

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

#### PART ONE – PUBLIC MINUTES

**21 MAY 2014**

A meeting of Part 1 of the Governing Body, of NHS Dorset Clinical Commissioning Group was held at 14:00hrs on 21 May 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, Secondary Care 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)  
 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)  
 Paul Vater, Chief Finance Officer (PV)

**In attendance:** Margaret Allen, Deputy Director of Review, Design and Delivery (MA)  
 Conrad Lakeman, Governing Body Secretary (CGL)  
 Steph Lower, Executive Assistant (SL)  
 Sally Shead, Deputy Director of Quality (SS)  
 Charles Summers, Director of Engagement and Development (CS)  
 Simon Watkins, Deputy Locality Chair for Poole Central (SW)

Three members of the public.

#### 1. Apologies and Welcome

- 1.1 David Haines, Locality Chair for Purbeck (DH)  
 Patrick Seal, Locality Chair for Poole Central (PS)

#### Action

## 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 The Governing Body Secretary advised that Practising GPs would be required to declare an interest for item 9.6 - Clinical Commissioning Local Improvement Plan and item 26 – Improving the Care for Older People. The Chair for these two items would pass to David Jenkins, Deputy CCG Chair.
- 3.3 Members noted agenda item 19 (Part Two) – Clinical Services Review specification would now be taken under Part One.

## 4. Minutes

- 4.1 The minutes of the meeting held on 19 March 2014 were **approved** for signature by the Chair as a true record.

## 5. Matters Arising

- 5.1 9.1.4 – The Deputy Director of Quality said this was part of the learning from the Serious Case Review regarding un-prescribed medication for children and was an on-going piece of work.

The Governing Body directed that an update be provided at the next meeting.

SS

- 5.2 9.2.6 – The Locality Chair for East Dorset had been asked to provide examples of the irregular availability of the Choose and Book for referrals to Community Hospitals, but advised that the position now appeared to have improved. Continued monitoring would take place through locality meetings.

Closed

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

## 6. Chair's Verbal Update

- 6.1 The Chair gave his Verbal Update.
- 6.2 Members noted the resignation of the Chief Executive of Dorset County Hospital. Patricia Miller, the current Director of Operations would cover the position until a replacement was appointed.

6.3 Members noted that John Bewick, NHS England Regional Director had recently announced he would shortly be retiring from NHS England.

## 7. Chief Officer's Update

7.1 The Chief Officer introduced his Update.

7.2 He drew members' attention to the proposed extra pages of the Strategy document that addressed the transparency issue in terms of the significant challenges that lay ahead for the NHS in Dorset.

7.3 An additional page had also been developed to reflect the future Primary Care work programme. It had been difficult to be too prescriptive at this early stage but the page showed the CCG's proposed direction of travel.

7.4 The Area Team was in the process of feeding back comments on the CCG's Strategy and Delivery Plan. They indicated that there was insufficient detail in the Strategy regarding Better Together, the Clinical Services Review and the Urgent Care Board. The proposal was to include some of the pages from the Delivery Plan in the Strategy to provide this further detail.

7.5 David Jenkins, Lay Member, had engaged with interested parties at public meetings. There had been interest in one of the slides showing the issues facing the CCG. Feedback had been that the CCG needed to engage more with the people of Dorset as to what the issues were that would be addressed through the Clinical Services Review.

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

## 8. Strategy

### 8.1 Clinical Services Review Specification

8.1.1 The Chief Officer introduced the Report and the Clinical Services Review Specification.

8.1.2 The Specification had been shared with a number of organisations including Monitor, Healthwatch and NHS England. In general the responses were positive and a number of suggested revisions to the wording had been adopted.

8.1.3 The formal advert, together with the draft Specification had been placed on 9 May 2014 for one month. To date there had been 37 expressions of interest.

- 8.1.4 A first shortlist would be drawn up with potential suppliers asked to provide a full tender against the Specification. A final shortlist would then be agreed, with potential suppliers asked to undertake presentations to a Panel and wider stakeholder group in September, with the outcome reported to the September Governing Body meeting.
- 8.1.5 A major challenge would be providing manpower from within the CCG and external assistance may be required.
- 8.1.6 With regard to paragraph 4.6 of the Specification, the GB directed that the set of recommendations show the specific outcomes required.
- 8.1.7 Subject to the above, the Governing Body **approved** the Report and the Clinical Services Review Specification.

TG

## 9. Delivery

### 9.1 Quality Report

- 9.1.1 The Deputy Director of Quality introduced the Report on Quality and highlighted a number of issues.
- 9.1.2 Following the unannounced visit, Dorset County Hospital NHS Foundation Trust (DCHFT) had continued to deliver improvements through their action plan.
- 9.1.3 Dorset Healthcare University NHS Foundation Trust (DHUFT) was required to provide a blueprint plan to Monitor by 31 May for their required actions. A response was expected in June with DHUFT hopeful that the regulations would be lifted.
- 9.1.4 A special Audit and Quality Committee meeting had been held on 12 May attended by the Chief Executive of DHUFT, to review progress of the implementation of the Action Plan following a mental health homicide. DHUFT would continue to be monitored closely on progress.
- 9.1.5 There were still concerns regarding the South West Ambulance Service NHS Foundation Trust (SWAST) Dorset 111 performance, particularly at weekends.
- 9.1.6 An Ofsted inspection for Bournemouth Borough Council's Children's Services had just concluded and a report was due to be received in June.

- 9.1.7 There was concern regarding the impact of Deprivation of Liberty Safeguarding (DoLS) in care homes and early indications were that a significant number of residents within Dorset care homes would be affected.
- 9.1.8 The Governing Body noted that this was diverting local authority resource away from routine discharging planning.
- 9.1.9 This appeared to be a national issue and the Chief Officer had written a letter to each local authority asking how this could be addressed.
- 9.1.10 Work was continuing to determine Safeguarding Children training needs for GPs and CCG staff. Additional dates for Governing Body member training at Level 2 were still to be set but members noted that GPs should be trained to Level 3 in any event.
- 9.1.11 NHS England was working with local commissioning organisations to understand the problems with regard to data sharing and to look for solutions. A centre of expertise on data sharing and information governance for the health and care system was being created that would support the development and implementation of solutions.
- 9.1.12 The Governing Body **noted** the Report of Director of Quality on Quality.
- 9.2 **Performance Report**
- 9.2.1 The Chief Finance Officer introduced his Report on Performance.
- 9.2.2 The Governing Body was concerned regarding the RBCH 62 day cancer waits. Additional capacity was being provided and assurance had been given that by the end of quarter one, the position should improve to meet national requirements. The matter would continue to be reviewed at the contract review meetings.
- 9.2.3 Diagnostic waits had been affected at DCHFT in relation to DEXA scans. The Trust had been asked to look at outsourcing opportunities to improve the position.
- 9.2.4 The Governing Body directed that sharing of resources/cross cover should be encouraged and this could be an area to explore through the Clinical Services Review.

JP

9.2.5 The Chief Finance Officer said provider trust performance in general had fallen, with some Trusts continuing to struggle with recruitment issues.

9.2.6 There was concern at the number of patients waiting in excess of 35 weeks for treatment at provider level and the Governing Body sought assurance that the backlogs could be cleared without additional funding. The Chief Finance Officer said NHS England was looking at this, although it was more of an operational issue.

9.2.7 The Governing Body **noted** the Report of the Chief Finance Officer on Performance.

### 9.3 **Quality Premium**

9.3.1 The Chief Finance Officer introduced his Report on the Quality Premium.

9.3.2 The overall anticipated Quality Premium had reduced to £1.4M.

9.3.3 The Governing Body noted the reduction in the 62 day wait was due to general demand rather than diagnostic driven, and both PCHFT and RBCH diagnostic waits were back on track. Both Trusts had been asked to provide details of additional capacity.

9.3.4 Dementia diagnosis performance across Dorset was significantly lower than Bournemouth and Poole, but as there was no data available from the local authority, the figure could not be confirmed.

9.3.5 Noting this was a key target, the Governing Body directed that a further update be provided for the next meeting.

JP

9.3.6 Concern was expressed regarding early discharge from hospital for patients with dementia. The Locality Chair for East Bournemouth asked members to provide him with case details.

All GPs

9.3.7 The Governing Body **noted** the Report of the Chief Finance Officer on Quality Premium.

### 9.4 **Finance**

9.4.1 The Chief Finance Officer introduced his Report on Finance.

9.4.2 The Report set out the final position to the end March 2014.

9.4.3 The CCG had experienced significant cost pressures in the last quarter of 2013-14 mainly within Continuing Health Care and GP Prescribing. The position would be revisited more fully as part of the early reporting for 2014-15.

9.4.4 Patient Transport had experienced higher levels of activity than predicted and the CCG had been working closely with the new provider to understand and manage capacity issues. It was expected that as the eligibility criteria was enforced, activity would reduce. The quality of service had now improved.

9.4.5 The Governing Body **noted** the Report of Chief Finance Officer on Finance.

## 9.5 **Annual Delivery Plan (ADP)**

9.5.1 The Chief Finance Officer introduced the Report on ADP Progress.

9.5.2 This was the end of year status and although some of the priorities were very near to completion, they would continue to be shown as a 'No' (not delivered). They would continue to be monitored during 2014-15.

9.5.3 The Two Year Delivery Plan for 2014-15 and 2015-16 was very ambitious and a process of review was currently underway to ensure the priorities in the Plan could be delivered.

9.5.4 The Governing Body **noted** the Report of the Chief Finance Officer on ADP Progress.

## 9.6 **Clinical Commissioning Local Improvement Plan (LIP)**

9.6.1 The Chair passed to David Jenkins, Deputy CCG Chair due to a conflict of interest.

9.6.2 The Governing Body Secretary advised that practicing GPs who were principals or in partnership and therefore stood to gain as a result of this item were required to declare an interest and would be unable to participate in the decision-making. Members were, however, invited to express their views.

9.6.3 Members eligible to participate in the decision-making were:-

- Peter Blick
- Chris Burton
- Paul French
- Teresa Hensman, Lay Member
- David Jenkins, Lay Member and Deputy CCG Chair

- Chris McCall
- Mary Monnington
- Tim Goodson, Chief Officer
- Paul Vater, Chief Finance Officer

All other GPs declared an interest in this item.

- 9.6.4 The Locality Chair for Poole Bay introduced the Report on the Clinical Commissioning Local Improvement Plan.
- 9.6.5 The report aimed to build on the CCG's Local Enhanced Service (LES) in place for 2013-14 and was designed to support the CCG's strategic aim of shifting the delivery of care closer to home, building strong local integration of care, focusing on supporting improvement in the management of frail, elderly and complex patients and building on the requirements to support people aged over 75, contained in the core primary contracts, as well as the new admission avoidance Directed Enhanced Service.
- Two members of the public left.
- 9.6.6 In response to a question concerning whether the assurance process covered signing off use of the outcome payments, the Locality Chair for Poole Bay said sign off would be by the locality chair, with practices advising about the work they were undertaking to support any monies.
- 9.6.7 In response to a question, the Chief Officer said there would have to be an element of trust with localities to self regulate but individual payments could be tracked, noting that the overall cost was identified as £2.1M
- 9.6.8 The Governing Body directed that the Audit and Quality Committee would receive a feedback report at the end of the year on spend. CGL
- 9.6.9 The Governing Body asked for a support mechanism for locality chairs to provide assurance if there were concerns with sign off for appropriate use of the resources. JP
- 9.6.10 The Governing Body directed that more thought be given to how to define outcomes for next year, as the same issue had been raised last year. JP
- 9.6.11 Subject to the above actions, Governing Body members eligible to vote unanimously **approved** the Report of the Director of Service Delivery on the Clinical Commissioning Local Improvement Plan.

- 9.7 **Annual Report for Medicines Management**
- 9.7.1 The Deputy Director of Quality introduced the Annual Report for Medicines Management.
- 9.7.2 The Governing Body noted the Prescribing budget was £600,000 underspent.
- 9.7.3 The Governing Body directed the Deputy Director of Quality to provide a post meeting note explaining why the national list delineating which drugs should be funded by NHS England and which should be funded by the CCG had been withdrawn by the Wessex Area Team, as this was not the case in bordering areas. SS
- 9.7.4 A concern was expressed that GPs were receiving outpatient letters from Acute Trusts asking them to prescribe. The Chief Finance Officer and Deputy Director of Quality asked that any such issues be reported into the Niggles system. This would also be raised at the contract meetings. PV  
All
- 9.7.5 The Governing Body **noted** the Annual Report of the Director of Quality on Medicines Management.
- 9.8 **Annual Report for Infection Control**
- 9.8.1 The Deputy Director of Quality introduced the Annual Report on Infection Control.
- 9.8.2 The Governing Body wanted assurance that Trusts were providing a safe service and directed a more fulsome report be provided in future with a broad overview of infection control, not solely focused on Cdiff and MRSA.
- 9.8.3 The Deputy Director of Quality and the Nurse Member would discuss further outside the meeting.
- 9.8.4 The Governing Body **noted** the Report of the Adult Safeguarding Nurse Specialist on the Annual Update on Adult Safeguarding.
10. **Wider Healthcare issues**
- 10.1 There were no wider healthcare issues.
11. **Committee Reports, Minutes and Urgent Decisions**
- 11.1 **Reports**

11.1.1 There were no Reports to note or approve.

## 11.2 Minutes

11.2.1 There were no minutes to note.

## 11.3 Urgent Decisions

11.3.1 The Governing Body Secretary introduced his Report on the use of the Urgent Decision powers to approve the award of a contract to Capita Medical Reporting (for Continuing Healthcare Retrospective Claims).

11.3.2 The Governing Body **noted** the approval of contract award to Capita Medical Reporting (for Continuing Healthcare Retrospective Claims) under the Urgent Decision process.

## 12. Any Other Business

12.1 The Governing Body Secretary referred to the special Governing Body meeting to be held on Wednesday 4 June at 2pm at Canford House to approve the accounts and supporting documentation. He anticipated the meeting would last no longer than half an hour.

12.2 To ensure quoracy, he asked members to let him know if they were able to attend on receipt of the meeting invitation and papers.

All

12.3 He advised that the Annual General Meeting (AGM) would now be held directly after the Membership Event on 11 June.

12.4 As this was the first AGM, there would be no substantial matters or reappointments to consider. Members would be asked to pass resolution to 'receive' the CCG's accounts.

## 13. Date and Time of the Next Meeting

13.1 The next meeting of the Governing Body (special) of NHS Dorset Clinical Commissioning Group will be held on 4 June 2014 at Canford 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.