

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING

20 July 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 July 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)
 - Blair Millar, Locality Lead for West Dorset (BM)
 - Mufeed Ni'Man, Locality Lead for East Bournemouth (MN) (Part)
 - David Richardson, Locality Lead for Poole North (DR)
 - Jacqueline Swift, 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, 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)
 - Elaine Spencer, Registered Nurse Member (Designate) (ES)
 - Sally Shead, Director of Nursing and Quality (SSh)
 - Charles Summers, Director of Engagement and Development (CS)
 - Mike Wood, Director of Service Delivery (MW)
 - 18 members of the public

Action

1. Apologies

1.1 There were no apologies.

The Chair welcomed Elaine Spencer, the Governing Body Registered Nurse Member designate who would commence on 2 August 2016.

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 There were no Declarations of Interest made.

4. Minutes

4.1 The minutes of the meeting held on 18 May 2016 were **approved** as a true record, subject to the following amendments:-

- Dr S Tomkins was physically present at the meeting rather than by proxy.

4.2 The minutes of the special meeting held on 25 May 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.

5.2 The Governing Body **noted** the Report of the Chair on matters arising from the minutes of the special meeting held on 25 May 2016.

6. Chair's Update

6.1 The Chair introduced his Update.

6.2 This would be Dr Peter Blick's last meeting and the Chair thanked him for his contribution to the Governing Body and to

CGL

the CCG for his individual roles. Subject to confirmation, Dr Ben Sharland would be replacing Dr Blick as the Locality Lead for Central Bournemouth.

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

7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

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

8. Strategy

8.1 Clinical Services Review (CSR) – Community Site Specific Consultation Options

8.1.1 The Director of Design and Transformation introduced the report on the Clinical Services Review (CSR) – Community Site Specific Consultation Options and provided an overview of the approvals requested.

8.1.2 The Assistant Clinical Chair gave a presentation that included the background to the community site specific consultation options and the evaluation supporting the proposal for the preferred option.

8.1.3 The Chair invited questions from Governing Body members. Questions were received as follows:-

8.1.4 Questions from the Governing Body

Question - Dr B Millar, Locality Lead for West Dorset – What additional work had been done to consider access to community services, particularly in the more rural parts of the county where transport remained an issue?

Answer – Phil Richardson, Director of Design and Transformation - Much analysis had been undertaken using real time GPS data. For those individuals without access to a private car, work was ongoing with the local authorities to look at the provision of patient and community transport to enable access. Dialogue was also ongoing with the voluntary transport organisations.

Question – Dr D Haines, Locality Lead for Purbeck – At a previous Governing Body meeting, the provision for acute hospitals within Dorset was discussed. Significant investment in developing community hospitals/hubs was now being looked at, but the aim was to manage the frail and elderly in their own

homes. What provisions were being made to build up the workforce to enable treatment in the community and avoid admissions to hospital?

Answer – Charles Summers, Director of Engagement and Development - steps had been taken to engage with staff to ensure they were prepared for the future. Conferences had been held with training partners as staff would have concerns regarding what it meant for them. Modelling work was underway regarding the requirements of community services staff noting that staff might be asked to work differently under the new proposals and new roles were likely to be created.

Question – Jacqueline Swift, Governing Body Lay Member – the population in Dorset was projected to increase significantly and she asked if 69 beds were adequate for the long term future and whether there was adequate future proofing?

Answer – Dr K Kirkham, Assistant Clinical Chair – The number of beds was projected based on the increasing age of the population in each locality and by addressing the needs of the population. It was believed that this would be the correct number of beds and alongside this would be the development of the care home market with the potential for a mixture of care home beds and community hospital beds. There was a split across Dorset on how care home and community hospital beds were used and by addressing the wrap around care in care homes as well as in people's own homes, it was believed the model was sustainable.

Question – Dr C Davidson, Locality Lead for East Dorset – it was recognised the presentation concentrated more on the sites rather than the detail of service provision, but how general practice (which was most instantly recognisable as the care closer to home service) was being involved in planning to continue to make it the heart of a successful community service?

Answer – Mike Wood, Director of Service Delivery - Primary care had been involved, with all 98 practices being given the opportunity to contribute. It was recognised there were particular issues for primary care and GP services and a Primary Care Strategy was being developed which would fit with the ICS proposals.

Question – Dr N Evans, Locality Lead for Poole Bay - What were the proposals for the existing community hospitals that would no longer be providing beds in the future?

Answer – Dr K Kirkham, Assistant Clinical Chair – the proposal ensured each locality had a sustainable community hub. There was a need to undertake further work to look at the feasibility of the options regarding those sites and whether they were the right sites or there was a better option that would address the needs of that population in a slightly different place.

Question – Dr S Tomkins, Locality Lead for Christchurch – Regarding the Mental Health Services Review which was running in parallel, did the people of Dorset understand the parallel process and was there any risk of the outcomes not complimenting each other?

Answer – Mike Wood, Director of Service Delivery – The acute pathway was about the whole range of mental health services provided. Discussions were ongoing with the public and service users regarding operation of the pathway. He said regarding the mental health bed requirements, both reviews would be informed by each other.

Comment from David Phillips, Director of Public Health Dorset
A number of issues had been raised that were pertinent to the local authorities including social care, transport and communication and there was a clear commitment from the local authorities to work with the NHS to find the solutions.

8.1.5 The Chair read out the submitted written questions and invited further questions from the public as follows:-

8.1.6 Written questions from public

Question – the individual asked to discuss the closing of Westhaven hospital.

The Assistant Clinical Chair said during the site visits, the staff said they had found it difficult working across sites and there was a need to consolidate the services into one site. Engagement was also undertaken with patients and service users. Weymouth Community Hospital had a larger footprint and currently housed the urgent care centre and the site had the capacity for beds, diagnostic and theatre services with good transport links.

8.1.7 Comment – the individual had worked at Westhaven for many years and was passionate about the care of the elderly. She agreed with the aims and objectives of the report but said elderly care required purpose built facilities with specialists trained in elderly care medicine, nursing and rehabilitation and Westhaven was purpose built.

- 8.1.8 Comment – the individual was fully behind the principles of care in the community and integrated medical and social services but believed that when it came to Purbeck there were serious flaws, ambiguity and exaggerated and unproven assumptions being made.

The Locality Lead for Purbeck said the initial Purbeck care review had been well supported by the public and there were four outcomes that the CSR would build on. The issues for Purbeck were geographical including the distances required to travel between units. Having Swanage Hospital described as a community hub was not appropriate and it would stay as a community hospital with a community hub planned for Wareham to deliver more services closer to home. He said the GPs within the Purbeck locality felt the most important factor was the location and accessibility of services.

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

- 8.1.10 Question – the individual asked the CCG to hold a public consultation meeting regarding the Weymouth and Portland locality and had concerns about a paper consultation. He said closing Westhaven would be a travesty in national health and asked the CCG to rethink its proposal.

The Director of Engagement and Development gave reassurance that the public consultation was not a paper exercise and the views of the public were essential. A comprehensive public consultation was planned to include public meetings at localities, telephone interviews, focus groups, with the questionnaire/consultation documentation also on-line.

- 8.1.11 Question – the individual was a Friend of Wareham Hospital and had worked closely with the Locality Lead for Purbeck. He was concerned about the conclusions regarding the Wareham proposals and asked what would happen to Wareham hospital during the transitional phase. He said the only issues separating Swanage and Wareham were affordability and deliverability, with Wareham deemed to be 31sq metres short of the requirement. He queried what the requirement was and was concerned at the emphasis put on such a small area of space.

The Chief Officer said Wareham had been identified as one location for a community hub. He said a number of the builds would be over a 5 year period and explained that part of the current NHS assurance process was to seek assurance that

capital and transitional funding would be available to undertake the work.

One of the biggest challenges would be the workforce which would not allow for any double running of services during any transitional period.

The Chief Finance Officer said one of the factors against Wareham was the conversion costs as Wareham didn't have facilities such as x-ray whereas Swanage did.

8.1.12 Comment - The individual said although he had asked previously, he remained unclear regarding access or design.

8.1.13 Question – regarding the STP 'needs based approach' and 'integrated areas of work', the individual asked whether the CCG was aware of the recent West Dorset District Council valuation report regarding affordable housing.

The Chief Officer had not had sight of the report but said the issue of affordable housing had been raised and this was a challenge for the entire public sector. There was likely to be an announcement of between 20,000-30,000 additional homes for NHS key workers but it was unlikely that Dorset would benefit. Work with the local authorities regarding this issue would continue.

8.1.14 Question – the Chair of DHUFT said the Trust was supportive of the overall ambition and direction of travel. As well as being actively engaged in the process, DHUFT would be a respondent to the consultation. She was encouraged to see that mental health issues were being addressed with the same priority as physical health and asked if the Mental Health Services review consultation would be part of the main consultation.

The Chair said the Mental Health Services Review consultation would be separate to the CSR consultation. The timing for the Mental Health Services review consultation was not yet clear and it may be that they would not run alongside each other. Not everything would require formal consultation and improving existing ways of working would be undertaken as business as usual.

8.1.15 Questions received by e-mail

The first question asked if the Governing Body could set out the benefits to the people of Dorset of the loss of their integrated health hub and how this was compatible with the recommendations set out by Keogh et al in the Urgent and

Emergency Care review?

The Director of Service Delivery suggested the issue be addressed more fully outside the meeting but said the Keogh integrated hub model was about aligning the 111 model with the GP out of hours and that would not be affected by the despatch changes.

The second question asked if the Governing Body shared the author's concern that a 999 service delivered from Exeter, isolated from the urgent care services, could not hope to be responsive to the needs of Dorset CCG and its population?

The Director of Service Delivery said the Exeter location would not affect the 999 calls received and it was more about mobilising resources across the South West. He said South Western Ambulance NHS Foundation Trust (SWASFT) had given assurance that any affected staff could be redeployed locally in Dorset.

The third question asked what assurance the Governing Body had sought from SWASFT that the closure of the 999 dispatch would not destabilise the integrated hub to the extent that it was left non-viable, leading SWASFT to not re-bid for the Dorset 111 and Out of Hours?

The Director of Service Delivery said there was no cross subsidy between the 999, 111 and out of hours services and the integrated hub service was funded appropriately. There were some operational issues at SWASFT but there was long term viability and commitment to the integrated service from both organisations.

- 8.1.16 There was a written request that approval of recommendation (a) of the report be postponed as the individual felt approval would prejudice the public consultation and would be seen as a fait accompli. The request was that the recommendation be considered within the public consultation itself.

The Governing Body Secretary and General Counsel said that it would be unreasonable for the GB to proceed to a public consultation without indicating a preferred option as the public needed to be able to consider this when responding to the public consultation.

- 8.1.17 The Governing Body **approved** the recommendations set out in the Clinical Services Review (CSR) – Community Site Specific Consultation Options as follows:-

- (a) **approved** the CCG integrated community services

preferred community site-specific options for community hubs with and without beds (section 2.24 and 2.25); **approved** the proposal to proceed to consultation; **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.

- 8.1.18 The Chair thanked members of the public for their questions and comments and reminded them that there would be an opportunity for further debate during the public consultation phase.
- 8.1.19 The meeting was adjourned for 10 minutes to enable those who wished to leave to do so.
- 8.2 **Sustainability and Transformation Plan (STP) Update**
- 8.2.1 The Chief Officer introduced the report on the Sustainability and Transformation Plan (STP).
- 8.2.2 He said the Dorset Senior Leadership Team (SLT) representing the NHS, local authorities and Public Health had met with the National Leadership Team to discuss Dorset's Sustainability and Transformation Plan (STP).
- 8.2.3 There was a query regarding the outputs from the STP and the Chief Officer said the STP was regarded as the implementation plan for the Five Year Forward View.
- 8.2.4 There were three tiers of work within the STP and the outputs for the Clinical Services Review should include the creation of community hubs and consolidation of some of the services, with better use of the urgent care centres and minor injury units.
- 8.2.5 The Director of Public Health Dorset said the three tiers of work were intertwined with prevention at scale being critical to its success.
- 8.2.6 The Governing Body **noted** the Sustainability and Transformation Plan.
9. **Delivery**
- 9.1 **Quality Report**
- 9.1.1 The Director of Nursing and Quality introduced the report on Quality.

- 9.1.2 There was a focus on the operational issues regarding the 111 service and it was hoped these would be resolved by the Autumn with the re-procurement of the service in Devon.
- 9.1.3 There had been some improvement in the Dorset County Hospital NHS Foundation Trust (DCHFT) mortality rates with the Trust implementing the actions from their external review, but any impact in the reported mortality would not be seen in the national data until the Autumn.
- 9.1.4 A Continuing Healthcare summit had been held in June with the aim of improving the CHC processes and patient experience. Following this an action plan had been drawn up.
- 9.1.5 The number of pressure ulcers reported at Poole Hospital NHS Foundation Trust (PHFT) had increased during quarter 4 and a root cause analysis was being undertaken to identify any underlying issues. An update would be provided at the next meeting. SSh
- 9.1.6 Following a query regarding Initial Health Assessment (IHA) delays for Looked After Children (LAC) being placed more than 50 miles out of county, the Director of Nursing and Quality said the receiving county should undertake the IHA and the Looked After Children Designated Nurse had a tracking system in place to ensure they were undertaken.
- 9.1.7 There was concern regarding performance monitoring of the Children and Adolescent Mental Health Services (CAMHS). The Director of Service Delivery said the trajectories for improvement had been agreed with DHUFT and this information would be included in future Performance reports. PV
- 9.1.8 There was concern regarding the reduction in stroke performance at Yeovil District Hospital NHS Foundation Trust (YDH). The Director of Nursing and Quality was directed to provide a post meeting note. SSh
- 9.1.9 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 one page chart was tabled at the meeting which provided a six month trend on the headline mental health indicators.
- 9.2.3 The Chief Finance Officer said DCHFT had a number of red ratings including the 18 week Referral to Treatment, Diagnostic

Performance, and a number of Cancer Standards. A meeting had taken place and a remedial action plan was awaited.

- 9.2.4 The NHS England re-categorisation of 999 calls meant it would be more difficult to monitor and measure the performance figures for SWAST for several months.
- 9.2.5 There was concern regarding the perception of the ambulance service and how long it was taking to get to the hard to reach areas.
- 9.2.6 Dorset Healthcare University Foundation Trust (DHUFT) was reporting that 92% of mental health targets were being met, however, it was noted the Trust was failing to meet the Community Mental Health Team target of '% adult routine referrals assessed within 28 days'. The main factors impacting performance included workforce and demand pressures. Actions had been agreed with the Trust to address those areas.
- 9.2.7 There was concern raised regarding the relevance of the 5 day and 28 day local targets. The key performance measures were being reviewed to ensure they were the most relevant for the CCG.
- 9.2.8 A discussion took place regarding the Dorset trusts accessing the Sustainability and Transformation Fund with NHS Improvement and it was noted that three of the trusts had not yet agreed their control totals.
- 9.2.9 One of the requirements of the Sustainability Transformation Funding was performance relating to A & E, Referral to Treatment and 62 day cancer waits and there was concern that the data for the Dorset acutes did not provide confidence that they would receive that part of the funding, which would equate to 30%. This would put a further financial risk on the system.

P Blick left the meeting.

- 9.2.10 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 the Government had indicated that Funded Nursing Care rates would increase by 40% from 1 April 2016. This would mean an extra £4M cost for Dorset CCG that had not been budgeted. This could also have wider implications and, based on this information, the overall risk rating would move

from amber to red.

P Blick returned to the meeting.

- 9.3.3 There had been a significant increase in GP referrals and the Business Intelligence team would be linking with Locality Leads to gain a greater understanding of the growth in 2016-17.
- 9.3.4 There was significant variation at locality level that needed to be fully understood.
- 9.3.5 In context, the Director for Public Health Dorset said when comparing the localities, an understanding of the demographic profile of Dorset was important.
- 9.3.6 This issue would be discussed in more depth at the forthcoming Primary Care Commissioning Committee.
- 9.3.7 The Governing Body **approved** the recommendation set out in the Finance Report to hold uncommitted budgets with exceptional spend being at the discretion of the Accountable Officer and/or Chief Finance Officer in accordance with the Scheme of Delegation.

9.4 Assurance Framework

- 9.4.1 The Director of Nursing and Quality introduced the Assurance Framework report.
- 9.4.2 The Governing Body **noted** the Assurance Framework.

9.5 Revised Governance Arrangements

K Kirkham and E Spencer left the meeting.

- 9.5.1 The Governing Body Secretary and General Counsel introduced the report on Revised Governance Arrangements.
- 9.5.2 The Governing Body supported a suggestion that the Assistant Clinical Chair role be a three year terms rather than the current annual re-appointment.
- 9.5.3 The Governing Body Secretary was directed to amend standing orders to reflect a three year appointment for the post of ACC with final approval to the wording of the change delegated to the Chair and Chief Officer.
- 9.5.4 The Governing Body **approved** the recommendations set out in the report as follows:-

CGL

- (a) No committee Terms of Reference be changed;
- (b) Reappointment of Dr Karen Kirkham to the Assistant Clinical Chair role, subject to the amendments set out in 9.5.2-9.5.3 above;
- (c) Appointment of Elaine Spencer to the roles of Governing Body Registered Nurse member; Audit and Quality Committee member and Remuneration Committee member.

K Kirkham and E Spencer returned to the meeting.

9.6 Membership of Localities

9.6.1 The Director of Service Delivery introduced the report on Membership of Localities.

9.6.2 The Governing Body **approved** the changes to the Membership of Localities as outlined in the report.

9.7 Annual Review of the Information Governance Toolkit

9.7.1 The Director of Nursing and Quality introduced the Annual Review of the Information Governance Toolkit.

9.7.2 The Governing Body **noted** the Annual Review of the Information Governance Toolkit.

C Lakeman left the meeting.

9.8 Customer Care Annual Report (including complaints)

9.8.1 The Director of Nursing and Quality introduced the Customer Care Annual Report.

9.8.2 She said the majority of complaints received were regarding Continuing Healthcare (CHC).

9.8.3 The Governing Body noted that the Audit and Quality Committee regularly undertook an in-depth review of complaints.

9.8.4 The Governing Body directed that a complaints benchmarking exercise be undertaken with other CCGs of a similar size.

SSh

M Ni'Man left the meeting

9.8.5 In reply to a question, the Director of Nursing and Quality said that responses to complaints passed to providers were actively sought to provide assurance that the complaint had been dealt with in a timely manner.

9.8.6 It was noted that Dorset Healthwatch had published a report that had been less than positive regarding complaints handled by Dorset providers.

9.8.7 The Governing Body **noted** the Customer Care Annual Report.

9.9 **Looked After Children Annual Health Report**

9.9.1 The Director of Nursing and Quality introduced the Looked After Children Annual Health Report.

9.9.2 The report was a summary of the annual report on the services being commissioned for Looked After Children. The full report was available on the website.

9.9.3 The report would be shared with the Corporate Parenting Boards of the three Dorset local authorities.

9.9.4 There remained issues regarding the provision of Initial Health Assessments for children in Dorset, however, it was noted there had been improvement.

C Lakeman and M Ni'Man returned.

9.9.5 Following concerns regarding DHUFT performance due to insufficient staff resource, the Director of Nursing and Quality said following further investment, a significant number of new staff were being recruited. A framework and service specification had been put in place to manage the intake of new staff and improvement should be seen as staff came into post.

9.9.6 The Governing Body **noted** the Looked After Children Annual Health Report.

9.10 **Transforming Care Programme – Learning Disabilities**

9.10.1 The Director of Service Delivery introduced the report on the Transforming Care Programme – Learning Disabilities.

9.10.2 The Governing Body **noted** the report on the Transforming Care Programme – Learning Disabilities.

9.11 **Staff Survey Results 2015**

9.11.1 The Director of Engagement and Development introduced the report on the Staff Survey Results 2015.

- 9.11.2 There were a number of actions being undertaken to address the issues raised within the Survey and the Director of Engagement and Development would update the September meeting. CS
- 9.11.3 A number of teams came into direct contact with service users and there was concern that three staff had experienced physical violence from services users on more than one occasion.
- 9.11.4 The Governing Body directed that the Director of Engagement and Development consider how to monitor the position regarding the number of staff who had reported experiencing bullying, harassment or discrimination. CS
- 9.11.5 The Governing Body directed that a benchmarking exercise be undertaken with other CCGs for comparison purposes. CS
- 9.11.6 The Governing Body **noted** the report on the Staff Survey Results 2015.
- 9.12 **Commissioning Support Services Annual Report 2015-16**
- 9.12.1 The Director of Engagement and Development introduced the Commissioning Support Services Annual Report 2015-16.
- 9.12.2 The Chief Officer commented on the increasing workloads and pressures for staff with the Clinical Services Review and the repatriation of the PMS contract work from NHS England.
- 9.12.3 The Governing Body directed that a thank you be included in the Chief Officer's next 'blog'. TG
- 9.12.4 The Governing Body **noted** the Commissioning Support Services Annual Report 2015-16.
- 9.13 **360° Stakeholder Survey Summary of Results**
- 9.13.1 The Director of Engagement and Development introduced the report on the 360° Stakeholder Survey Summary of Results.
- 9.13.2 There had been a 62% response rate and the results had shown a positive general direction of travel.
- 9.13.3 There was still further work to do, particularly regarding engagement with the membership. The Director of Engagement and Development said an offer would be made through the GP bulletin to repeat the previous year's practice visits.

9.13.4 The Governing Body **noted** the report on the 360° Stakeholder Survey Summary of Results.

9.14 **Transformation Update**

9.14.1 The Director of Design and Transformation introduced the update on Transformation.

9.14.2 Regarding the timescales for delivery, a number of workstreams under 2.5 were amber rated due to a slippage with dates.

9.14.3 The Governing Body **noted** the report on the update on Transformation.

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 There had been a significant reduction in delayed transfers of care and this was being investigated.

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

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 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 next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group will be held on Wednesday 21 September 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