

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

17 SEPTEMBER 2014

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 17 September 2014 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)
- David Haines, Locality Chair for Purbeck (DH)
- Teresa Hensman, Lay Member (TH)
- David Jenkins, Lay Member (DJ)
- Richard Jenkinson, Locality Chair for Christchurch (RJ)
- Karen Kirkham, Locality Chair for Weymouth and Portland (KK)
- Tom Knight, Locality Chair for North Bournemouth (TK)
- Chris McCall, Locality Chair for Poole North (CM)
- Blair Millar, Locality Chair for West Dorset (BM)
- Mary Monnington, Nurse Member (MM)
- Andy Rutland, Locality Chair for Poole Bay (AR)
- Sally Shead, Director of Quality
- Paul Vater, Chief Finance Officer (PV)

In attendance:

- Conrad Lakeman, Governing Body Secretary (CGL)
- Lawrence Lear, Deputy Locality Chair for East Dorset (LL)
- Steph Lower, Executive Assistant (SL)
- Mufeed Ni'Man, Deputy Locality Chair for East Bournemouth (MN)
- Jane Pike, Director of Service Delivery (JP)
- Phil Richardson, Programme Director – Transformation (designate) (PR)
- Charles Summers, Director of Engagement and Development (CS)
- Simon Watkins, Deputy Locality Chair for Poole Central (SW)
- Emma Wray, Head of Engagement and Communications
- 5 members of the public

1. Apologies

1.1 Colin Davidson, Locality Chair East Dorset

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Paul French, Locality Chair for East Bournemouth
Tim Goodson, Chief Officer
Patrick Seal, Locality Chair for Poole Central

- 1.2 The Chair introduced Phil Richardson, who had been appointed as the Programme Director for Transformation (designate). PR provided a brief career history.

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 The Chair reminded members of the need to ensure Declarations of Interest were up to date.

- 3.2 David Jenkins, Lay Member, declared he was now the Chairman of the Bournemouth Symphony Orchestra Endowment Trust.

4. Minutes

- 4.1 The minutes of the meeting held on 16 July 2014 were **approved** for signature by the Chair as a true record.

5. Matters Arising

- 5.1 The Committee directed that the Governing Body Secretary circulate to Governing Body members the updated Terms of Reference for the Joint Primary Care Committee.

- 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 He confirmed that Sally Shead had been appointed Director of Quality.

- 6.3 There would be a special Development Workshop on Wednesday 24 September 2014 at the Springfield Hotel, Wareham. The aim of the Workshop would be to discuss the results of the CCG leadership pilot and discuss the Clinical Services Review. An agenda would be circulated shortly.

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6.4 The Chair and Chief Officer had recently visited the A & E and Maternity departments at Poole Hospital (PHUFT). There had been a number of ward issues and the CCP Chair for Maternity, Reproduction and Family Health had written to the Chief Executive at PHUFT asking what next steps would be taken. A response was awaited.

6.5 Members noted the formal Wessex Assurance Checkpoint meeting was held on 11 September. All areas for the Dorset CCG were either 'assured' or 'assured with support'.

AR joined the meeting.

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

7. Chief Officer's Update

7.1 The Director of Service Delivery introduced the Chief Officer's Update Report.

7.2 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 Director of Quality introduced her Report on Quality.

9.1.2 A CQC compliance visit had been undertaken to the Waterston Unit during August, possibly as a result of a whistleblower.

9.1.3 Members noted there remained concerns regarding the Crisis Response Home Treatment Team.

9.1.4 Three Never Events had been reported for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH). The Medical Director was leading the Root Cause Analysis investigation into the incidents.

9.1.5 There was concern regarding the Learning Disability Care Home that had gone into administration and recently closed. The Director of Quality said that due to the complex care needs of CCG funded residents and the lack of services to meet those needs within Dorset, it was likely some residents would require an out of county placement until such time as

services were developed locally. Colleagues were working hard to ensure there were appropriate local placements wherever possible.

- 9.1.6 Work was underway between the CCG and DHUFT to progress the development of the Multi-Agency Safeguarding Hub (MASH).
- 9.1.7 Members said communications from the Medicines Optimisation Group needed to be reported more quickly and directed the Director of Quality to feed this back.
- 9.1.8 The Locality Chairs supported a request from the Director of Quality regarding the actions taken to improve prescribing for antibiotics by the medicines team.
- 9.1.9 The Director of Quality said the Supreme Court ruling regarding Deprivation of Liberty Safeguards (DOLs) had had a significant impact on the interpretation of the law. The number of DOLs applications for Dorset had risen from 400 to over 1600 already this year. Members noted this was a national problem and a paper would be presented to the next Audit and Quality Committee.
- 9.1.10 Following a question regarding E-zec, the Director of Service Delivery said contract negotiations with E-zec had concluded and the service was being fully performance-managed. The service had more resource with 80 vehicles and significant improvements had been shown.
- 9.1.11 The Governing Body **noted** the Quality Report.

9.2 **Performance Report (including Quality Premium)**

- 9.2.1 The Chief Finance Officer introduced his Report on Performance and Quality Premium.
- 9.2.2 There was concern at the way reports were presented to the Governing Body with information on individual issues being contained in a number of different reports.
- 9.2.3 The Governing Body directed that wherever possible reports focused on key strategic areas and information regarding individual issues be consolidated.
- 9.2.4 There was increasing pressure regarding referrals from primary care into secondary care and members noted the impending elections in 2015.

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9.2.5 There was concern at the reference to the 'front end of the system' for primary care referrals into secondary care. For primary care, the referral into secondary care was at the 'back end'.

9.2.6 The Governing Body **noted** the Report of the Chief Finance Officer and the Performance/Quality Premium Report.

9.3 **Finance Report**

9.3.1 The Chief Finance Officer introduced his Report on Finance.

9.3.2 The Governing Body noted Continuing Healthcare remained a high risk area.

9.3.3 Following a question regarding the increased costs for the Dorset Integrated Community Equipment Service (para 2.21), the Chief Finance Officer said there was no fixed budget and demand could change the cost. An element of cost pressure was built into the budget and the risk would continue to be monitored closely.

9.3.4 Following a question regarding the rise in GP referrals for Salisbury (13%), the Chief Finance Officer said the average rate was around 10%. He was directed to review this.

9.3.5 The Governing Body **noted** the Report of the Chief Finance Officer and 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 Good progress had been made in most areas, however, a number required quicker progression (the frailty pathway) and work was underway to see what further resource was available to progress the area.

9.4.3 The Governing Body **noted** the Report of the Chief Finance Officer and the Two Year Delivery Plan.

9.5 **Operational Resilience and Capacity Plans (NHS England – Wessex)**

9.5.1 The Director of Service Delivery introduced the Report on the Operational Resilience and Capacity Plans.

9.5.2 The Plan had been developed in partnership with all health and social care providers and would be further developed to

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manage the current demands experienced within the system.

CGL left the meeting.

- 9.5.3 The Governing Body **noted** the Report on the Operational Resilience and Capacity Plans.
- 9.6 **Organisational Development Framework 2014-15 to 2015-16**
- 9.6.1 The Locality Chair for Poole Bay introduced the Report and the Organisational Development Framework.
- 9.6.2 The Framework, which was previously considered by the Governing Body in July 2014, had been updated to reflect the comments made regarding the outcomes and assurance domains.
- 9.6.3 The Governing Body directed that a progress update report be included in the Governing Body Annual Planner for six months' time.
- 9.6.4 The Governing Body **approved** the Report and the Organisational Development Framework.
- 9.7 **Engagement and Communications Framework**
- 9.7.1 David Jenkins, Public Engagement member introduced the Report and the Engagement and Communications Framework.
- 9.7.2 He drew attention to the covering report which set out the four strands of engagement and communications work.
- 9.7.3 The structure of the Framework and Objectives and Delivery Plan amplified each of the strands and set out what actions were required, how they would be measured and the relevant timescales.
- 9.7.4 He said the Framework set out that the CCG embraced engagement as being at the heart of everything it did, but the organisation had to satisfy itself and others that this was being demonstrated.
- 9.7.5 Work undertaken so far had shown that engagement with people at a locality level was not consistent across Dorset.
- 9.7.6 The Governing Body directed that a progress update report be included in the Governing Body Annual Planner for six months' time.

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- 9.7.7 The Governing Body **approved** the Report and the Engagement and Communications Framework.
- 9.8 **Joint Primary Care Committee Update**
- 9.8.1 The Locality Chair for Poole Bay gave a verbal update on the Joint Primary Care Committee.
- 9.8.2 He had been elected as Chair at the first meeting on 6 August 2014.
- 9.8.3 The Terms of Reference had been agreed noting that the Committee would run in shadow form at least until the end of March 2015, dependent upon any delegated responsibility or constitutional change that would allow the Committee delegated authority. For the present, the Committee would make recommendations to the Governing Body.
- 9.8.4 The next meeting would be held on 1 October 2014 and agenda items included Primary Care Strategy, Workforce Planning and the Friends and Family Test.
- 9.8.5 The Governing Body **noted** the verbal update of the Locality Chair for Poole Bay on the Joint Primary Care Committee.
10. **Wider Healthcare issues**
- 10.1 **Urgent Care Update Presentation**
- 10.1.1 The Director of Service Delivery introduced the Urgent Care Update presentation and ran through a summary of the slides.
- 10.1.2 Calls to 111 were up by 12% and recommendations (by 111) to attend A & E by 30%.
- 10.1.3 She said there had been an increase in activity across all sectors, with the greatest pressures seen out of hours, particularly weekends.
- 10.1.4 A number of actions were underway to address the problems including a number of sector based task forces based around the acute hospital hubs and the completion of self assessments by all providers against the 'Acute and emergency care : prescribing the remedy' paper.
- 10.1.5 Weekend call volumes outweighed the availability of clinical input and work was underway with SWAST to look to enhance clinical availability during peak times.

- 10.1.6 Anticipatory care plans were being worked on to ensure out of hours patients were managed to ensure equal outcomes to those dealt with during core hours.
- 10.1.7 Following a question, the Director of Service Delivery said the Emergency Care Intensive Support Team were engaged in looking at best practice elsewhere.

CGL returned to the meeting.

- 10.1.8 The Governing Body directed that Urgent Care be a standing agenda item.
- 10.1.9 The Governing Body **noted** the Urgent Care Update presentation.

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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. Any Other Business

- 12.1 There was no other business.

13. Date and Time of the Next Meeting

- 13.1 The next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group will be held on Wednesday 19 November 2014 at Vespasian House at 14:00hrs.

14. 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.