

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

16 MAY 2018

### PART ONE PUBLIC - MINUTES

A meeting of Part 1 of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held at 2pm on 16 May 2018 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:**

- Forbes Watson, Chair (FW)
- Mary Armitage, Secondary Care Consultant Member (MA)
- 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)
- Stuart Hunter, Chief Finance Officer (SH)
- David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)
- Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
- Tom Knight, Locality Lead for North Bournemouth (TK)
- 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)
- Jacqueline Swift, Primary Care Commissioning Committee Chair (JS)
- 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)
- Vanessa Read, Director of Nursing and Quality (VR)
- Phil Richardson, Chief System Integration Officer (PR)
- Sally Sandcraft, Director of Primary and Community Care (SSa)
- Charles Summers, Director of Engagement and Development (CS)

8 members of the public

#### 1. Apologies

1.1 David Haines, Locality Lead for Purbeck

#### Action

Teresa Hensman, Audit and Quality Chair  
 Rav Ramtohal, Locality Lead for Christchurch  
 Elaine Spencer, Registered Nurse Member

## 2. Quorum

- 2.1 It was agreed that the meeting could proceed as there was a quorum of members present.

## 3. Declarations of Interest, Gifts or Hospitality

- 3.1 Conflicts of Interest were declared as follows:-

- Jacqueline Swift – agenda item 9.5 CCG Governing Body Reappointment Process
- Dr Forbes Watson – agenda item 22 Award of Contract without Competition
- Dr B Millar – agenda item 22 Award of Contract without Competition

All would withdraw from the meeting for their respective items and the Chair would pass to the Deputy CCG Chair for agenda item 22.

## 4. Minutes

- 4.1 The minutes of the meeting held on 21 March 2018 were **approved** as a true record.

## 5. Matters Arising

- 5.1 The Chief Officer referred to the previous discussions regarding the Children and Mental Health Services (CAMHS) and the concern regarding the 30% target for accessing the service. The Clinical Commissioning Committee had recently undertaken a deep dive and clarified that the 30% target was for the core element (upper tiers) only. A comprehensive plan had been presented and members were more reassured regarding delivery. Further updates would continue to be provided.
- 5.2 The Governing Body noted that Dorset County Council's Health Scrutiny Committee had established a Panel to look at mental health services for children and young people.
- 5.3 Dr Tom Knight had been appointed as Locality Lead for North Bournemouth.

SL

- 5.4 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting.
- 6. Chair's Update**
- 6.1 The Chair had no further updates.
- 7. Chief Officer's Update**
- 7.1 The Chief Officer introduced his Update.
- 7.2 He said Sally Sandcraft had been appointed as the Director of Primary and Community Care.
- 7.3 The Governing Body **noted** the Update of the Chief Officer.
- 8. Strategy**
- 8.1 Opening Budget**
- 8.1.1 The Chief Finance Officer introduced the report on the Opening Budget.
- 8.1.2 The Chair reminded members that the Opening Budget had been approved in Part 2 (confidential session) of the previous meeting.
- 8.1.3 The Governing Body **noted** the report on the Opening Budget.
- 9. Delivery**
- 9.1 Quality Report**
- 9.1.1 The Director of Nursing and Quality introduced the Quality Report.
- 9.1.2 The missing mortality data from the previous meeting had been added to the scorecard with Dorset County Hospital NHS Foundation Trust (DCHFT) and showed an improvement.
- 9.1.3 There had been a further Never Event reported at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) that would be subject to a full investigation. The Governing Body was concerned with the high number of Never Events but it was noted that an 'outstanding' rated trust

had a similar number.

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|-------|---|----|
| 9.1.4 | The Governing Body directed that a Never Event benchmarking exercise be undertaken including a breakdown of categories.   | VR |
| 9.1.5 | The Governing Body was concerned with the drop in performance for Poole Hospital NHS Foundation Trust (PHFT) regarding percentage compliance with the World Health Organisation surgical checklist. | VR |
| 9.1.6 | The Governing Body noted the achievements regarding the CQC ratings for Dorset practices and directed that this be communicated accordingly.  | SL |
| 9.1.7 | The Governing Body <b>noted</b> the Quality Report.   |    |
| 9.2   | <b>Performance Report (to include Quality Premium)</b>  |    |
| 9.2.1 | The Chief System Integration Officer introduced the Performance Report.   |    |
| 9.2.2 | The Governing Body directed that an explanation be provided regarding the 45.8% increase in referrals to the Royal Devon and Exeter Hospital.   | PR |
| 9.2.3 | The Governing Body <b>noted</b> the Performance Report.   |    |
| 9.3   | <b>Finance Report</b>   |    |
| 9.3.1 | The Chief Finance Officer introduced the Finance Report.  |    |
| 9.3.2 | The Governing Body <b>noted</b> the Finance Report.   |    |
| 9.4   | <b>Assurance Framework</b>  |    |
| 9.4.1 | The Director of Nursing and Quality introduced the Assurance Framework.   |    |
| 9.4.2 | She assured the Governing Body that there were no gaps in assurance.  |    |
| 9.4.3 | The Governing Body <b>noted</b> the Assurance Framework.  |    |
| 9.5   | <b>CCG Governing Body Reappointment Process</b>   |    |
|       | <b>JS withdrew from the meeting for this item.</b>  |    |

- 9.5.1 The Governing Body Secretary and General Counsel introduced the report on the CCG Governing Body Reappointment Process.
- 9.5.2 The Governing Body **approved** the recommendations set out in the report on the CCG Governing Body Reappointment Process and re-appointed Jacqueline Swift as a Lay Member of the Governing Body and Chair of the Primary Care Commissioning Committee.

SL

**JS re-joined the meeting.**

**9.6 Organisational Development Framework Update**

- 9.6.1 The Director of Engagement and Development introduced the Organisational Development Framework Update.
- 9.6.2 One of the themes within the report was the People and Culture Programme and the CCG Chair had agreed to be the clinical champion.
- 9.6.3 The Governing Body **approved** the recommendations set out in the Organisational Development Framework Update.

**9.7 Engagement and Communications Framework Update**

- 9.7.1 The Director of Engagement and Development introduced the Engagement and Communications Framework Update.
- 9.7.2 Following the introduction of the new NHS England Improvement Assessment Framework (IAF) indicator 'Compliance with statutory guidance on patient and public participation in commissioning health and care', Dorset CCG had been rated as 'good' in every area with many actions rated as outstanding.
- 9.7.3 The Governing Body **approved** the recommendations set out in the Engagement and Communications Framework Update.

**9.8 Annual Report on Patient and Public Participation**

- 9.8.1 The Director of Engagement and Development introduced the Annual Report on Patient and Public Participation.
- 9.8.2 There was recognition of the number of events that had taken place out of hours.
- 9.8.3 The Governing Body **noted** the Annual Report on Patient and Public Participation.

## 9.9 **Annual Report for Infection Control**

9.9.1 The Director of Nursing and Quality introduced the Annual Report for Infection Control.

9.9.2 The Director of Nursing and Quality tabled a press circulation from PHFT regarding the Klebsiella pneumoniae ESBL outbreak. This would require intensive management measures to eradicate.

### **M Ni'man arrived.**

9.9.3 The Governing Body **noted** the Annual Report for Infection Control.

## 9.10 **Joint Children and Adult Safeguarding Annual Report**

9.10.1 The Director of Nursing and Quality introduced the Joint Children and Adult Safeguarding Annual Report.

9.10.2 The revised 'Working Together to Safeguard Children' statutory guidance was expected to be published shortly and would have an impact on the current ways of working.

9.10.3 The Governing Body noted that a fundamental review of the Local Safeguarding Children Boards was underway with the preferred option for a Pan Dorset Safeguarding Board. The CCG would continue to seek a Pan Dorset approach for both the Children and Adult Boards.

9.10.4 The Governing Body **noted** the Joint Children and Adult Safeguarding Annual Report.

## 9.11 **CCG 360° Stakeholder Survey**

9.11.1 The Director of Engagement and Development introduced the 360° Stakeholder Survey.

9.11.2 The Governing Body **noted** the CCG 360° Stakeholder Survey.

## 9.12 **Integrated Care System (ICS) Delivery Update**

9.12.1 The Chief System Integration Officer introduced the Integrated Care System (ICS) Delivery Update.

9.12.2 Concern was raised by the Clinical Lead for Estates regarding input into the Strategic Estates plan. A draft of the Plan would be discussed at the forthcoming System Leadership Team meeting and the priorities for each partner would need to be put into a whole estate priority order. A balance would be required between what were considered priorities and what was deliverable.

9.12.3 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.

## **10. Wider Healthcare issues**

### **10.1 Urgent and Emergency Care Delivery Board**

10.1.1 The Locality Lead for Poole Central introduced the report on the Urgent and Emergency Care Delivery Board.

10.1.2 There was still substantial pressure but the system was performing well in comparison to elsewhere.

10.1.3 The Governing Body **noted** the report on the Urgent and Emergency Care Delivery Board.

## **11. Committee Reports, Minutes and Urgent Decisions**

### **11.1 Reports**

11.1.1 There were no reports to note.

### **11.2 Minutes**

11.2.1 Draft Primary Care Commissioning Committee (Part 1 – Public) – 4 April 2018

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 4 April 2018.

### **11.3 Urgent Decisions**

11.3.1 The Secretary and General Counsel introduced the Urgent Decision regarding the inclusion of reference to the Bribery Act 2010 in the Standing Financial Instructions (SFIs).

11.3.2 The Governing Body **noted** the Urgent Decision regarding the inclusion of reference to the Bribery Act 2010 in the Standing Financial Instructions (SFIs).

## 12. Questions from the Public

12.1 The Chair introduced the Public Questions item.

12.2 A member of the public asked the following questions:-

### Question

To enhance clarity and comprehensibility of both the pre-submitted questions and answers, could they be asked/answered with the aid of the screens that were part of the room's facilities?

### Response

*The Governing Body meeting was held in public but was not a public meeting. You will have noted from the papers presented the extensive work across the county regarding public engagement. Whilst it was good to have attendance from members of the public to see the work of the Governing Body, it was not the forum for public engagement conversations and the primary purpose of the meeting was to enact Governing Body business.*

### Question

People attending Dorset CCG Governing Body meetings can find procedures remarkably limiting and whilst it is vital to have smooth, well run meetings, given the inherent complexities of the CCG's multiplicity of tasks etc. please could the Governing Body consider how it can improve its engagement on concerns vital to patients.

### Response

*The CCG was committed to public engagement and followed an engagement process based on national guidance and our duty to involve. The extensive public engagement had already been referenced on the agenda through the Engagement and Communications Framework and the Patient and Public Participation Annual Report (2017-18).*

*The latter identified how public engagement worked within the organisation including the fulfilling of the legal responsibilities. It was hoped the range of digital and face to face opportunities to get involved in the CCG's planning work were there and the CCG was keen to receive feedback.*

Question

As discussed at the March Governing Body there were gaps in the DCHFT mortality figures. Please could the CCG update the Governing Body regarding the DCHFT figures, related actions and veracity?

Response

*The mortality data was reported on a quarterly basis and covered a 12-month period. The last data release was in April 2018 and covered 12 months from October 2016 to September 2017. The next expected release would be in July and would cover the 12 months January to December 2017. This reporting methodology meant that it could be some time before any actions taken within each Trust impact upon the mortality indicators.*

With regard to DCHFT, the April data showed a slight improvement with now just being above the upper control limit. The Trust continues work to ensure that coding is accurate. The Trust mortality review process is in place and can be found on the DCHFT website. NHS Improvement have recently reviewed the Trust mortality and have indicated that they are assured following this review.

12.2 A member of the public asked the following questions:-

Question

The difference between the forecast need and planned acute beds in Dorset will be 835. The difference between the forecast need and planned community beds in Dorset will be 204. The CCG have said that extra community beds may be created when and where the need arises, but that they will be in the East.

Was there an update?

Response

*As previously indicated at the last Governing Body meeting, over the next five years as the acute hospital changes are made and the new integrated community model of care is introduced, we would be planning to increase the number of community beds in the East of the County, where currently there was less availability. This would also have a positive impact in the West of the County where we had people from the East utilising beds in the West due to availability.*

*One of the first steps in this development would be the joint working between the CCG and the Borough of Poole to commission a new unit at Figbury Lodge in Canford Heath, which would see additional short-term rehabilitation community beds being available from Summer 2019.*

#### Question

The CCG has also said that the significant difference between what is needed and what will be provided will be replaced by a combination of: shorter patient stays, earlier discharges and avoiding admissions – all to be supported by ‘care closer to home’ i.e. mainly in people’s own homes.

The BMA have said that evidence shows there is inadequate resource/provision in communities to undertake this ambitious change in healthcare provision.

The RCN has advised that whilst there is growth in acute nursing numbers, community nursing numbers are declining, especially district nursing.

Can the CCG kindly explain how it expects to achieve adequate resource and provision in Dorset’s communities to provide this ‘care closer to home’. Staffing figures (2014-2021) showing increases in appropriate staffing would be welcomed. As would simple, clear and tangible information, easy to understand by lay-people.

#### Response

*The CCG and partners in Dorset were in the process of agreeing an investment plan to increase the resources into primary and community services, in line with the ambition to provide more care closer to home. This would commence this year and would mean additional staffing in these settings, and would initially focus on increasing the care and support available to people with complex needs and those with long term conditions.*

- 12.3 A member of the public referred to the successful Patient Participation Group (PPG) within the Weymouth area but raised concern at the withdrawal of support for the Public Involvement Health Network (IHN) Group in Weymouth and the assumption that a further meeting would be held.

Response

*A similar point had been raised at the previous Governing Body meeting and a meeting attended by the Director of Engagement and Development had been held to discuss how to take forward public engagement in the Weymouth and Portland area. It had been considered within the resources available, the best way forward was through the use of the PPG. A communication had been sent out to members of the IHN following that meeting with a commitment to provide a progress update in three months. There was a need to focus on a forward look as opposed to looking back and the Director of Engagement and Development agreed to take forward outside of the meeting.*

CS

*Two practices in the Weymouth and Portland Locality were undertaking a Healthy Living Event on Saturday 19 May 2018.*

**13. Any Other Business**

13.1 There was no other business.

**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 23 May 2018 at Vespasian House at 11am.

The next meeting of the NHS Dorset Clinical Commissioning Group Governing Body will be held on Wednesday 18 July 2018 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.