

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

21 SEPTEMBER 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 21 September 2016 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present:

- Forbes Watson, Chair (FW)
- Jenny Bubb, Locality Lead for Mid Dorset (JB)
- 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 (DHJ)
- 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)
- Ben Sharland, Locality Lead for Central Bournemouth (BS)
- Elaine Spencer, Registered Nurse Member (ES)
- Jacqueline Swift, Joint Primary Care Commissioning Committee Chair (JS)
- George Thomson, Secondary Care Consultant Member (GT) (Part)
- Stephen Tomkins, Locality Lead for Christchurch (ST) (Part)
- 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, 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)
- 9 members of the public

1. Apologies

- 1.1 Colin Davidson, Locality Lead East Dorset
 Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair
 Tom Knight, Locality Lead for North Bournemouth

Action

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 Declarations of Interest and Gifts and Hospitality received and offered were made as follows:-

- Agenda item 8 – Reshaping Your Councils, David Jenkins declared he was President of the Dorset Association of Parish and Town Councils (DAPTC). It was agreed he could remain for the discussion but would not vote.
- Agenda item 9.5 – Revised Governance Arrangements, all GPs declared an interest in recommendation (a). It was agreed all could remain but could not participate in the vote.
- Agenda item 9.5 – Revised Governance Arrangements, Teresa Hensman declared an interest in recommendation (b). It was agreed she could remain but would not vote.
- Agenda item 10.1 – Developing a Networked Approach to Urgent and Emergency Care, Dr M Ni'Man declared a conflict of interest as owner of the Minor Injuries Unit (MIU) (Boscombe and Springbourne Walk In Centre). It was agreed he could remain for the discussion but would not vote.

CGL

4. Minutes

4.1 The minutes of the meeting held on 20 July 2016 were **approved** as a true record.

5. Matters Arising

5.1 9.11.5 – it was noted there had been a low completion rate by CCGs for the national staff survey. The Director of Engagement was directed to check the position regarding completion of the survey by Commissioning Support Units (CSUs).

CS

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 The Governing Body noted Dr Tom Knight's resignation as Locality Lead for North Bournemouth. The process for expressions of interest for a replacement was underway.
- 6.3 On behalf of the Governing Body the Chair recorded his thanks to Dr Knight for his contribution to the Governing Body and the CCG.
- 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 There were no further updates.
- 7.3 The Governing Body **noted** the Update of the Chief Officer.
- 8. Strategy**
- 8.1 Local Government Review – Reshaping Your Councils**
- 8.1.1 The Director of Service Delivery introduced the report on the Local Government Review – Reshaping Your Councils.
- 8.1.2 Governing Body members were being asked to consider the CCG's response to the consultation.
- 8.1.3 Feedback regarding the CCG's proposed response had been received from a member of the public and this would be shared with the councils accordingly.
- 8.1.4 Whilst a single consultation exercise with options agreed by all nine authorities was welcomed, it was disappointing that the option for one large unitary council for the whole of Dorset had not been included and the advantages of a pan-Dorset local authority could be missed.
- 8.1.5 Option 2(a) was considered the least attractive and there was concern that it did not fit with the Purbeck locality.
- 8.1.6 The Governing Body directed that the proposed CCG response be strengthened regarding support for a single unitary council, particularly from a Health and Wellbeing perspective, and to express disappointment that this option had not been included in the consultation.
- 8.1.7 The Governing Body directed that authority be delegated to the Chief Officer to approve the final response. Locality Leads would be given 21 days to discuss the proposed

CGL

MW

TG

Locality

	response with their respective locality and provide feedback to the Secretary and General Council.	Leads
8.1.8	The Governing Body approved delegated authority to the Chief Officer to approve the final response to be submitted by 25 October 2016.	
9.	Delivery	
9.1	Quality Report	
9.1.1	The Director of Nursing and Quality introduced the report on Quality.	
9.1.2	The Care Quality Commission (CQC) report for Dorset County Hospital NHS Foundation Trust (DCHFT) had rated the service as 'Requires Improvement'. A Quality Summit had been held and an action plan was being developed.	
9.1.3	It was noted there had been one new Never Event reported at DCHFT and that their stroke performance was poor.	
9.1.4	A Dorset CCG/DCHFT Board to Board meeting had been arranged for 25 October and the quality issues identified would be discussed.	TG
9.1.5	111 performance still remained poor but improvement was expected once the new Devon service commenced in October.	
9.1.6	The Care Home Quality Team had been successful in their funding-bid for two cohorts of leadership training for care home managers.	
9.1.7	The Director of Nursing and Quality was directed to ensure acronyms contained within reports were initially written in full.	SSh
9.1.8	The Governing Body directed that the Director of Nursing and Quality clarify by post meeting note whether under item 4.4 – Medicines Management, the 19 October conference referred to was a national or regional conference.	SSh
9.1.9	There was concern at the lack of guidance to revert from a new oral anticoagulant to Warfarin if required. The Director of Nursing and Quality was directed to raise this with the Medicines Management Team.	SSh

Dr M Ni'man arrived.

- 9.1.10 Following concern regarding the additional strain on resources that would result from the Syrian resettlement scheme, the Director of Nursing and Quality said there would only be a small number settling in Dorset and a planning process was underway.
- 9.1.11 Concern was raised regarding the unchanged PHFT stroke service level which had remained at Level D for a year. There was an improvement plan in place and the Trust was working with the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCH) and DCHFT through the Vanguard to improve performance. The Director of Nursing and Quality was directed to provide a timeframe for the improvement plan. SSh
- 9.1.12 It was noted a robust deep dive had been undertaken regarding Maternity serious incidents and no trends or themes had been identified.
- Dr S Tomkins arrived and Dr G Thomson arrived.**
- 9.1.13 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 There had been a further decline in DCHFT performance particularly regarding Ophthalmology. This had been raised formally through the contract monitoring process and would be raised at the forthcoming Dorset CCG/DCHFT Board to Board meeting. PV
- 9.2.3 It was noted the Child and Adolescent Mental Health Services (CAMHS) performance had improved with encouraging signs that tier two and three waiting times had reduced. However, there were still remedial actions needed within the Bournemouth and Christchurch localities. The Governing Body recognised that the 95% target may take a little longer to be met.
- 9.2.4 Under paragraph 2.28, the Governing Body directed that the Chief Finance Officer circulate the missing 'bed days lost' chart by post meeting note. PV
- 9.2.5 There was concern regarding the short- notice withdrawal of the ambulatory leg ulcer service from Purbeck and the Governing Body directed the Chief Finance Officer to raise at the next RBCHFT contract review meeting. PV

- | | | |
|--------|---|-------|
| 9.2.6 | There was concern at the length of time being taken to resolve the dementia-diagnosis data issues. A formal appeal had been put together regarding the data and an update would be reported to the CCC following which a view could be taken regarding further action. | |
| 9.2.7 | The 'Steps to Wellbeing' performance targets had been reported as good but the Locality Lead for Mid Dorset said this was not the case on the ground. There was a suggestion that first telephone contact may be being taken into account even though this should not be classed as treatment. The Chief Finance Officer said there could be variation across Dorset and he would need to review the position by locality. | PV |
| 9.2.8 | There had been a significant increase in the number of 999 calls being responded to within the '20 minute or over' category. Assurance was sought that a mechanism was in place for reviewing potential harm to affected patients. | MW |
| 9.2.9 | It was noted a national pilot was underway to improve response times and ensure the most appropriate response was provided for each patient, first time. The Director of Service Delivery said arrangements were being made for a meeting to better understand the pilot, including how it could be evaluated. There was also a need to better understand the local position, including the location of the '20 minutes and over waits' and whether they were true red calls. Contact would be made with SWAST to pursue. | MW |
| 9.2.10 | It was noted that Dorset scored as one of the lowest in terms of ambulance conveyances to an A & E department. | |
| 9.2.11 | The Governing Body directed that a deep dive be undertaken at the forthcoming Development Workshop, with attendance from SWAST. | MW/CS |
| 9.2.12 | There was general concern that performance of the acute trusts, particularly DCHFT would affect the CCG's assurance rating and the Chief Finance Officer assured the Governing Body of the adequacy of the processes in place to address performance issues. Board to Board meetings were generally by exception and the forthcoming DCHFT/Dorset CCG Board meeting reflected the seriousness with which the CCG viewed the matter. | |
| 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 highlighted paragraph 1.6 where more detail had been provided regarding the provider position.

9.3.3 Regarding GP referrals, the July 2016 numbers were significantly up on July 2015 but were better than previous months in 2016 and the current overall position showed referrals up by 4%.

9.3.4 Purbeck locality showed the highest growth rate for GP referrals and the Locality Lead for Purbeck was concerned that the data may be incorrect. The Chief Finance Officer agreed to discuss this outside the meeting.

9.3.5 Public communications regarding the continuing state of provider deficit within Dorset were important to ensure public awareness remained high. Whilst there was a planned movement from a £63.6M deficit to an £8M deficit by the end of March 2017, this was a best case scenario. There was optimism that the trusts would be able to reach the majority of the financial and performance targets required to enable access to the £22.1M Sustainable Transformation Plan (STP) funding.

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

9.5 Revised Governance Arrangements

All GPs present were conflicted on recommendation (a) and did not participate in the decision. The Chair was handed to the Deputy CCG Chair for this recommendation. Teresa Hensman was conflicted for recommendation (b) and did not participate in that decision.

9.5.1 The Secretary and General Counsel introduced the report on Revised Governance Arrangements.

PV

9.5.2 NHS England had issued revised statutory guidance for CCGs on managing conflicts of interest and the report set out a number of key changes.

9.5.3 Regarding paragraph 2.10 of the report, the Secretary and General Counsel said an explanation regarding the rationale for GP members of the Primary Care Commissioning Committee continuing to have voting rights would be included in the year-end control statement. He confirmed that the CCG's internal auditors had accepted this explanation.

9.5.4 The Governing Body needed to have evidence on an annual basis that there was a robust Conflicts of Interest Policy in place and it was suggested that appropriate supporting evidence could also be provided at individual GP Lead annual appraisals to show compliance.

9.5.5 Following concern that any non-compliance could affect the CCG's assurance rating, it was noted that this was statutory guidance rather than regulation and provided the CCG evidenced why it had chosen not to comply with a specific recommendation then there would be a sound case for challenging any resulting assurance rating.

9.5.6 The Chair passed to the Deputy CCG Chair for recommendation (a).

9.5.7 With a show of hands, those Governing Body members entitled to vote were asked to approve the following:-

- a) the recommendations set out in the report, namely amendments to the Standards of Business Conduct Policy to incorporate changes required by NHS statutory guidance regarding Conflicts of Interest.

All approved.

9.5.8 The Chair was handed back for recommendations (b) and (c):-

- b) The appointment of Teresa Hensman as Conflicts Guardian.

All approved.

CGL

CGL

- c) Delegated authority to the Chair and the Accountable Officer to make further minor consequential changes as may be required.

All approved.

9.6 Transformation Update

- 9.6.1 The Director of Design and Transformation introduced the Transformation Update.
- 9.6.2 The Dorset Care Record rating had been shown as red due to the longer time required to fully understand the benefits to be gained from the system.
- 9.6.3 The Governing Body **noted** the Transformation Update.

10. Wider Healthcare issues

10.1 Developing a Networked Approach to Urgent and Emergency Care

Dr M Ni'Man declared a conflict of interest as owner of the Minor Injuries Unit (MIU) (Boscombe and Springbourne Walk In Centre). It was agreed he could remain for the discussion but not participate in the decision.

- 10.1.1 The Locality Lead for Poole Central introduced the Update on Developing a Networked Approach to Urgent and Emergency Care.
- 10.1.2 He said achievement of the A & E Department 4 hour target remained challenging and there were many MIUs across the county either not resilient or not working at full capacity. The System Resilience Group agreed there were benefits in delivering option 2 as set out in the report.
- 10.3.3 During times of significant pressure, it was not always possible for DHUFT to staff the MIUs. A more integrated system could mitigate this.
- 10.1.4 There was concern that awarding the contract to the acute providers could result in MIU staff being pulled into acute A & E departments, when required, to support staffing shortages. Any contract would need to make clear this did not happen.
- 10.1.5 There was concern regarding a workable solution in the more rural areas.

10.1.6 There was a view that this needed to be primary care led and that this could be an opportunity to re-brand MIUs.

10.1.7 The Director of Service Delivery was asked to consider the comments received and submit a revised report to the Clinical Commissioning Committee for further consideration/decision.

MW

10.1.8 The Governing Body **did not approve** the Update on Developing a Networked Approach to Urgent and Emergency Care.

10.2 **Systems Resilience Update**

10.2.1 The Locality Lead for Poole Central introduced the Update on Systems Resilience.

10.2.2 He said this would be the last report as a System Resilience Group (SRG) and in line with new national guidance, SRGs would be transformed into Local A & E Delivery Boards.

10.2.3 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 The Governing Body Secretary reported the use of the Urgent Decision process for the appointment of Dr M Ni'man as the Governing Body GP representative to the Primary Care Commissioning Committee (PCCC).

11.3.2 Following a query it was confirmed that the appointment was for a 1 year term and supported by the GP members of the Primary Care Reference Group. The position would be reviewed and the appointment would be dependent on best availability to attend the PCCC meetings.

CGL

12. **Questions from the Public**

12.1 The Chair introduced the Public Questions item.

12.2 Mr P Jordan said more clarity was required when using percentage figures and gave an example of referring to a 90% increase last year and a 90% increase this year but not referring to the fact that the 90% increase this year was an increase on a bigger population. The Chair noted his comment.

12.3 Mr P Jordan highlighted the understated profile of the Minor Injury Units (MIUs) with the majority of the public not aware of them or their location, hence the low number of attendances. It was noted that most MIUs were sited on community hospital sites.

13. **Any Other Business**

13.1 The Chief Finance Officer said the Healthcare Financial Management Association (HFMA) planned to run a 'Finance for non-finance' training event on 6 October 2016 in Dorchester. He asked that any interested members contact him for further details.

All

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 16 November 2016 at Vespasian House at 2pm.

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.