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 All GP members present declared an interest in item 9.6 'Over 75's funding position update' but given the report was for noting, withdrawal from the meeting was not required.

CGL

3.2 Karen Kirkham declared an interest in item 20 'Award of Contract – Weymouth and Portland Community Urgent Care Centre' and would withdraw from the meeting for that item.

CGL

## 4. Minutes

4.1 The minutes of the meeting held on 18 November 2015 were **approved** for signature by the Chair as a true record.

## 5. Matters Arising

5.1 9.10 – Children's Safeguarding – The Director of Nursing and Quality said a letter had been sent to the CEOs and Leaders of the local authorities requesting consideration of a Joint Safeguarding Adults Board and a Joint Safeguarding Children's Board and a response was awaited.

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 nothing to update.

## 7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

7.2 He said the CCG's application for full delegation of responsibilities for primary care from April 2016 had been approved. The Delegation Agreement had now been received from NHS England – South (Wessex) and a due diligence exercise was underway.

- 7.3 There was concern that there would be no transfer to the CCG of any support services budget.
- 7.4 The Chief Officer said this point had been made to NHS England – South (Wessex) but it would continue to oversee much of the administration in the background so the team would continue to be in place. He said running costs would have to be found from within CCG resources.
- 7.5 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 Lead for East Bournemouth introduced the report on Quality.
- 9.1.2 There had been two further Never Events reported – one at the Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCHFT) and one at Poole Hospital Foundation Trust (PCHFT). Both incidents were under investigation and root cause analysis would be shared with the CCG. All providers would be invited to a training event to be hosted by the CCG to address human errors.
- 9.1.3 There had been a noted improvement in Dorset County Hospital Foundation Trust's (DCHFT) safeguarding training, with performance greater than 90% compliance across all areas.
- 9.1.4 The Governing Body noted the outcome of the October CQC visit to RBCHFT was awaited.
- 9.1.5 Antibiotic prescribing across Dorset had been good, however, 10 practices had received a letter from the Chief Medical Officer advising that their antibiotic prescribing was high (within the top 20% in the country) and remedial work would be expected. The CCG would continue to support those individual practices.
- 9.1.6 Regarding mortality rates, there was a request from Public Health for more than one data point to be included to provide an indication of the direction of travel.

SSh

- 9.1.7 Concern was raised regarding the number of never events at RBCHFT.
- 9.1.8 It was noted the appraisal-rate compliance for RBCHFT remained low. The Director of Quality and Nursing confirmed this had been raised but would be raised at the forthcoming Board to Board meeting. The Director of Engagement and Development also agreed to feed in the comments raised at the next HR Group meeting.
- 9.1.9 There was concern regarding the variation in compliance with the WHO surgical checklist, particularly for PCHFT. The Director of Nursing said this had been a focus in their contract meetings and a contract query would be raised if the position did not improve.
- 9.1.10 It was noted that there was low take up of repeat dispensing in Dorset compared to the Wessex area and national average. The Director of Nursing and Quality said this may be due to the lengthy set up process. The Medicines Optimisation Group (MOG) was working with practices to improve the uptake.
- 9.1.11 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 He said a remedial action plan was in place to improve the diagnostic performance for RBCHFT and there was already an improving trend.
- 9.2.3 Regarding Cancer standards, both PCHFT and RBCHFT had missed the 62 day wait and again there were remedial action plans in place to address.
- 9.2.4 There was continued concern regarding delayed Transfers of Care which were having a significant daily impact on the acute providers and community hospital services.
- 9.2.5 There was a need for the CCG to engage with the District Planners regarding the siting of care homes. The CCG had been notified of proposed developments and this information had been passed onto relevant practices who had been encouraged to respond directly.
- 9.2.6 Broader discussions also took place at the Public Services Forum (PSF) and there was a suggestion that a protocol be

SSh/CS

developed on how the CCG could engage fully.

9.2.7 There was concern regarding the underperformance of the South West Ambulance Service NHS Foundation Trust (SWAST). The Director of Service Delivery said handovers were a long standing issue and sustained improvement was required. He said response times were slightly misleading and due to SWAST's involvement in a national pilot regarding despatch, a 70% target had now been agreed which was regularly achieved .

9.2.8 The Governing Body directed that more detailed information be included in the next report.

PV

9.2.9 There remained concerns regarding the delays in the Looked After Children (LAC) and Children and Adolescent Mental Health Services (CAMHS) services.

9.2.10 Regarding the LAC initial assessment delays, the Assistant Clinical Chair said the pathway issues had been raised with the local authority and new figures expected in February should show a sustained improvement.

9.2.11 Regarding the CAMHS waiting time delays, she said contract monitoring was continuing and there was an improvement plan being developed. The Governing Body noted the November performance had improved but this needed to be sustained.

B Miller, P Richardson and M Wood left the meeting.

9.2.12 The Director of Public Health was concerned that performance regarding the Quality Premium to reduce premature mortality was deteriorating and it was agreed that this would be explored at the Primary Care Commissioning Committee.

DP/JS/MW

B Miller, P Richardson and M Wood returned.

9.2.13 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 He said A & E pressures were starting to feed into all main contracts and this would be an issue for next year's contract setting.

- 9.3.3 It was noted that Prescribing was still a financial risk and a contingency had been set aside.
- 9.3.4 At the last meeting the Chief Finance Officer had been directed to provide a comparison with other CCGs regarding GP referral rates. He said within the Wessex area, Dorset CCG was in the median and agreed to circulate the further information as a post meeting note. PV
- 9.3.5 There was concern regarding the deficit positions of the acute trusts and that they may 'trade' their way out of the position.
- 9.3.6 Following a request for more high level detail regarding the provider positions, the Chief Finance Officer clarified that the 'green' year-end forecast ratings reflected that the individual trust contracts were within tolerances, rather than the deficit position of the trusts. PV
- 9.3.7 As the Finance report focused on the CCG's position the Chief Officer recommended that any 'deep dive' into the provider positions should be undertaken as a separate report to keep a clear distinction between the two.
- 9.3.8 A contextual note could be added to the (CCG's) Finance report to evidence the Governing Body's awareness of the wider financial position of providers. PV
- 9.3.9 The planning guidance for 2016-17 had changed and the funding allocations would come from two separate sources – one for CCGs nationally and the other for NHS England direct to the providers to assist with deficits.
- 9.3.10 The Governing Body noted that acute provider fines were 100% reinvested but not always with the same provider.
- 9.3.11 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 Key control 4b: it was noted the official outcome of the NHS England Assurance meeting held in December was awaited.
- 9.4.3 Key controls 18 and 62 : it was noted the Clinical Delivery Group Terms of Reference and the work programmes had now been agreed.
- 9.4.4 The Governing Body **noted** the Assurance Framework.

## 9.5 **Public Sector Equality Duty Annual Report 2015**

- 9.5.1 The Locality Lead for Central Bournemouth introduced the report on Public Sector Equality Duty Annual Report 2015.
- 9.5.2 There was concern that there was no clear breakdown of the ethnic mix of the Dorset population and therefore difficult to assess whether the Governing Body was representative of the Dorset demographic.
- 9.5.3 The Director of Engagement and Development said when advertising for lay member positions, the opportunity had been taken to encourage applications from less represented groups.
- 9.5.4 The Governing Body **approved** the report on Public Sector Equality Duty Annual Report 2015 for publication.

## 9.6 **Over 75's funding position update**

All GP members present declared an interest in this item but given the report was for nothing, withdrawal from the meeting was not required.

- 9.6.1 The Director of Nursing and Quality introduced the Over 75's funding position update. She said good progress had been made and the majority of patients were now covered by one of the schemes in Dorset.
- 9.6.2 Some contracts were coming to an end but it was too early to draw conclusions about the effectiveness of the schemes. A further review would be undertaken in June 2016.
- 9.6.3 A letter had been sent to all practices informing them of the process and the further review in June 2016.
- 9.6.4 The Governing Body **noted** the Over 75's funding position update.

## 9.7 **Emergency Preparedness Resilience and Response (EPRR) Assurance Report**

- 9.7.1 The Director of Service Delivery introduced the report on EPRR.
- 9.7.2 Good progress had been made in comparison to last year and targets were being met.

- 9.7.3 The benefits of live exercises as a learning opportunity were noted.
- 9.7.4 There was recognition that the EPRR and resilience teams had worked well regarding the junior doctor strike earlier in the month.
- 9.7.5 The Governing Body noted that some Public Health England staff would be re-located to Dorset to assist with workflow and communication.
- 9.7.6 The Governing Body **noted** the EPRR report.
- 9.8 Transformation Update**
- 9.8.1 The Director of Design and Transformation introduced the Transformation Update.
- 9.8.2 He said a meeting with the Senate Chair would take place on 29 January 2016 to agree the final steps in the process.
- 9.8.3 There remained a need to ensure the public continued to receive high level updates to reassure them that work was continuing.
- 9.8.4 Clinical Working Group 7 meeting was due to held at the conclusion of the Governing Body meeting, bringing together more than 100 health and social care representatives to continue the Clinical Services Review discussions.
- 9.8.5 The Governing Body **noted** the Transformation 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 He said that whilst emergency department activity had steadied, emergency admissions had increased.
- 10.1.3 Lessons had been learnt regarding previous winter preparedness. There had been extra primary care sessions during December and January but there had not been significant uptake.
- 10.1.4 The Governing Body noted that a number of other CCGs had focused their attention on achieving seven day primary care access, not by opening surgeries but by GPs being located



where there was a need. There had been good engagement with the 111 service and SWAST with a direct booking service available.

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

## 10.2 **Better Together Programme/Better Care Fund update**

10.2.1 The Director of Service Delivery introduced the report on the Better Together Programme/Better Care Fund update.

10.2.2 The report provided a summary of the programmes and projects being managed under the Better Together Programme and Better Care Fund.

10.2.3 The Governing Body **noted** the Better Together Programme/Better Care Fund 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 – Dorset Local Estates Strategy 2015-2020 submission**

11.3.1 The Governing Body Secretary reported the use of the Urgent Decision powers for the Chair to approve the final Dorset Local Estates Strategy 2015-2020 submission document prior to sending to NHS England.

## 12. **Questions from the Public**

12.1 There were no questions from the public.

## 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 March 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.

DRAFT