

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

14 NOVEMBER 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 14 November 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) (Part)
 - 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)
 - Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)
 - 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)
 - 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:**
- Sally Banister, Deputy Director: Integrated Care Development (SB)
 - Kate Calvert, Deputy Director of Primary and Community Care (KC) - observing
 - Katherine Gough, Chief Pharmacist (KG) (Part)
 - 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)
 - Charles Summers, Director of Engagement and Development (CS)
 - 7 members of the public

1. Apologies

- 1.1 Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair

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 Under Part 2, item 21 – Recommendation of Contract Award - the interests declared on the Register of Interests regarding Dorset Healthcare University NHS Foundation Trust (DHUFT) were noted for the following Governing Body members:-

- Dr F Watson, Dr D Haines, Teresa Hensman, Dr M Ni'man, Dr B Sharland and Jacqueline Swift.

Due to the peripheral nature of the interests, no action was required and all could remain and vote.

4. Minutes

- 4.1 The minutes of the meeting held on 19 September 2018 were **approved** as a true record.

C Davidson arrived.

5. Matters Arising

- 5.1 Under 9.1.14 – concern remained regarding the delivery of service from SWASFT, particularly within rural Dorset.

- 5.2 The Governing Body directed that SWASFT be asked to attend a Part 2 Governing Body meeting to enable a discussion.

- 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 Chair had no updates.

SL

SH

7. Chief Officer's Update

- 7.1 The Chief Officer introduced his Update.
- 7.2 He said that the Borough of Poole Council had referred the Clinical Services Review to its Scrutiny Committee to consider a referral to the Secretary of State.
- 7.3 The Governing Body noted that all Dorset providers were now rated by the Care Quality Commission as 'Good'.
- 7.4 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 The Governing Body noted that the percentage of eligible staff trained in Level 3 Safeguarding Children in Dorset County Hospital NHS Foundation Trust (DCHFT) was significantly below the target of 80%, at 68%. There had been an increase in staff groups eligible for training but also a lack of general multi-agency training available. The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) had developed its own training and this would be considered for use within the other trusts.
- 9.1.3 Timeliness of response to complaints required improvement at DCHFT and RBCHFT. It was believed a factor was that trusts were able to set their own unrealistic response times.
- 9.1.4 Data quality issues remained a concern regarding VTE Prophylaxis but it was noted that there was a proposal this indicator be amended to include outcomes and reported incidents.
- 9.1.5 The Deputy Director: Integrated Care Development introduced the Performance section of the report.
- 9.1.6 It was too early to provide initial feedback regarding the tele-dermatology app but there were positive indications. It was important to communicate early positive feedback to

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| | encourage greater utilisation. | |
| 9.1.7 | It was not possible to use the Electronic Referral Service to automatically convert dermatology requests for advice and guidance into a two week wait appointment without the implementation of a referral assessment service. Work was ongoing with the trusts and it was hoped such a service could be implemented by the calendar year end. | |
| 9.1.8 | The BMI Harbour Hospital was not meeting the performance target against the 18-week referral to first treatment target despite reduced activity. The Governing Body directed that the reasons be explored and reported. | SB |
| 9.1.9 | The utilisation rates in relation to Improving Access to General Practice Services (IAGPS) had risen steadily. Following a query regarding the differing rates for the West, Mid and East Dorset areas, the Governing Body noted that the West Dorset area had mobilised slightly later than the East. | |
| 9.1.10 | Work was underway with the new incoming provider regarding delivery of the whole IAGPS pathway and sharing of best practice. | |
| 9.1.11 | This issue would be taken to the Primary Care Commissioning Committee for further discussion and feedback would be provided to the Governing Body. | SSa |
| 9.1.12 | Regarding blood stream infections, there was concern in relation to the Medicines Management guidance to prescribe a second line antibiotic which was unfamiliar to GPs. GPs were also unable to test sensitivity to the antibiotic. The Director of Primary and Community Care agreed to feedback the points raised. | SSa |
| 9.1.13 | Diagnostic performance had deteriorated further and was nearly twice the national average. The Governing Body directed that a post meeting note be provided with further information regarding the actions being taken to address. | SB |
| 9.1.14 | The Chief Finance Officer introduced the Finance section of the report. | |
| 9.1.15 | The CCG was currently on track to deliver its planned surplus. Continuing Healthcare continued to be the biggest risk and an update would be provided in Part 2. | |
| 9.1.16 | The position regarding the NHSI mid-year two for one incentive scheme was complex and would be explained in more detail under Part 2. | |

- 9.1.17 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 report.
- 9.2.2 There were no gaps identified.
- 9.2.3 The Governing Body **noted** the Assurance Framework.
- 9.3 **Engagement and Communications Framework Progress Update**
- 9.3.1 The Director of Engagement and Development introduced the Engagement and Communications Framework Progress Update.
- 9.3.2 The ICS engagement event had taken place recently and the action learning from the event would reported to the Implementation Planning Group.
- 9.3.3 The Governing Body **noted** the Engagement and Communications Framework Progress Update.
- 9.4 **Organisational Development Framework Progress Update**
- 9.4.1 The Director of Engagement and Development introduced the Organisational Development Framework Progress Update.
- 9.4.2 The People and Culture Programme work continued with the design stage now underway. A number of staff had completed the initial culture survey and attended one of the focus groups, both of which had provided helpful insight. A number of staff briefings had also been held along with sessions undertaken at staff events.
- 9.4.3 The NHS Staff Survey had been launched in October 2018 and there had been a good response from CCG staff.
- 9.4.4 Following a query regarding the process and oversight for the development of the draft governance arrangements for the Integrated Care System (ICS), the Director of Engagement and Development agreed to discuss further outside of the meeting.
- 9.4.5 The Governing Body **noted** the Organisational Development Framework Progress Update.

TH/CS

9.5 **Equality Delivery System 2 Grading Exercise**

- 9.5.1 The Director of Engagement and Development introduced the Equality Delivery System 2 Grading Exercise report.
- 9.5.2 52 survey responses had been received compared to 113 for the previous 2015 survey so caution was required when analysing the information.
- 9.5.3 Regarding the above, it was noted that the Health Involvement Network membership had reduced from 3,500 to 750.
- 9.5.4 The Governing Body **noted** the Equality Delivery System 2 Grading Exercise report.

9.6 **Safeguarding Adults and Children's Annual Report Update**

- 9.6.1 The Director of Nursing and Quality introduced the Safeguarding Adults and Children's Annual Report Update.
- 9.6.2 The National Safeguarding Lead had recently visited Dorset which had proved insightful in terms of the priority areas of work for the coming year.
- 9.6.3 Work was progressing to support vulnerable adults at risk who did not meet the adult safeguarding Section 42, including how information could be shared between organisations.
- 9.6.4 Proposals for the new safeguarding partnerships was progressing and the final proposal would be presented to the Governing Body at its next meeting. VR
- 9.6.5 There was a query regarding the figures for the Deprivation of Liberty applications received/granted as set out in paragraph 6.6 and whether outcomes were still awaited or the application had been unsuccessful. The Governing Body directed that a post meeting note be provided clarifying the position. VR
- 9.6.6 The Governing Body directed that a post meeting note be provided regarding the rise in inter-familial sexual abuse across the county and whether Dorset was an outlier. VR
- 9.6.7 The Governing Body **noted** the Safeguarding Adults and Children's Annual Report Update.

9.7 **Working with the Community and Voluntary Sector Update**

- 9.7.1 The Director of Primary and Community Care introduced the Working with the Community and Voluntary Sector Update.
- 9.7.2 The increasing importance of the role of the community and voluntary sector was noted, particularly with the move to care closer to home in the community. It was important active engagement be maintained.
- 9.7.3 The development of a Single Point of Contact would enable collaboration of small and larger organisations to bid for health and social care services and should support better signposting of what services were available.
- 9.7.4 The Governing Body **noted** the Working with the Community and Voluntary Sector Update.

9.8 **Integrated Care System (ICS) Delivery Update**

- 9.8.1 The Deputy Director: Integrated Care Development introduced the Integrated Care System (ICS) Delivery Update.
- 9.8.2 Regarding the GP on-line consultations, the Governing Body noted that Highcliffe Medical Centre was due to commence a pilot on 5 December 2018 and directed that a post-meeting note be provided setting out the proposed rollout/availability timetable.
- 9.8.3 Progression of the Prevention at Scale work was proving difficult due to the impact of the local government reorganisation.
- 9.8.4 There were a number of sizeable IT programmes ongoing in the Dorset trusts which had created resource conflicts and delays to the Dorset Care Record
- 9.8.5 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.

SB

10. **Wider Healthcare issues**

10.1 **Dorset Better Care Fund Update**

- 10.1.1 The Director of Primary and Community Care introduced the Dorset Better Care Fund Update.
- 10.1.2 Work was progressing with the local authorities regarding the future shape of the Better Care Funds for Dorset and

Bournemouth and Poole in light of the local government reorganization. The plan was to continue with two. National guidance was also awaited.

- 10.1.3 Following a query regarding hospital stays for those individuals with learning disabilities, the Governing Body noted there was a named patient budget within the Better Care Fund to assist with supporting such individuals. In addition, there was a separate support programme to minimise out of area hospital stays, but it was noted currently all stays were in county.

K Gough arrived.

- 10.1.4 Regarding the reduction of admissions to residential and nursing homes per 100,000 population in Metric 2, the Governing Body noted this was a national metric which suggested the preference for individuals was to be supported in their own homes. This was part of the strategy for care closer to home but whilst a residential setting might be the right option, it was important to ensure this was not due to being unable to support the individual in their own home.
- 10.1.5 The Governing Body **noted** the Dorset Better Care Fund Update.

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) – 3 October 2018

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 3 October 2018.

11.3 Urgent Decisions

- 11.3.1 The Governing Body Secretary reported the use of the Urgent Decision powers to extend the Assistant Clinical Chair role.

12. Questions from the Public

- 12.1 The Chair introduced the Public Questions item.

12.2 A number of questions had been received regarding Freestyle Libre and Dorset CCG's response and a news release from NHS England published on 14 November was made available to members of the public. The news release referred to a change in the national approach for prescribing Freestyle Libre for type 1 Diabetes patients. Further guidance was awaited and once received, Dorset CCG would review its current implementation.

12.3 Councillor B Pipe (Dorset County Council) asked for a progress update regarding the provision of the Wareham hub.

Answer

Dorset CCG's commitment to the Wareham hub was reaffirmed and it was one of the major estates and development priorities. There were a number of complexities surrounding the provision and a number of business cases would need to be progressed to secure external support. Regarding the NHS element, both Dorset Healthcare University NHS Foundation Trust (DHUFT) and Dorset CCG planned to make financial commitment decisions in January 2019. The Director of Primary and Community Care offered to provide a fuller update outside of the meeting if required.

SSa

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

Question

How much single use plastic was used in the NHS and what was done with it?

Answer

Dorset trusts include a section in their annual report regarding recycling, carbon footprint and energy utilisation, so if not included, an enquiry would need to be made of each individual trust as to whether data was collected regarding single use plastics. The Chief Finance Officer agreed to ask the CCG's Sustainability Group.

SH

It was noted that the underlying principle for single use plastic would be to minimize the risk of infection and there was an anticipation that there would be sound reasoning for the use of single use plastics particularly for clinical use/operating theatres.

Question

Improved access to the website would be welcomed as there

was difficulty accessing relevant parts, for example, the Governing Body meetings.

Answer

Access criteria was built into the new website including the options to improve visibility and font size by clicking on one of the two buttons at the right-hand side of the screen.

The view of difficulty accessing the Governing Body meeting papers was challenged as by clicking 'Your CCG' on the main page, then 'Governing Body meetings', the papers were then listed in date order.

Question

The Patient Benefits Case document (Bournemouth Daily Echo supplement) dated 1 November (copies of which were available at the meeting) was referred to along with a later version in circulation in the Dorchester and Weymouth and Portland area. It was noted the information related to Bournemouth and Poole which wasn't local to the Dorchester and Weymouth and Portland area.

Answer

The Patient Benefits Case was launched in print and paper media and associated with that there were a number of franchised distribution. It was noted that the Dorchester/Weymouth and Portland area publication was not targeted in the way that might have been wanted.

12.5 A member of the public asked the following question:-

Question

Regarding the clinical trial for Freestyle Libre and the changed position following the news release, if the clinical trial was now stopped, would the individual have to fund themselves or would the trial continue?

Answer

There was no 'clinical trial' running but rather an opportunity for a narrow cohort of individuals to see what benefit they may be able to get from use and whether that use would need to be continued. There were no plans to reduce current access between now and April 2019. If an individual met the criteria then the specialists would be likely to initiate the access.

Regarding the news release, Dorset CCG had received no further details.

Further Question

Why were specialists denying access to individuals who met the criteria?

Answer

The CCG was not aware of this and would raise with the specialists.

KG

13. Any Other Business

13.1 There was no other business.

K Gough left the meeting.

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 16 January 2019 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.