

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

19 SEPTEMBER 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 19 September 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)  
 David Haines, Locality Lead for Purbeck (DH)  
 Teresa Hensman, Audit and Quality Chair (TH)  
 Stuart Hunter, Chief Finance Officer (SH)  
 David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)  
 Tom Knight, Locality Lead for North Bournemouth (TK)  
 Blair Millar, Locality Lead for West Dorset (BM)  
 Ravin Ramtohal, Locality Lead for Christchurch (RR)  
 David Richardson, Locality Lead for Poole North (DR)  
 Ben Sharland, Locality Lead for Central Bournemouth (BS)  
 Elaine Spencer, Registered Nurse Member (ES)  
 Simone Yule, Locality Lead for North Dorset (SY)

**In attendance:** Sally Banister, Deputy Director: Integrated Care Development (SB)  
 Conrad Lakeman, Secretary and General Counsel (CGL)  
 Steph Lower, Executive Assistant (SL)  
 Vanessa Read, Director of Nursing and Quality (VR)  
 Sally Sandcraft, Director of Primary and Community Care (SSa)  
 Emma Shipton, Delivery Director (Dorset Workforce) (ES)  
 2 members of the public

#### 1. Apologies

- 1.1 Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair  
 Mufeed Ni'Man, Locality Lead for East Bournemouth  
 Jacqueline Swift, Primary Care Commissioning Committee Chair

#### 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, Gifts or Hospitality

- 3.1 Conflicts of Interest were declared as follows:-

- Dr F Watson and Dr B Miller declared an interest in item 22. Both would withdraw from the meeting for that item and the Chair would pass to the Deputy CCG Chair.
- T Hensman declared an interest in item 22. The nature of the interest meant she could remain for the item but would not be permitted to participate in the discussion or vote.

SL

## 4. Minutes

- 4.1 The minutes of the meeting held on 18 July 2018 were **approved** as a true record.

## 5. Matters Arising

- 5.1 9.1.5 – Ambulance response times – a joint plan had been developed between the commissioners in the South West and SWASFT to enable achievement of the Ambulance Response Programme (ARP) targets. A number of new practical initiatives were being undertaken including an academic evaluation of all the South West pilots to develop a hybrid specification to support the lower acuity calls and 'long waits'.

A business case detailing how the plan would translate into performance-improvement was currently being produced by SWASFT and would be presented to the October Clinical Commissioning Committee meeting.

A recommendation would be taken to the October Ambulance Strategic Partnership Board for Dorset to retain the commissioning role with more of a lead rather than co-ordinator emphasis.

Work had been undertaken to understand the reasons for increased conveyances to emergency departments. The Urgent and Emergency Delivery Board had tasked the Dorset Ambulance Project Group with producing a system action plan to draw the

learning together for implementation across the providers, including primary care.

5.2 9.1.6 – The Governing Body noted that being diverted to an automated queuing system for 111 calls did not constitute being answered within the 60 second standard. The standard was measured when an operator answered.

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 Update**

6.1 The Governing Body noted the re-election of two Locality Chairs - Dr David Richardson – Poole North Locality and Dr Simon Watkins - Poole Central Locality.

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

## 7. **Chief Officer's Update**

7.1 The Chief Officer introduced his Update.

7.2 As Governing Body members were aware, the Judicial Review claims had all been dismissed. He hoped this would reassure local people that the CCG had acted properly and in the interests of health and care services in Dorset.

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

## 8. **Strategy**

There were no Strategy items to note.

## 9. **Delivery**

### 9.1 **Quality, Performance and Finance Report**

9.1.1 The Director of Nursing and Quality introduced the Quality section of the report.

9.1.2 A number of areas of concern remained, in particular the impact of the Klebsiella Pneumoniae outbreak at Poole Hospital NHS Foundation Trust (PHFT). An improvement programme regarding infection control practices (which encompassed the World Health Organisation (WHO) surgical checklist) was in place. The WHO checklist at Poole remained an area of concern but the July figure had

risen to 92% compliant which showed a continued improvement.

- 9.1.3 Mortality work was ongoing at Dorset County Hospital NHS Foundation Trust (DCHFT). Despite the actions being undertaken, it was likely to be 6-12 months before an improvement in the data would be seen.
- 9.1.4 There had been two Never Events reported in May and July 2018. A further two were in the process of being reported and an update would be provided to the Governing Body meeting in November.
- 9.1.5 The Care Quality Commission (CQC) full report from the SWASFT inspection was expected to be published shortly.
- 9.1.6 Regarding the Continuing Healthcare (CHC) Service, priority actions were to address the projected budget overspend, reduce the number of outstanding assessments and enable CHC eligibility decisions to be made within the 28-day Quality Premium target. Discussions were ongoing with local authorities and acute trusts regarding a review of the Funded Out of Hospital pathway which was a significant factor regarding the current projected overspend.
- 9.1.7 There was concern regarding timely correspondence received from the acute trusts, particularly DCHFT following an episode of patient care and the risk that this could lead to a patient safety issue. The Governing Body directed that this continued to be addressed with the trusts to resolve the issue.
- 9.1.8 Regarding Never Events, the position was similar nationally and the National Health Service Investigation Board had recognised the WHO checklist was not the 'barrier' to Never Events previously thought. Significant measures would need to be taken nationally to resolve.
- 9.1.9 The Deputy Director: Integrated Care Development introduced the Performance section of the report.
- 9.1.10 There had been an overall reduction in GP referrals across the system, predominantly driven by the reductions in MSK although DCHFT had recorded a slight increase.
- 9.1.11 There was a deteriorating position regarding Referral to Treatment with around 89% of patients being seen within 18 weeks and total waiting lists increasing. This was reflective of the national position.

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- 9.1.12 NHSE/I had requested recovery plans nationally and a number of options were being considered within the Dorset system.
- 9.1.13 The Dorset Cancer Partnership had agreed the use of funding from a delayed project to improve waiting times for cancer fast track referrals, specifically regarding urology.
- 9.1.14 Dorset would benefit from the agreed investment into SWASFT but concern was raised regarding SWASFT's level of engagement with primary and community care in relation to improving response/waiting times and avoidance of admissions.
- 9.1.15 Assurance was received that SWASFT was fully engaged and aware of the expectations associated with the investment.
- 9.1.16 The Chief Finance Officer agreed to feedback the comments to SWASFT. SH
- 9.1.17 Dorset did not have some of the pathways used in other health economies e.g. direct admission into a medical assessment unit. This would be taken forward at the System Leadership Team. SB
- 9.1.18 The Chief Finance Officer introduced the Finance section of the report.
- 9.1.19 The CCG's financial performance remained on track. System pressures were being experienced and the CCG had agreed with NHS England to increase its target surplus by £0.5M on the basis that the CCG would next year draw down £1M of its accumulated surplus.
- 9.1.20 CHC continued to be the biggest CCG budget pressure and actions were being taken as referred to in the Quality section above.
- 9.1.21 Although the provider trusts were forecasting being on track to meet their individual control totals by the year end, there was an underlying £10M pressure within the Dorset system. Support and offsets by the Integrated Care System (ICS) partners would be required to achieve the overall system control total position and discussions were ongoing with the provider trusts. NHSI had offered a mid-year incentive scheme that could benefit some of the providers. A

national decision was awaited regarding any such offsets at provider level.

- 9.1.22 The Governing Body **noted** the Quality, Performance and Finance Report.

## 9.2 **Assurance Framework**

- 9.2.1 The Director of Nursing and Quality introduced the Assurance Framework.

- 9.2.2 An amendment was required to Appendix 1 - Strategic Objective 118 heading to read 'Dorset Quality Surveillance Group.

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- 9.2.3 The Governing Body **noted** the Assurance Framework.

## 9.3 **Mental Health Delivery Plan Progress Update**

- 9.3.1 The Director of Primary and Community Care introduced the Mental Health Delivery Plan Progress Update.

- 9.3.2 Improvements had been seen in the Children and Adolescent Mental Health Service (CAMHS) with the on-line psychological support service for young people launched in September. Future updates would be provided regarding feedback.

SSa

- 9.3.3 The Governing Body noted the Dementia Services Review pre-consultation business case would be brought to the November meeting for approval.

- 9.3.4 Improvement work continued regarding the Children and Young People Eating Disorders Service but further resource would be required to manage the sustained increase in referrals.

- 9.3.5 An investment proposal for mental health services was being developed for consideration by the Operational Finance Reference Group (OFRG). Once the national financial planning guidance had been received, a clearer picture would emerge regarding what investment could be put into mental health services.

- 9.3.6 The first Mental Health Retreat was operational and there had been a higher number of users accessing the service than expected. Initial feedback had been positive and the first evaluation was planned for October.

- 9.3.7 There was a planned rollout of Retreats with the next being in the West of the County.
- 9.3.8 The Governing Body **noted** the Mental Health Delivery Plan Progress Update.
- 9.4 **Workforce Race Equality Standard Report (WRES) 2018**
- 9.4.1 The Delivery Director (Dorset Workforce) introduced the Workforce Race Equality Standard Report (WRES) 2018 Update.
- 9.4.2 Due to a small number of staff leaving the CCG which had had a disproportionate impact on the figures, the rate of BME workforce was lower than in previous years. This would be addressed.
- 9.4.3 BME applications received did reflect the general population figures but not at appointment level. The Steering Group had agreed a number of actions including a review of those areas.
- 9.4.4 There was a need to ensure staff involved in recruitment exercises were up to date with unconscious bias training.
- 9.4.5 The Governing Body **noted** the Workforce Race Equality Standard Report (WRES) 2018 Update.
- 9.5 **Integrated Care System (ICS) Delivery Update**
- 9.5.1 The Deputy Director: Integrated Care Development introduced the Integrated Care System (ICS) Delivery Update.
- 9.5.2 Regarding the Integrated Community and Primary Care Services, the recruitment process was due to go live imminently.
- 9.5.3 The Governing Body directed that a post meeting note be provided regarding the different expectations of deliverables between NHSE and the Wessex Team regarding the Local Health and Care Record Exemplar – Scope Creep.
- 9.5.4 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.

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**10. Wider Healthcare issues**

There were no Wider Healthcare issue items.

**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) – 1 August 2018**

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

**11.3 Urgent Decisions**

There were no Urgent Decisions.

**12. Questions from the Public**

12.1 There were no questions received from the public.

**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 NHS Dorset Clinical Commissioning Group Governing Body will be held on Wednesday 14 November 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.