

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

16 SEPTEMBER 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 16 September 2015 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

- Present:**
- Forbes Watson, Chair (FW)
 - Peter Blick, Locality Chair for Central Bournemouth (PB)
 - Chris Burton, Secondary Care Consultant Member (CB)
 - Rob Childs, Locality Chair for North Dorset (RC) (part)
 - 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)
 - Karen Kirkham, Locality Chair for Weymouth and Portland and Assistant Clinical Chair (KK)
 - Tom Knight, Locality Chair for North Bournemouth (TK)
 - Blair Millar, Locality Chair for West Dorset (BM)
 - Mary Monnington, Registered Nurse Member (MM)
 - David Richardson, Locality Chair for Poole North (DR)
 - Andy Rutland, Locality Chair for Poole Bay (AR)
 - Patrick Seal, Locality Chair for Poole Central (PS)
 - Stephen Tomkins, Locality Chair for Christchurch (by proxy)
 - Paul Vater, Chief Finance Officer (PV)
- In attendance:**
- Alan Betts, Deputy Director, Transformation Delivery (AB)
 - Conrad Lakeman, Governing Body Secretary and General Counsel (CGL)
 - Martin Longley, Deputy Locality Chair for Mid Dorset (ML)
 - Steph Lower, Executive Assistant (SL)
 - Sally Shead, Director of Quality (SSh)
 - Charles Summers, Director of Engagement and Development (CS)
 - Mike Wood, Interim Director of Service Delivery (MW)
 - 4 members of the public

1. Apologies

- 1.1 Jenny Bubb, Locality Chair for Mid Dorset
Jacqueline Swift, Joint Primary Care Commissioning
Committee Chair (for Part 1).

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 Karen Kirkham declared an interest in item 9.6.

CGL

4. Minutes

- 4.1 The minutes of the meeting held on 15 July 2015 were **approved** for signature by the Chair 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.

6. Chair's Update

- 6.1 The Chair introduced his Update.
- 6.2 The Governing Body noted that Patrick Seal would be stepping down from Locality Chair to Deputy Locality Chair for Poole Central from 1 October 2015, and thanked Patrick for his contributions to the Locality Chair role.
- 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 He said the next NHS England - South (Wessex) Assurance meeting would be held on 21 September 2015. The meeting would follow the new process and assurance domains.
- 7.3 He and Dr Kirkham had received a petition from the Save SCBU and Kingfisher Facebook Group and media coverage was expected.

7.4 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 The Governing Body noted there had been three never events reported for Royal Bournemouth and Christchurch (RBCH), Poole Hospital (PCH) and Dorset Healthcare (DHUFT).

9.1.3 A safety awareness meeting was to be held with RBCH following their never event.

9.1.4 The World Health Organisation (WHO) surgical checklist had not proven to be successful across England and NHS England had released a new 'Improving Safety in Invasive Procedures' document.

9.1.5 The 111 service had improved since the introduction of a ring-fenced service from July 2015.

9.1.6 The Governing Body noted that the CQC was currently undertaking inspections within general practice in Dorset.

9.1.7 There were concerns regarding care home capacity and patient safety. The Director of Quality said a report would be taken to the Joint Primary Care Commissioning Committee meeting on 7 October 2015 regarding this issue.

9.1.8 PCH was not meeting the threshold for complaints performance. The Director of Quality said there had been capacity issues within the department, but a new system was now in place with a detailed action plan for improvement.

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 He said an action plan was in place to address the non-

admitted Ophthalmology backlog at DCH.

- 9.2.3 The Governing Body noted that in general, the Trusts were achieving the four hour wait target for A & E.
- 9.2.4 There was concern that only 76% of mental health targets were being met, but the Governing Body noted that a review was taking place and a lot of work had been undertaken regarding the Memory Assessment Service.
- 9.2.5 There was concern at the referral times reported for CAMHS (emotional health and wellbeing) with particularly high levels in Bournemouth and Christchurch. It was noted the current reviews should help to address this.
- 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 He highlighted the main risk areas for 2015-16 that were prescribing, Continuing HealthCare and non-NHS contracts.
- 9.3.3 There was concern at the increased overspend at Salisbury Hospital. The majority of this overspend was within non PBR, adult critical care and emergency.
- 9.3.4 Regarding the New Hall, BMI and Spire Healthcare non NHS contracts, the Chief Finance Officer said work was being undertaken to assess whether further mitigation could be actioned in this area, recognising the balance of patient choice and financial sustainability.

R Childs arrived.

- 9.3.5 The Governing Body **noted** the Finance Report.

9.4 **Two Year Delivery Plan**

- 9.4.1 The Interim Director of Service Delivery introduced the Report on the Two Year Delivery Plan.
- 9.4.2 A number of priorities were being integrated into the Clinical Services Review and there were no particular areas of concern/risk that had not been covered in the performance or resilience reports.
- 9.4.3 The Governing Body **noted** the Two Year Delivery Plan Report.

9.5 Assurance Framework

- 9.5.1 The Director of Quality introduced the Assurance Framework report.
- 9.5.2 There had been no new gaps in assurance identified since the last meeting but the Quarter 4 NHS England assurance outcome was still awaited.
- 9.5.3 The Governing Body **noted** the Assurance Framework.

9.6 Revised Governance Arrangements

- 9.6.1 The Governing Body Secretary and General Counsel introduced the report on Revised Governance Arrangements.
- 9.6.2 Karen Kirkham declared an interest in this item and did not participate in the vote regarding recommendation (d). CGL
- 9.6.3 There was concern regarding how the Joint Primary Care Commissioning Committee (JPCCC) and primary care commissioning linked to the Governing Body.
- 9.6.4 The Interim Director of Service Delivery said a JPCCC development session had been held that morning to review how the Committee operated. It was complicated partly due to conflicts of interest, and a lack of clarity regarding what the CCG/NHS England was each responsible for. A Scheme of Delegation would be created that would provide clarity and accountability.
- 9.6.5 The Chair of the Audit and Quality Committee had been in discussion with the Chair of the JPCCC regarding the links between both committees, particularly in light of the new NHS CCG assurance requirements.
- 9.6.6 It was acknowledged more work would be required to optimise committee interaction.
- 9.6.7 The Governing Body **approved** recommendations (a)–(d) as set out in the report on Revised Governance Arrangements. CGL

9.7 Assurance Process for 'Everyone Counts' Funding for Patients Aged 75 and Over

- 9.7.1 The Director of Quality introduced the report on the Assurance Process for 'Everyone Counts' Funding for Patients Aged 75 and Over.

- 9.7.2 The report detailed the assurance process to date in relation to the additional funding for patients aged 75 and over within primary care, and outlined future plans for monitoring those services.
- 9.7.3 The first Assurance Review Panel had met in June to assess the progress and effectiveness of the schemes in place, but had acknowledged that it was too early to conclude how the schemes were working, with further information required to analyse effectively.
- 9.7.4 Learning from the more successful schemes would be shared across the CCG for best practice.
- 9.7.5 The proposal considered by the JPCCC that 10% funding would be withheld and paid upon evidence of the KPIs and/or demonstrable improvements achieved had now been reassessed. Following further discussions, it was now proposed that the 10% funding would not be withheld and the contracts would be managed following the usual NHS standard contractual process whereby if performance was deemed not to have been achieved, a remedial action plan would be agreed between the CCG and the provider with improvement trajectories put in place.
- 9.7.6 There was concern regarding the suggested KPI of 3.5% reduction in unscheduled admissions which did not label specifically against the over 75s and could therefore create difficulties for those practices with low admissions of over 75s. The Director of Quality said the data would be split to enable review for those over 75s and those under 75s.
- 9.7.7 The Governing Body **noted** the report on the Assurance Process for 'Everyone Counts' Funding for Patients Aged 75 and Over.
- 9.8 **Looked After Children Annual Report**
- 9.8.1 The Director of Quality introduced the Annual Report on Looked After Children (LAC).
- 9.8.2 She said this was the first Dorset CCG report in relation to Looked After Children.
- 9.8.3 The Governing Body noted the significant impact of the new statutory guidance which would result in an increased cohort of young people maintaining LAC status until their 21st or 25th birthday.

- 9.8.4 A review of current Dorset Healthcare service delivery had been requested, with the overview of findings to be presented to the CCG to inform ongoing commissioning.
- 9.8.5 There was concern regarding Dorset County Council's timeliness of initial health assessments and work was ongoing to improve the position. Following a meeting with the Director of Children's Services at Dorset County Council, it was planned to achieve 100% by October 2015 and the Director of Quality agreed to provide an update to the next Governing Body meeting. SSh
- 9.8.6 She said the reason for the significant variation in the number of looked after children between local authorities in Dorset was due to the number of foster families and children's homes available within an individual local authority area. Some children would not be local and may have been placed from out of county where there were no facilities or available foster families. The Committee directed the Director of Quality to review this and provide further detail. SSh
- 9.8.7 The Governing Body **noted** the Annual Report on Looked After Children.
- 10. Wider Healthcare issues**
- 10.1 Systems Resilience Update including Operational Resilience and Capacity Plans (NHS England South (Wessex))**
- 10.1.1 The Interim Director of Service Delivery introduced the Update on Systems Resilience including Operational Resilience and Capacity Plans (NHS England South (Wessex)).
- 10.1.2 He said the remit of the Systems Resilience Group had been expanded to include cancer performance and mental health targets.
- 10.1.3 The Emergency Planning and Resilience functions had now been brought together to sit within the Service Delivery directorate.
- 10.1.4 Planning was underway for the expected increased pressures during the 2015-16 winter period and the lessons learned from the 2014-15 winter and Easter periods would be used to inform the preparations.

- 10.1.5 He said there was an improved escalation procedure to enable checking against criteria when a hospital was busy.
- 10.1.6 Strategic planning would be required if the CCG was to write to practices again regarding availability and opening times during the 2015-16 Christmas and New Year period.
- 10.1.7 The Governing Body noted that the delivery of the Delayed Transfer of Care target was the most challenging of the eight high impact interventions.
- 10.1.8 The figure for the Poole local authority area for the proportion of older people (65+) still at home 91 days after discharge appeared to be 12% less effective than 2014-15 and the Interim Director of Service Delivery was directed to review and report.
- 10.1.9 The Governing Body **noted** the Update Report on Systems Resilience including Operational Resilience and Capacity Plans (NHS England South (Wessex)).
- 10.2 **Better Together update**
- 10.2.1 The Interim Director of Service Delivery introduced the update on Better Together.
- 10.2.2 He said the Better Together Programme was coming to an end and a review was underway regarding how to continue to take it forward in the future.
- 10.2.3 There was concern that Better Together Programme and Better Care Fund was not fully understood. The Chief Officer explained that Dorset was a national pilot for the Better Together Programme. The Programme sought to deliver a whole system approach for adult social care and health with a more integrated approach to commissioning and providing care in Dorset.
- 10.2.4 The Better Care Fund was a national initiative to pool resources. The national performance targets regarding emergency admissions and delayed transfers of care required pooled budgets to enable targets to be delivered.
- 10.2.5 There was a query regarding funding for the health and social care co-ordinators as funds had apparently been set aside within Better Together, but funding was also being requested within the CCG prioritisation exercise. This was a complex position and the Chief Finance Officer was directed to review and report.

MW

PV

10.2.6 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 The Chair introduced the Public Questions item.

12.2 Mr Jordan asked the following questions:-

- 12.3
1. Accessibility– how does the CSR show its integral proposals for equitable accessibility?
 2. Paediatrics– why is it said that the future location of the current DCH paediatrics facilities will not be decided until sometime in 2016?
 3. Design– why does the CSR fundamental (basic) design still seemingly focus on not one but two conurbation hospitals?

Regarding accessibility, the Deputy Director, Transformation Delivery said one of the key parts of the CSR was developing care outside of hospital and increasing locality based services with the aim of improving access to local services in Dorset for the majority of patients. The current information available may refer more to the work undertaken with the hospitals and the out of hospital care could be discussed in more detail when Mr Jordan met with the Director of Design and Transformation.

Regarding the design, the Deputy Director, Transformation Delivery said certain regulations had prevented the option of having only one hospital in the East.

Regarding the paediatrics service at DCH, the Assistant Clinical Chair said 'sustainable' services were required and detailed work was currently ongoing with clinicians across Dorset regarding the potential models of care. There was an acknowledgement that deferring decisions until 2016 could

create anxiety amongst the public but that timely public engagement would continue to maintain confidence.

- 12.4 Mr East asked how the quality and cost of the previous non-urgent patient transport service compared to the current service.

The Chief Officer said the previous service was predominantly a Monday–Friday service and did not fully meet requirements. The cost for the current service was higher but less restrictive with more patients being transported, including evenings and weekends. Whilst the service had a difficult start in terms of set up and initial implementation, the service currently in place was improved. He said a CQC inspection and quality audit had been carried out on the new service.

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 18 November 2015 at Vespasian House at 14.00hrs.

15. **Exclusion of the Public**

To resolve that representatives of the Press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.