

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

19 NOVEMBER 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 19 November 2014 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG

**Present:**

- Forbes Watson, Chair (FW)
- Peter Blick, Locality Chair for Central Bournemouth (PB)
- Chris Burton, Consultant Member (CB)
- Rob Childs, Locality Chair for North Dorset (RC)
- 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, 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, Consultant Nurse Member (MM)
- Andy Rutland, Locality Chair for Poole Bay (AR)
- Patrick Seal, Locality Chair for Poole Central (PS)
- Paul Vater, Chief Finance Officer (PV)

**In attendance:**

- Martin Longley, Deputy Locality Chair for Mid Dorset (ML)
- Steph Lower, Executive Assistant (SL)
- Jane Pike, Director of Service Delivery (JP)
- Phil Richardson, Programme Director – Transformation (PR)
- Sally Shead, Director of Quality (SSh)
- Charles Summers, Director of Engagement and Development (CS)
- Martyn Webster, Chief Executive, Healthwatch Dorset (MW)

Eight members of the public

		Action
1.	<b>Apologies</b>	
1.1	There were no apologies.	

## 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 There were no further declarations of interest.

## 4. Questions from the Public

- 4.1 The Chair introduced the Public Questions item and explained the process.

- 4.2 Four questions had been submitted in advance and were read aloud by the relevant questioner. Following each response the Chair asked if there was anything further the questioner wished to add.

- 4.3 The Chair asked the questioners to contact the Corporate Office if they required any further information relating to the responses given and advised that following the meeting, the questions and responses would be added to the relevant Governing Body meeting page and appended to the minutes of the 19 November 2014 meeting.

CGL

- 4.4 The relevant questioners would also receive a copy of the response(s) to their question(s).

CGL

## 5. Minutes

- 5.1 The minutes of the meeting held on 17 September 2014 were **approved** for signature by the Chair as a true record.

## 6. Matters Arising

- 6.1 9.1.7 – Medicines Optimisation Group - the Governing Body noted that a paper had been included with the agenda for the Shadow Joint Primary Care Committee on 10 December 2014.

### **PB joined the meeting.**

- 6.2 9.3.4 - The Chief Finance Officer said the rise in GP referrals for Salisbury FT had been raised with the relevant locality. The rise appeared to be unexplained but the causes were being investigated.

6.3 The Governing Body **noted** the Report of the Chair on Matters Arising from the Part 1 minutes of the previous meeting.

## 7. Chair's Update

7.1 The Chair introduced his Update.

7.2 He said Dr Richard Jenkinson would be stepping down from his role as Locality Chair. Stephen Tomkins GP (Grove Surgery) was expected to be the new Locality Chair for Christchurch.

7.3 On behalf of the Governing Body, the Chair thanked Dr Jenkinson for his contributions to the Governing Body.

7.4 Dr Rob Childs had agreed to take on the chairmanship of the Blandford GPs meeting.

7.5 Rigo Pizzaro had been appointed as the new Primary Care lead. He was due to start in early December but had already established contact with a number of key people.

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

## 8. Chief Officer's Update

8.1 The Chief Officer introduced his Update.

8.2 He said the CCG, together with partner organisations, had been fully involved in the Ebola desk top exercises that were continuing across the NHS Wessex area.

8.3 Following a question regarding the quarter 1 CCG assurance assessments and the difference between 'fully assured' and 'assured with support', the Chief Officer said both effectively meant the Area Team was assured, but if there were minor outstanding issues or some targets not quite met, 'assurance with support' was indicated. The national assurance position for CCGs last year was similar with predominantly a mix of 'fully assured' or 'assured with support' assessments.

8.4 He said the CCG had joined the Grafton Group which was a CCG benchmarking organisation.

8.5 In response to a question regarding the timing of the Clinical Services Review (CSR), the Chief Officer said the timing of the CSR linked in well with the 'Five Year Forward View'.

8.6 The Programme Director (Transformation) said around 150 were due to attend the first CSR clinical working groups meeting following the Governing Body, and a draft case for change would be available in early December.

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

## 9. Strategy

9.1 There were no Strategy items.

## 10. Delivery

### 10.1 Quality Report

10.1.1 The Director of Quality introduced her Report on Quality.

10.1.2 She said the final CQC report regarding the Waterstone Unit had now been published.

10.1.3 The final CQC report regarding the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCH) had now been published and was predominantly positive.

10.1.4 The pan-Dorset formulary website had now been published and was available online at [www.dorsetformulary.nhs.uk](http://www.dorsetformulary.nhs.uk).

10.1.5 The Chair asked Locality Chairs to mention at their locality meetings to ensure it was widely publicised.

All

10.1.6 The Governing Body directed that Primary Care quality information be included in the Quality report in future.

SSh

10.1.7 There was concern regarding the Dorset County Hospital (DCHFT) sonographer recruitment difficulties. The Director for Quality said a number of options were being explored to create the necessary capacity.

10.1.8 There was concern that the Dorset Healthcare (DHUFT) mental health service target performance remained low with no sign of improvement. This had been raised as a contract query.

10.1.9 The Governing Body directed that information regarding performance against planned trajectories for improvements in the mental health performance be included in future reports.

SSh

10.1.10 The Governing Body directed that all acronyms initially be spelt out in full in future reports.

SSh

- 10.1.11 Concern was expressed with the increased number of operations cancelled on the day of admission for non-clinical reasons. The Director of Service Delivery said this may be due to significant non-elective pressures in the system.
- 10.1.12 The Governing Body directed the Director of Quality to clarify the cause by a post meeting note.
- 10.1.13 The Governing Body **noted** the Quality Report.
- 10.2 **Performance Report (including Quality Premium)**
- 10.2.1 The Chief Finance Officer introduced his Report on Performance and Quality Premium.
- 10.2.2 He said an improvement was expected in Quarter 3 regarding the Referral to Treatment figures.
- 10.2.3 Members noted that diagnostic performance for DCH had improved.
- 10.2.4 There was concern with the performance of RBCH regarding the 14 day cancer standards. A contract meeting was due to be held shortly and the concerns would be followed up as a contract query.
- 10.2.5 DHUFT had reported that only 52% of Mental Health targets had been met. Members asked what action was being undertaken to address this, particularly regarding the Crisis Response area.
- 10.2.6 The Director of Service Delivery said all the issues were being addressed through an action plan and contract query. The Governing Body directed that the Director of Service Delivery circulate a copy of the action plan.
- 10.2.7 The Governing Body **noted** the Report of the Chief Finance Officer and the Performance/Quality Premium Report.
- 10.3 **Finance Report**
- 10.3.1 The Chief Finance Officer introduced his Report on Finance.
- 10.3.2 The Governing Body noted that CHC funding continued to be a significant financial risk for the CCG.
- 10.3.3 Clinical Commissioners had written to NHS England registering disappointment at the announcement that any financial provision made by former PCTs for retrospective claims would not be honored for CCGs.

SSh

JP

- 10.3.4 NHS Dorset PCT and NHS Bournemouth and Poole PCT had made such a provision and its loss would have a disproportionate impact due to the high population of elderly residents in the area who required CHC.
- 10.3.5 The issue could be raised again at the next CCG Dorset MPs meeting.
- 10.3.6 There was concern at the increase in spend on non NHS contracts.
- 10.3.7 The Governing Body noted that there was a significant waiting time for the Community Pain Service and use of the pain related service at the BMI Harbour Hospital through the choose and book service was popular.
- 10.3.8 The Director of Service Delivery was directed to review whether the service offered through the BMI Harbour Hospital met the same specifications and pathway as the service offered by NHS providers.
- 10.3.9 The Governing Body **noted** the Report of the Chief Finance Officer and the Finance Report.
- 10.4 **Two Year Delivery Plan**
- 10.4.1 The Director of Service Delivery introduced the Report on the Two Year Delivery Plan.
- 10.4.2 She said that the phasing of individual elements of the projects would be reviewed in order to appropriately support and resource CSR activity.
- 10.4.3 The Governing Body **noted** the Report of the Chief Finance Officer and the Two Year Delivery Plan.
- 10.5 **Assisted Conception – Consultation Evaluation**
- 10.5.1 The Locality Chair for Weymouth and Portland (and the Maternity, Reproduction and Family Health CCP Chair) introduced the Report on Assisted Conception – Consultation Evaluation.
- 10.5.2 Following widespread consultation which had sought the views of Dorset GPs and the Dorset population, the Governing Body was asked to approve the recommendations of the Clinical Commissioning Committee on the future commissioning practice for Assisted Conception/Fertility Services.

JP

- 10.5.3 Concern was expressed regarding prioritisation of the Assisted Conception/Fertility Service against other CCG priorities.
- 10.5.4 It was noted that Assisted Conception/Fertility Services were subject to NICE guidance, which although not a statutory requirement, recommended that service delivery should be aligned to best practice wherever possible.
- 10.5.5 The Governing Body considered the findings of the consultation, and **approved** the recommendations of the Clinical Commissioning Committee as follows:-
- Dorset CCG should commission assisted conception/fertility services.  
**Approved.**
  - One cycle of assisted conception treatment to be commissioned.  
**Approved.**
  - Women aged 40-42 should be offered one full cycle of assisted conception treatment.  
**Approved.**
- 10.5.6 The Governing Body directed that a progress report be brought to a future meeting setting out the full financial impact outturn to enable monitoring in terms of the overall CCG budget.
- 10.6 **Emergency Preparedness Resilience and Response (EPRR) Annual Report and Assurance**
- 10.6.1 The Director of Engagement and Development introduced the Emergency Preparedness Resilience And Response Annual Report and Assurance.
- 10.6.2 The Governing Body noted that following a recent exercise, confirmation was awaited from the Area Team that the CCG and respective providers were all working within the required compliance levels.
- 10.6.3 The Governing Body **noted** the Emergency Preparedness Resilience And Response Annual Report and Assurance.

PV

## 10.7 Update on Adult Safeguarding

- 10.7.1 The Director of Quality introduced the Update on Adult Safeguarding.
- 10.7.2 150 GPs had received safeguard training last year and a similar amount of activity was anticipated for the coming year regarding both adult and children safeguarding.
- 10.7.3 Work was currently underway to identify the adult safeguarding leads within practices and a survey had been undertaken on learning needs.
- 10.7.4 Following a question from the Nurse Member regarding separate training for children and adult safeguarding, the Director of Quality said the Quality Group would review this in detail and report to the Governing Body through the Quality Report.
- 10.7.5 The Governing Body sought assurance that the high number of safeguarding alerts for DHUFT was being managed appropriately and the Director of Quality confirmed this was reviewed in detail at the Safeguarding Board and Quality Group.
- 10.7.6 Concern was expressed that information sharing was difficult. The Director of Quality said a Protocol was in place and this area was being continually reviewed.
- 10.7.7 The Governing Body **noted** the Update Report on Adult Safeguarding.

SSh

## 10.8 Update Report on Children's Safeguarding

- 10.8.1 The Director of Quality introduced the Update Report on Children's Safeguarding.
- 10.8.2 She said the number of looked after children was increasing which had implications for safeguarding.
- 10.8.3 She highlighted the current work being undertaken including the creation of a team to tackle child sexual exploitation as this had been identified as a weakness nationally and locally.
- 10.8.4 The Governing Body noted that a letter had been sent to the Home Office by the Chairs of the Children and Adult Safeguarding Boards expressing their concerns regarding the recent transfer of asylum seekers.

10.8.5 The Governing Body **noted** the Update Report on Children's Safeguarding.

#### 10.9 **Assurance Framework**

10.9.1 The Director of Quality introduced the Assurance Framework report.

10.9.2 She said following discussion at the recent Audit and Quality Committee meeting, the full version of the Assurance Framework would continue to be presented to the Committee but future Governing Body meetings would receive a condensed version with the gaps in control highlighted by blue shaded areas.

10.9.3 The Governing Body directed that for ease of reference, the Governing Body Assurance Framework (GBAF) ID number with the link to the relevant Strategic Principle be included in the narrative for the gaps in control.

10.9.4 The Governing Body **approved** the Assurance Framework and noted the report.

#### 10.10 **Assurance Process for the Over 75's**

10.10.1 The Director of Quality introduced the report on the Assurance Process for the Over 75's.

10.10.2 The report set out the proposal for an assurance process for the ongoing assessment and review of the plans, which included measurement against Key Performance Indicators (KPIs).

10.10.3 There were a number of concerns regarding the high level KPIs and the ability to achieve them, specifically in relation to the 3.5% reduction in non-elective admissions.

10.10.4 There was recognition that there were a number of other factors within the changing health landscape of Dorset that could impact on the ability to achieve the reduction.

10.10.5 The Chief Officer said the guidance was clear about the requirement for reducing avoidable admissions and the Better Care funding set aside had mandated a 3.5% reduction target.

10.10.6 The Director of Quality said the KPIs would be reviewed regularly.

SSh

- 10.10.7 National and local guidance encouraged practices to look at joint bids and it was recognized that practices would need to learn how to collaborate to reach the KPI targets.
- 10.10.8 There was concern regarding the Panel's 6 month review proposal which appeared outside normal governance processes.
- 10.10.9 The process needed to be accountable and the Panel would take a pragmatic approach when reviewing individual schemes that were not meeting the KPIs. Value for money and the overall benefits of the scheme would also be taken into consideration and early discussions would take place with practices to look at improving the performance if required.
- 10.10.10 The Governing Body **approved** the proposed Key Performance Indicators and assurance process set out in the report.
- 10.11 **NHS Constitution**
- 10.11.1 The Director of Quality introduced the report on the NHS Constitution.
- 10.11.2 The Governing Body **noted** the report on the NHS Constitution.
11. **Wider Healthcare issues**
- 11.1 **Systems Resilience Update**
- 11.1.1 The Director of Service Delivery introduced the Update on Systems Resilience.
- 11.1.2 She referred to the finalised Dorset Urgent and Emergency Care Strategy 2014-16 and said there was now an agreed dashboard, with daily situation reports received from the main providers.
- 11.1.3 Three Health and Social Care Cluster groups had been established around the three urgent care hubs to progress the work at local level. The hub groups would fast track actions and hold individual organisations to account for those actions.
- 11.1.4 She asked GP members to encourage active primary care participation in those groups.

- 11.1.5 The Governing Body directed that the dashboard be included within the Systems Resilience Update standing agenda item.
- 11.1.6 Following a question regarding confidence of community provision over the winter, the Director of Service Delivery said that work was underway with DHUFT to expand some services over the winter period with a view to increasing step up beds in particular areas.
- 11.1.7 There were significant constraints around the availability of domiciliary care and innovative work was being undertaken with local authority partners to secure packages of care.
- 11.1.8 The Governing Body **noted** the Update Report on Systems Resilience.
- 11.2 **Healthwatch Dorset**
- 11.2.1 The Chief Executive of Healthwatch Dorset introduced the report on Every One Matters – Feedback on Dorset’s Hospitals.
- 11.2.2 The report served to provide a brief summary of what local people had told Healthwatch Dorset so far about their experiences of hospital services in the county.
- 11.2.3 The overarching message Healthwatch Dorset had taken from what people had told them was that there was a wide variation in the standards of care that people have experienced.
- 11.2.4 There was concern that the percentage figures regarding positive, negative and mixed comments could have a detrimental effect on the staff in the acute hospitals trusts and the perception of members of the public reading the report.
- 11.2.5 The Chief Executive of Healthwatch Dorset understood the concerns but said the person’s perception was their reality. He reiterated that the report introduction was careful to say it did not claim to tell the whole story.
- 11.2.6 Following the release of the report, Healthwatch Dorset had met with the three acute hospitals to discuss next steps.
- 11.2.7 The Governing Body welcomed balanced patient feedback and the CCG would continue its own mechanisms for improvements.
- 11.2.8 The Governing Body **noted** the report on Every One Matters – Feedback on Dorset’s Hospitals.

**12. Committee Reports, Minutes and Urgent Decisions**

**12.1 Reports**

12.1.1 There were no Reports.

**12.2 Minutes**

12.2.1 There were no draft Minutes to note.

**12.3 Urgent Decisions**

12.3.1 There were no Urgent Decisions.

**13. Any Other Business**

13.1 There was no other 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 Wednesday 21 January 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.