

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

16 JANUARY 2019

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 16 January 2019 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)
 David Haines, Locality Lead for Purbeck (DH)
 Teresa Hensman, Audit and Quality Chair (TH)
 Stuart Hunter, Chief Finance Officer (SH)
 Tom Knight, Locality Lead for North Bournemouth (TK)
 Mufeed Ni'Man, Locality Lead for East Bournemouth (MN) (Part)
 Ravin Ramtohal Locality Lead for Christchurch (RR)
 David Richardson, Locality Lead for Poole North (DR)
 Ben Sharland, Locality Lead for Central Bournemouth (BS)
 Jacqueline Swift, Primary Care Commissioning Committee Chair (JS)
 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)
 Charles Summers, Director of Engagement and Development (CS)

4 members of the public

Action

1. Apologies

- 1.1 Nick Evans, Locality Lead for Poole Bay
 Tim Goodson, Chief Officer
 David Jenkins, Deputy CCG Chair/Public Engagement Member
 Karen Kirkham, Assistant Clinical Chair
 Blair Millar, Locality Lead for West Dorset

Elaine Spencer, Registered Nurse Member
Simon Watkins, Locality Lead for Poole Central

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 The following Governing Body members declared an interest under Part 2 - agenda item 25, recommendation (a). All would be required to withdraw from the meeting for this item. All executive non-Governing Body members would also withdraw.

Mary Armitage, Secondary Care Consultant Member
Teresa Hensman, Lay Member
Jacqueline Swift, Lay Member

SL

4. Minutes

- 4.1 The minutes of the meeting held on 14 November 2018 were **approved** as a true record.

5. Matters Arising

- 5.1 There were no further Matters Arising.
- 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 had no updates.

7. Chief Officer's Update

- 7.1 The Chief Finance Officer introduced the Update on behalf of the Chief Officer.
- 7.2 The Governing Body **noted** the Update on behalf of the Chief Officer.

8. Strategy

8.1 Operational Planning 2019-20

8.1.1 The Chief Finance Officer introduced the report on Operational Planning 2019-20.

8.1.2 Following the recent publication of the Long-Term Plan and receipt of the CCG's funding allocations, work was now underway regarding the planning process. However, meeting the first deadline for delivery of the ICS Operational Plan for 2019-20 would be challenging due to the delayed receipt of the funding allocations and planning guidance.

8.1.3 The Governing Body **noted** the report on Operational Planning 2019-20.

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 refresh of the Infection Control E-Coli Reduction Plan was planned.

9.1.3 It was anticipated Two Never Events would be considered for downgrade to Serious Incidents as the Never Event criteria had not been met.

9.1.4 NHS Improvement would be undertaking a Never Events deep dive in April which would look at learning from the last two years.

9.1.5 Concern remained regarding compliance with the Looked After Children initial health assessments.

9.1.6 Following a query regarding progress with the mortality position at Dorset County Hospital NHS Foundation Trust (DCHFT), the Governing Body noted that the DCHFT Medical Director was undertaking a review of 50 cases and would share the findings of the review once completed.

9.1.7 The Deputy Director: Integrated Care Development introduced the Performance section of the report.

9.1.8 GP referrals were down by 4.5% compared to 2017-18 but pressures remained within the ophthalmology, dermatology and urology services.

- 9.1.9 The development of patient decision aid tools in the musculoskeletal (MSK) service had been beneficial and work was ongoing to rollout similar tools elsewhere, starting with cataract surgery.
- 9.1.10 Use of the dermatology photo app continued to increase with 72 practices signed up. Since the launch in October 2,000 photographs had been taken and transferred to secondary care services. As a result, the use of the advice and guidance service had risen significantly and it was hoped this would assist in reducing the pressure on the service.
- 9.1.11 The collective system view was that ophthalmology was one of the most serious-pressured specialties and the CCG had agreed the use of non-recurrent funding to ease the pressure. A system-wide demand and capacity review was to be undertaken to inform future services models.
- 9.1.12 Diagnostic performance had deteriorated, particularly within the endoscopy service. A system-wide approach to resolve the position was being taken.
- 9.1.13 The A & E performance target for December had been met across the system which had enabled release of performance monies.
- 9.1.14 The Chief Finance Officer introduced the Finance section of the report.
- 9.1.15 As at 31 December 2018 the CCG was on track to deliver the planned surplus at year end. However, the Governing Body noted that Continuing Healthcare (CHC) remained a significant financial risk.
- 9.1.16 Regarding the Dorset system, as at 31 December 2018, two providers were unlikely to achieve their financial position but with the 2 for 1 national incentive scheme, the Dorset system should deliver its financial plan at the year end.

M Ni'Man joined the meeting.

- 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 The Governing Body **noted** the Assurance Framework.
- 9.3 **CCG Governance Arrangements**
- 9.3.1 The Secretary and General Counsel introduced the report on CCG Governance Arrangements.
- 9.3.2 The report sought approval to the addition of four further Conflicts of Interest related templates to the Standards of Business of Conduct Policy.
- 9.3.3 The Governing Body **approved** the recommendations set out in the report on CCG Governance Arrangements. SL
- 9.4 **Dorset Clinical Commissioning Group (CCG) – New Model Constitution**
- 9.4.1 The Secretary and General Counsel introduced the report on the Dorset CCG – New Model Constitution.
- 9.4.2 Approval was sought to the new draft Constitution for the CCG based on the model Constitution produced by NHS England.
- 9.4.3 The NHS England new model Constitution used the terminology ‘Member Practice Representatives’ rather than the locally used ‘Locality Lead’. It had been noted that section 5.5.3 still contained the terminology ‘Member Practice Representative’ and this would be amended to read ‘Locality Lead’. SL
- 9.4.4 The Secretary and General Council reiterated that there were no substantial changes to the Constitution other than the Governing Body would have the power to make non-material amendments to the Constitution and the Audit and Quality Committee would become an Audit Committee with the quality surveillance function being performed by the system-wide Quality Surveillance Group.
- 9.4.5 The Governing Body noted there were still references to the Audit and Quality Committee in the Constitution and Governance Handbook and these would be updated to read Audit Committee accordingly. SL
- 9.4.6 The next step would be to seek approval from the membership. CGL
- 9.4.7 The Governing Body **approved** the draft Constitution with permission to make any minor typing/grammatical and placement changes that may be necessary.

9.5 Public Sector Equality Duty Annual Report 2018

9.5.1 The Director of Engagement and Development introduced the Public Sector Equality Duty Annual report 2018.

9.5.2 The Governing Body **approved** the recommendations set out in the Public Sector Equality Duty Annual report 2018.

9.6 Emergency Preparedness Resilience and Response (EPRR) Assurance Report

9.6.1 The Deputy Director : Integrated Care Development introduced the EPRR Assurance report.

9.6.2 The Local Resilience Forum was considering the potential outcomes regarding Brexit. System-wide action plans were being drawn up accordingly.

9.6.3 The Governing Body **noted** the EPRR Assurance report.

9.7 Integrated Care System (ICS) Delivery Update

9.7.1 The Deputy Director : Integrated Care Development introduced the ICS Delivery Update.

9.7.2 The Governing Body directed that a post meeting note be provided giving further information regarding the position in relation to Children's Integrated Community Services.

SSa

9.7.3 Health checks for individuals with learning disabilities remained an area of concern and the Governing Body noted the additional health check clinics pilot being undertaken in partnership with Dorset Healthcare University NHS Foundation Trust (DHUFT), with work being undertaken to increase the uptake across Dorset.

9.7.4 The Governing Body directed that a further update be provided.

SSa

9.7.5 Regarding the nursing workforce, there was system support for 50 additional registered nurse training places over that available through the established university group. The intention was to procure from September 2019.

9.7.6 The Governing Body **noted** the ICS Delivery Update.

10. Wider Healthcare issues

10.1 There are no Wider Healthcare issues.

11. Committee Reports, Minutes and Urgent Decisions

11.1 Reports

11.1.1 There were no reports to note.

11.2 Minutes

Approved minutes

11.2.1 Primary Care Commissioning Committee (Part 1 – Public) – 3 October 2018

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

Draft minutes

11.2.2 Draft Primary Care Commissioning Committee (Part 1 – Public) – 5 December 2018

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 5 December 2018.

11.3 Urgent Decisions

11.3.1 There were no Urgent Decisions to note.

12. Questions from the Public

12.1 The Chair introduced the Public Questions item.

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

Question

Does the CCG consider the processes and procedures in place in primary care in Dorset adequately addresses severe back pain?

The member of the public provided an anonymised background example regarding a patient experience.

Answer

The Deputy Director : Integrated Care Development was keen to learn about individual patient experiences and offered to

meet with the member of the public and individual concerned to look at the specific case.

Regarding the question itself, Dorset CCG had been identified as an outlier for certain spinal injections during the national Right Care work programme during 2017.

At the time, it was acknowledged that part of the drive for spinal injection therapy in Dorset was as a direct result of inadequate access to alternative resources. As a result, a Spinal Steering Task and Finish Group had been established and had met regularly since. This includes representation from all provider groups in primary, secondary and tertiary care. It recommended, as a system, following the National Low Back and Radicular Pain pathway recommendations published in February 2017. This was a comprehensive approach designed by a multidisciplinary committee incorporating NICE guidelines and best practice evidence.

Dorset developed a local low back and radicular pain pathway based on the national pathway. The initial aim was to implement the pathway by April 2019. Certain aspects had already been adopted and changes realised. Some aspects would take effect in April and other aspects would roll out after this date. Work would need to continue to embed and evolve the pathway over the coming years.

The development of the Spinal Steering Group and the local pathway had resulted in services working much closer together to ensure that patients were not simply referred from one service to another. One element of the pathway was the development of a consistent multi-disciplinary process, which would enable patients to be reviewed by a group of clinicians if they were not benefiting from their existing treatment or if a clinician required advice/guidance from colleagues.

Dorset was now being examined by the National Getting it Right First Team as an area that had made significant progress in implementing the low back and radicular pain pathway, ensuring patients were seen by the right person first time and followed a consistent pathway.

Scans could only be arranged by secondary care as it was a specialist scan which was only appropriate for a specialist to order/review.

The CCG was always keen to understand patient journeys through the system and to understand if an aspect was not working well and would therefore welcome the opportunity to explore this case in more detail if appropriate.

- 12.3 A member of the public referred to the actions being taken in relation to the potential outcomes regarding Brexit and the EPRR report at agenda item 9.6 and asked about the health and safety (including risk assessment) training and practices undertaken within the CCG.

Answer

Governing Body members undertook annual risk training. The CCG had a Health and Safety Policy and a comprehensive induction and mandatory training programme that included health and safety training. Compliance rates were high and this year there would be a link between mandatory training and pay awards for NHS staff.

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 would be held on 20 March 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.