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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

20 MAY 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 20 May 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, Consultant Member (CB)
Rob Childs, Locality Chair for North Dorset (RC)
Paul French, Locality Chair for East Bournemouth (PF)
Tim Goodson, Chief Officer (TG)
David Haines, Locality Chair for Purbeck (DH)
Teresa Hensman, Lay Member (TH)
David Jenkins, Lay Member (DJ)
Karen Kirkham, Locality Chair for Weymouth and Portland (KK)
Tom Knight, Locality Chair for North Bournemouth (TK)
Blair Millar, Locality Chair for West Dorset (BM)
Patrick Seal, Locality Chair for Poole Central (PS
Paul Vater, Chief Finance Officer (PV)

In attendance:
Conrad Lakeman, Governing Body Secretary and General Counsel (CGL)
Steph Lower, Executive Assistant (SL)
Jane Pike, Director of Service Delivery (JP)
David Richardson, Deputy Locality Chair for Poole North (DR)
Sally Shead, Director of Quality (SSh)
Charles Summers, Director of Engagement and Development (CS)
13 members of the public

The Chair advised the meeting of a change to the running order of the agenda with the Clinical Services Review presentation and paper (agenda item 8.1) being taken first, followed by related questions from the public. The agenda would then revert to the advertised running order with the opportunity for members of the public to ask questions at the end of Part 1 pertaining to other CCG issues.	**Action**

1. Apologies

1.1 Colin Davidson, Locality Chair East Dorset
Chris McCall, Locality Chair for Poole North
Mary Monnington, Consultant Nurse Member
Andy Rutland, Locality Chair for Poole Bay
Stephen Tomkins, Locality Chair for Christchurch

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 It was noted under agenda item 9.6 Clinical Commissioning Local Improvement Plan 2015-16, those GPs who were principals in practices would be required to declare an interest and the Chair would pass to David Jenkins, Deputy CCG Chair.

4. Minutes

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

5. **Matters Arising**

5.1 The Director of Service Delivery said the review of the Easter plans had been used to inform preparedness for the forthcoming May bank holidays to ensure the right levels of cover to manage the predicted level of demand.

6. Chair's Update

6.1 <u>Appointment of Assistant Clinical Chair</u>

6.1.1 KK left room for this item.

6.1.2 The Chair said Dr Karen Kirkham, Locality Chair for Weymouth and Portland was the recommended GP to be appointed to the role of Assistant Clinical Chair when the tenure of the current Assistant Clinical Chair came to an end on 31 July 2015.

6.1.3 There was unanimous support from members for the appointment of Dr Kirkham.

6.1.4 KK returned to the meeting.

6.1.5 The Chair announced the appointment of Jacqueline Swift as the Joint Primary Care Committee lay Chair and Governing Body lay member. The appointment would commence on 26 May 2015.

6.1.6 The Governing Body **noted** the Chair's Update.

7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

7.2 He referred to the CCG provisional assurance assessment from NHS England under paragraph 2.7 and said the final assurance grading had now been received with Domain 1 increased to 'Assured'.

7.3 Following a query regarding the meaning of 'Assured with support', the Chief Officer said the support was either in the form of benchmarking other CCGs in a particular area or asking if the CCG needed any support.

7.4 Regarding the Bournemouth and Poole Health and Wellbeing Board minutes for 5 March 2015 - paragraph 2.2, the Director of Service Delivery said there was a need to ensure there was an appropriate level of beds for both males and female and work was ongoing with Dorset Healthcare (DHUFT) to resolve the issue.

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

8. Strategy

8.1 **Clinical Services Review (CSR)**

8.1.1 The Programme Director (Transformation) introduced the Clinical Services Review report and consultation options.

8.1.2 He said the purpose of the report was to seek Governing Body approval to proceed to public consultation on the first stage of the CSR.

8.1.3 Dr Karen Kirkham gave an overview presentation on the overview of the review, analysis and design stage.

8.1.4 The Programme Director (Transformation) said there were four amendments to the Governing Body report highlighted in red as follows:-

CGL

- Page 11 – Maternity and Paediatrics – final bullet point should read 'Neonatal Intensive Care Unit level ~~3~~ 2';
- Page 12 – Urgent and Emergency Care – first bullet point should read '24/7 ~~Consultant led~~ A & E with 14/7 consultant presence*';
- Page 12 – Maternity and Paediatrics – first bullet point should read '24/7 consultant led cover with an increase to approx. 60 hours per week on labour unit and 108 ~~128~~ hours on call at night (either resident or at home if within 30 minutes)*'.

8.1.5 At the end of the presentation the Chair invited questions from members of the public:-

8.1.6 Mr C East said he had recently experienced RBCH and DCH. He had travelled 60 miles for an operation and a minor follow up appointment and said the issue of travelling was important within West Dorset and hoped it would be sorted through the CSR. He said the A & E changes for DCH had been clarified but said it was unclear what changes were being made to the Maternity and Paediatrics service and asked what the current services and future proposals were.

8.1.7 Dr Kirkham responded that DCH currently had consultant led care with 40hrs per week of obstetric cover in line with current national standards. It was anticipated this would increase to 60 hours per week and 108 hours on call at night (either resident or at home if within 30 minutes). The detail of the proposed future paediatric provision at DCH was still being discussed with clinicians to ensure a proposal that would deliver high quality care in a safe and sustainable manner. To date the proposals suggested that the direction of travel in the west of the county would be in line with national guidance towards the provision of a high quality paediatric assessment unit (PAU) as part of a Dorset-wide network. The PAU would work closely in a network arrangement with the paediatric services across the rest of Dorset. Children with acute trauma needs and those requiring major surgery would continue to be transported directly to, or transferred to Southampton General Hospital as they were now and specialist paediatric assessment or treatment would be delivered on site at the proposed major emergency hospital in the east of Dorset. This would also include a specialist neo-natal unit. The discussions were ongoing and no decisions had been taken regarding a PAU or inpatient treatment.

8.1.8 Question – Mr A Hutchings asked what consultation had taken place with SWAST in relation to transferring patients from the Weymouth and Portland area.

8.1.9 The Programme Director (Transformation) said SWAST had been fully involved in all the CSR work to date. Throughout the process the role of SWAST as an emergency service rather than just a conveyor of people had been emphasised.

8.1.10 There was confidence in the competence of SWAST staff to assess unwell patients. This was already been undertaken with a number of patients being transferred within and outside of Dorset to the appropriate services. Although no decision had yet been made, SWAST was actively looking at their capacity to handle the proposed options.

8.1.11 Mr A Hutchings asked when the 14 hour consultant presence would be provided within the DCH A&E.

8.1.12 The Chief Officer said some media coverage had unfortunately given the impression of a decrease in hours but that this was not the case and the hours would be the same as currently offered. The consultant presence would predominantly be during the day time hours and for late night/early morning serious cases, the patient would likely already be in an ambulance on route to the most appropriate service. He pointed out that those arrangements had already been in place for some time.

8.1.13 Mr A Hutchings asked when a sleep disorder service would be provided locally?

8.1.14 The Director of Service Delivery said there were a number of people who required the sleep service but his comments would be taken on board.

8.1.15 Mrs McClaren said she was a kidney transplant patient and asked if the proposed changes would affect where she accessed her renal reviews and the services at DCH.

8.1.16 The Director of Service Delivery said renal services were specialist commissioning and there was no CCG intention to move those services.

8.1.17 Mrs McLaren was concerned regarding access to the Poole radiotherapy service and said she was aware that a number of patients had experienced difficulty with the travel arrangements provided.

8.1.18 The Director of Service Delivery said radiotherapy was a specialised service required a fixed centralised facility. There was an awareness of the transport issues and work was ongoing with the provider to improve the service.

8.1.19 Mr P Jordan said he lacked confidence in the CCG's ability to achieve the CCG's sixth aim through the CSR.

8.1.20 He was concerned about the 750,000 other people in Dorset being able to access, realise and find out the issues. He was also concerned about the partnerships aspect.

8.1.21 Regarding accessibility, he did not feel he had received a satisfactory answer to his previous questions raised in the Need to Change document.

8.1.22 He said there was no mention of the NHS central guidance on advice regarding climate change and with emergencies due to climate change a possibility, a contingency plan was needed.

8.1.23 The Director of Engagement and Development explained the extensive public engagement undertaken that had been instrumental in informing the forthcoming consultation. There was recognition of the diversity of the population of Dorset and the need to engage with the difficult to reach areas. Roadshows were planned and the consultation document would be set out in plain English, easy read and audio. Following the public consultation, an independent report would be produced which would contain the feedback received from the consultation. The Governing Body would receive this report as part of the decision making phase to ensure the public voice was heard.

8.1.24 In response to the partnership working comments, the Chief Officer said partners, including the Police and Fire Service had been updated on the process.

8.1.25 Regarding accessibility, this was always going to be challenging in rural parts of the county and was not something the NHS could solve independently. There was a good ambulance service and there had been high investment in the patient transport service. The public transport issue in rural areas could be considered through the Health and Wellbeing Boards to ensure the local authorities were playing their part.

8.1.26 Regarding climate change, this was a challenging issue and again, something the NHS could not tackle independently. The aspiration for the out of hospital models was to be able to offer more services for patients closer to home with the aim of less travel e.g. community hospitals and hubs.

PR

8.1.27 It was agreed that the climate change issues would be explored further.

8.1.28 The Governing Body **approved** the following recommendations:-

(a) agree with the out of hospital approach;
(b) agree with acute hospital models of care and site specific options;
(c) approve the proposal to proceed to consultation;
(d) approve the delegation of authority to the Chair and Accountable Officer to make minor amendments to the consultation proposal to address the external assurance feedback;
(e) approve the delegation of authority to the Control and Assurance Group to sign off the consultation document.

The Chair emphasised that no decisions had yet been made regarding the options with the only decision taken being to proceed to public consultation.

8.2 **Equality and Diversity Strategy update**

8.2.1 The Director of Engagement and Development introduced the Equality and Diversity Strategy update.

8.2.2 The report provided an overview of the changes to the CCG's Equality and Diversity Strategy since the 2012 published version. The focus of the strategy was how the CCG would embed equality and diversity throughout.

8.2.3 The Governing Body **approved** the Equality and Diversity Strategy report.

9. Delivery

9.1 **Quality Report**

9.1.1 The Locality Chair for East Bournemouth introduced the report on Quality.

9.1.2 Royal Bournemouth and Christchurch Hospital (RBCH) had reported a Never Event in March 2015. The incident was being investigated, however, the CCG had requested involvement in the investigation following a similar incident that had occurred last year.

9.1.3 The Director of Quality said there had been CCG attendance at meetings with clinical staff to review how surgical checklists could be rolled out into the minor areas. There was a good programme of testing in each area and auditing to ensure appropriate checklists were in place to prevent a recurrence.

9.1.4 Safeguarding training at DCH had fallen below expected levels and the Trust had been issued with a Contract Query which required them to take remedial action to improve the position. A plan with set trajectories for improvement was being compiled by DCH.

9.1.5 It was noted that the CCG had successfully achieved a Satisfactory score for the Information Governance Toolkit.

9.1.6 The CQC was about to commence the next round of inspections within general practice in Dorset. The Quality Directorate would support practices if required.

9.1.7 Following concern regarding SWAST call answering times, the Director of Service Delivery said weekly meetings were being held with SWAST. Members noted that the 111 service had shown recent improvement. Work was ongoing regarding a single point of access and linkages to the 999 service.

9.1.8 There was concern regarding the potential impact on the Dorset/Somerset boundary areas regarding the out of hours cover and 111 service in Somerset which would be provided by a new company.

9.1.9 The Director of Service Delivery said the change of provider was a planned process and the 111 service was provided on a dialling code basis. Somerset patients would go through to the Somerset service and Dorset patients would go through to the Dorset service.

9.1.10 There was concern regarding the deficit in day trained staff for DCH and RBCH shown in the graph on page 7 and what was being done to address the position.

9.1.11 The Director of Quality said the underlying issue was the difficulty in recruiting. All providers continued to publish their staffing levels on a monthly basis and visits to the Trusts were undertaken by the CCG with checks undertaken on the number of day time staff on the wards.

9.1.12 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 and Quality Premium.

9.2.2 There were a number of targets not being met for the provider Trusts and the CCG was working with them to develop action plans.

9.2.3 The Chief Finance Officer said the Quarter 1 update for the A&E performance showed DCH and PHUFT had returned to the 95% standard. RBCH had not and a contract query had been raised.

9.2.4 The Governing Body noted DHUFT had been fined regarding access times for the Memory Assessment Service.

9.2.5 There was concern regarding delivery of the cancer standards. The Director of Service Delivery said there was a remedial action plan in place with DCH to address and a remedial action plan had been requested from RBCH.

9.2.6 The Governing Body **noted** the Performance/Quality Premium Report.

9.3 **Finance Report**

9.3.1 The Chief Finance Officer introduced the Report on Finance.

9.3.2 The CCG had achieved its financial obligations for 2014-15 and approval of the accounts would be sought at the Governing Body special meeting on 27 May 2015.

9.3.3 The Governing Body **noted** the Finance Report.

9.4 **Two Year Delivery Plan**

9.4.1 The Director of Service Delivery introduced the Report on the Two Year Delivery Plan.

9.4.2 All areas were on plan and the paused programmes would be reviewed in light of the emerging themes around the CSR.

9.4.3 The dementia diagnosis rate had risen to over 60% and progress continued to be made, however, the national target of 67% was not yet being met.

9.4.4 The Governing Body **noted** the Two Year Delivery Plan.

9.5	**Assurance Framework**	
9.5.1	The Director of Quality introduced the Assurance Framework report.	
9.5.2	Members noted the gaps in controls and assurances in section 2.1 and the actions planned to address them.	
9.5.3	The Governing Body **noted** the Assurance Framework.	
9.6	**Clinical Commissioning Improvement Plan 2015-16**	
9.6.1	The Chair passed to David Jenkins.	
9.6.2	The Governing Body Secretary clarified that all GPs who were principals in a practice could speak on the item but not vote and confirmed the Governing Body would be quorate for a decision by the remaining Governing Body members.	
9.6.3	External advice had been given regarding the probity of CCG funds being paid to GP practices for the purposes proposed in the report. Provided the locality improvement plans helped the CCG to achieve its strategic aims and demonstrate positive benefit to patient care, then the CCG could properly use the funds for the purpose proposed.	
9.6.4	The Director of Service Delivery introduced the Clinical Commissioning Improvement Plan 2015-16.	
9.6.5	This was a further iteration of the long-standing Improvement Plan and there were three key areas:- – to ensure continued involvement in the commissioning element of clinical commissioning so practices would be recompensed for principal leads to attend meetings; - there was provision to support the strategic aims of the CCG to improve care for frail elderly people and the way people were risk assessed in primary care (which would impact upon emergency admissions and provide more holistic care); and - the improvements around the use of medicines.	
9.6.6	The Governing Body directed that on page 6, paragraph 26, the wording '…request return of payments' be amended to read 'require return of payments' and should be a condition of any grant.	JP
9.6.7	There was a discussion regarding GP engagement in commissioning activities and attendance at locality meetings by practice staff rather than GP representatives.	

9.6.8	It was recognised practice attendance was important at the meetings but agreed that GP representation should be the norm. However, practice staff would not be discouraged from attending.	
9.6.9	The Governing Body directed that new wording be included to state 'GP representation should be the norm for locality meetings and only a Practice Representative is able to vote at meetings'.	JP
9.6.10	In response to a question from the Secondary Care Member regarding an evaluation of the effectiveness of the CC LIP for 2014-15, the Director of Service Delivery undertook to prepare a report for the July Governing Body meeting.	JP
9.6.11	There was concern regarding the recommendation from the Medicines Optimisation Group (MOG) on Pregabalin and the audit against local and national guidance, taking into account the recent safety alerts.	
9.6.12	The Governing Body directed that the issue be referred to the MOG for clarification and a full explanation of their recommendation.	SSh
9.6.13	Those Governing Body members entitled to vote (Peter Blick, Chris Burton, Paul French, Tim Goodson, Teresa Hensman, David Jenkins and Paul Vater) **approved** the Clinical Commissioning Improvement Plan 2015-16 subject to clarification of the issues raised above.	
9.7	**Revised Policy on the CCG Standards of Business Conduct**	
9.7.1	The Governing Body Secretary introduced the Revised Policy on the CCG Standards of Business Conduct.	
9.7.2	The tracked change Policy had been presented to the Audit and Quality Committee on 8 April 2015 and following this, there was one further amendment highlighted in red.	
9.7.3	The Governing Body **approved** on the Revised Policy on the CCG Standards of Business Conduct.	
9.8	**Annual Report for Infection Control**	
9.8.1	The Locality Chair for East Bournemouth introduced the Annual Report for Infection Control.	

9.8.2	He said practices were working well with the infection control teams.	
9.8.3	Under 5.1 - influenza immunisations, there was concern regarding the problems encountered within primary care in carrying out timely immunisations within care homes. The Director of Quality said advice to practices would be provided in time for this year's immunisations.	
9.8.4	In response to a comment from the Secondary Care member stating that the annual report was narrow in its scope for the whole health community, the Director of Quality said Norovirus and TB would be included for future reports.	SSh
9.8.5	The Governing Body **noted** the Annual Report for Infection Control.	
9.9	**Annual Report on Adult Safeguarding**	
9.9.1	The Director of Quality introduced the Annual Report on Adult Safeguarding.	
9.9.2	The report highlighted the implications of the Care Act that came into force on 1 April 2015.	
9.9.3	The Governing Body **noted** the Annual Report on Adult Safeguarding.	
9.10	**Annual Report on Children's Safeguarding**	
9.10.1	The Director of Quality introduced the Annual Report on Children's Safeguarding.	
9.10.2	The report provided an update on safeguarding activity undertaken during the year.	
9.10.3	The national focus on safeguarding had remained high over the past year with numerous national inquiries looking into cases of historical sexual abuse.	
9.10.4	There was concern that the Dorset local authorities had declared they were unable to meet the 1 April national start date for the Child Protection – Information Sharing (CP-IS) project. The Director of Quality said this was being progressed through the Better Together Board. The local authorities would be required to comply by a future date and it was expected that they would be on track to do so.	
9.10.5	The Governing Body **noted** the Annual 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 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 She highlighted that reductions in unplanned admissions was now the sole indicator underpinning the pay for performance element of the Better Care Fund.

10.2.3 Early feedback regarding Integrated Localities was that the programme was ahead of schedule. There were a number of workshops planned to progress delivery of the joint working.

10.2.4 With the emphasis on the Clinical Services Review, it was also important to retain a focus on the Better Together Programme with a need to regard integration with the local authorities as a key priority.

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 The Governing Body Secretary reported the use of the Urgent Decision powers to approve the appointment of Jacqueline Swift as the lay member chair of the Joint Primary Care Committee and Governing Body lay member.

12. Any Other Business

12.1 There was no other business.

13. Questions from the Public

13.1 The Chair introduced the Public Questions item.

13.2 Mr East referred members to the Yarne publication.

13.3 The Chief Finance Officer said SWAST had difficulties meeting their targets during quarter 4 due to the pressures and high demand but had improved their performance in March.

13.4 He said the aggregate target reporting painted a misleading picture. Within Dorset the target was easier to meet in the urban areas but more difficult to achieve in the rural areas. It was noted access targets were easier to measure than quality targets.

Mr East's comments were noted.

13.5 Mr East referred to his recent personal experience with patient call bells being unanswered.

13.6 The Director of Quality said there were safe staffing standards and each ward was required to report on a monthly basis what the expected and actual levels of staffing were. She said there should be the correct number of staff, even if some were healthcare assistants rather than registered nurses. This information was monitored by NHS England and the CCG.

Mr East's comments were noted.

14. Date and Time of the Next Meeting

14.1 The Special Governing Body meeting to approve the Annual Report and Accounts will be held on Wednesday 27 May 2015 at Vespasian House at 11.00hrs.

The next meeting of the NHS Dorset Clinical Commissioning Group Governing Body will be held on Wednesday 15 July 2015 at Vespasian House at 14:00hrs.

15. Exclusion of the Public

15.1 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.