

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

20 MARCH 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 20 March 2019 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

- Present:**
- Forbes Watson, Chair (FW)
  - Mary Armitage, Secondary Care Consultant Member (MA)
  - Colin Davidson, Locality Lead East Dorset (CD)
  - Nick Evans, Locality Lead for Poole Bay (NE)
  - Tim Goodson, Chief Officer (TG)
  - Teresa Hensman, Audit and Quality Chair (TH)
  - David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)
  - Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
  - 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)
  - 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)
- In attendance:**
- Diane Bardwell, Principal Programme Lead (DB) (Part)
  - Kate Calvert, Deputy Director of Primary and Community Care (KC)
  - Paul French, Clinical Lead for Mental Health and Learning Disabilities (PF) (Part)
  - Michael Gravelle, Assistant Director of Finance (MG)
  - Mark Harris, Head of Service (Mental Health) (MH) (Part)
  - Elaine Hurl, Principal Programme Lead, Mental Health (EH) (Part)
  - Steph Lower, Executive Assistant (SL)
  - Vanessa Read, Director of Nursing and Quality (VR)
  - Phil Richardson, Chief System Integration Officer (PR)
  - Charles Summers, Director of Engagement and Development (CS)

2 members of the public

**1. Apologies**

- 1.1 Dr Jenny Bubb, Locality Lead for Mid Dorset  
 Dr David Haines, Locality Lead for Purbeck  
 Stuart Hunter, Chief Finance officer  
 Dr Ravin Ramtohal, Locality Lead for Christchurch  
 Dr Simone Yule, Locality Lead for North Dorset

**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 Declarations of Interest were made by the following:-

SL

- Jacqueline Swift declared an interest in agenda item 9.3 - CCG Election process and other appointments in relation to her proposed appointment as Deputy CCG Chair.
- Dr Karen Kirkham declared an interest in agenda item 9.3 - CCG election process and other appointments in relation to her proposed appointment as Assistant Clinical Chair.

Both would be required to withdraw from the meeting for the decision regarding their respective proposed appointments.

- The Chief Officer declared an interest in agenda item 23 - Remuneration Committee recommendations. The Chief Officer and any executives would be required to withdraw from the meeting for this item.
- The Locality Leads for East Dorset, Poole Bay, North Bournemouth, East Bournemouth, Christchurch, Poole North, Central Bournemouth and Poole Central declared an interest in agenda item 25 – Award without Competition – Phlebotomy as the recommendation related to their localities. All of the above Locality Leads would be required to withdraw from the meeting for this item.
- The Chair declared an interest in item 26 – Recommendation report for Lyme Regis and Charmouth Community Services, as a GP practising in Lyme Regis. He would be required to withdraw from the meeting for this item and the Deputy CCG Chair would take the Chair.

#### 4. Minutes

- 4.1 The minutes of the meeting held on 16 January 2019 were **approved** as a true record.

#### 5. Matters Arising

- 5.1 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the meeting held on 16 January 2019.

#### 6. Chair's Update

- 6.1 The Chair introduced his Update.
- 6.2 The new model Constitution had been approved by the CCG membership and NHS England approval had been sought.
- 6.3 Both Teresa Hensman and David Jenkins, Governing Body Lay Members were due to step down from their roles on 31 March 2019. On behalf of the Governing Body, the Chair thanked them for their contributions not only to the Governing Body but in their respective Audit and Quality Committee Chair and Remuneration Committee/Deputy CCG Chair roles.
- 6.4 The Governing Body **noted** the Update of the Chair.

#### 7. Chief Officer's Update

- 7.1 The Chief Officer introduced his Update.
- 7.2 Concern was raised regarding the inadequate rating for the diabetes service. An action plan had been developed to look at what had triggered the rating. The Chief Officer offered to circulate the letter from NHS England (South West) regarding the assessments.
- 7.3 The Governing Body **noted** the Update of the Chief Officer.

#### 8. Strategy

##### 8.1 ICS Operational Plan 2019-20

- 8.1.1 The Chief Officer introduced the ICS Operational Plan 2019-20.
- 8.1.2 The Plan had been developed through the system-wide planning group to reflect and support the delivery of the national requirements of the NHS Long Term Plan and the 'Our Dorset' Sustainability and Transformation Plan.

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8.1.3 The Governing Body **approved** delegating authority to the Chair and Chief Officer to make final amendments and to approve the Operational Plan for submission to NHS England in line with national timelines.

## 8.2 **Corporate Objectives**

8.2.1 The Chair introduced the report on the Corporate Objectives.

8.2.2 The Governing Body **approved** the recommendations set out in the report on the Corporate Objectives.

## 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 Poole Hospital NHS Foundation Trust (PHFT) had reached the full year threshold for c-difficile so it was likely the infection control target would be breached for 2018-19.

9.1.3 In relation to the CCG inspection regarding Looked After Children and safeguarding, since the report had been written, the multi-agency response has been submitted and an action plan had been developed in response to the findings.

9.1.4 Regarding the local authority initial health assessments, an acceptable level had still not been reached, in part due to the time taken to get consent from parents to proceed with the assessment. Work continued to address the issues including a refresh of the pathway to make the process easier.

9.1.5 The Governing Body noted South Western Ambulance Service NHS Foundation Trust's (SWASFT) intention to commence recruitment of nurses to fill paramedic vacancies. There was a need to ensure recruitment from another profession would not leave another vulnerable.

9.1.6 Concern remained regarding the number of Never Events. NHS Improvement had conducted a review of six Never Events at PHFT and made a number of recommendations, in particular regarding the investigation process and report writing. These would be considered as part of a system-wide response to the new NHS Serious Incident Framework which was due to be published in the Spring. It was hoped that significant improvement would be seen.

- 9.1.7 NHSI planned to conduct a review due to commence in April of all Never Events over the past two years. One focus would be the quality of reporting. There was a need to ensure individuals were trained to a satisfactory standard to conduct investigations.
- 9.1.8 There was concern regarding the standardised mortality rate for Dorset County Hospital NHS Foundation Trust (DCHFT) which had not shown improvement. Assurance was received regarding the actions being taken by DCHFT. NHS Improvement continued to support the trust and was due to revisit in March to review.
- 9.1.9 The Governing Body directed that the Hospital Standardised Mortality rate data be included on the Quality Scorecard in future.
- 9.1.10 The Chief System Integration Officer introduced the Performance section of the report.
- 9.1.11 There had been a significant increase in conveyancing since August and work was ongoing with SWASFT to address. This was not a Dorset-specific issue.
- 9.1.12 The 62-week cancer target had been met across the system but challenges remained within a number of areas including ophthalmology and the MSK service, specifically regarding spinal. The Governing Body noted most of the increased pressures regarding MSK were in the West of the county.
- 9.1.13 A number of actions were being taken to address the position including the new Consultant Connect service. There had also been a decrease in GP referrals generally which would have an impact but further work was underway to better understand the increasing MSK referrals to DCHFT.
- 9.1.14 There had been some repatriation of ophthalmology patients into DCHFT.
- 9.1.15 Initial analysis suggested Dorset had a high rate of people detained under the Mental Health Act when compared with similar areas. Following a query regarding the reasons and action being taken, the Governing Body noted one action was the additional 16 new inpatient beds but directed that a post meeting note be provided.

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PR

- 9.1.16 Performance in relation to Children's Services, in particular Looked After Children remained of concern. The Governing Body continued to seek assurance that purposeful action was being taken to address the deficiencies. It noted that a multi-agency action plan had been developed and was awaiting approval from the CQC.
- 9.1.17 The Governing Body directed that future reports provide an update on the dermatology pathway including whether the new service was adding value.
- 9.1.18 Pressures remained regarding diagnostic performance and there was a query regarding any plans to move patients to where there was capacity. It was noted investment had been put into the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCHFT) and DCHFT which had had an immediate, though relatively small, impact. Actions were underway to address the colonoscopy pressures across the county. One issue was the challenges regarding network working across the trusts which was a key part of improving the pathway.
- 9.1.19 The plan for outpatient transformation would include a diagnostic workstream with a high level timescale being taken to the next meeting of the Clinical Reference Group.
- 9.1.20 The Assistant Director of Finance introduced the Finance section of the report.
- 9.1.21 The CCG was on track to deliver the planned surplus at the year end. The potential risk of an increase in prescribing spend had previously been highlighted but this had not materialised.
- 9.1.22 The Governing Body **noted** the integrated 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 She said all risks would now be reviewed quarterly and updated in the Assurance Framework accordingly.
- 9.2.3 The Assurance Framework would be refreshed in the next financial year to reflect the proposed governance changes to the committee structures.

PR

9.2.4 The Governing Body **noted** the Assurance Framework.

### 9.3 **CCG election process and other appointments**

**Jacqueline Swift and Dr Karen Kirkham declared an interest in this item regarding the appointments relating to themselves. Both withdrew from the meeting for the relevant decisions.**

9.3.1 The Chief Officer introduced the report on the CCG election process and other appointments.

9.3.2 The Governing Body noted that the appointment of the independent lay member role for a one-year period rather than three was because when the position was advertised, clarity was still required regarding the constitutional changes and there may be no reason for the role to remain as a one-year appointment in future.

9.3.3 The Governing Body **approved** the appointments of:-

SL

- Nick Robinson as Governing Body Lay Member for Governance (and the Audit and Quality Committee Chair (to be the Audit Committee)) for a maximum period of three years from 1 April 2019;
- Kay Taylor as Governing Body Lay Member for Patient and Public Involvement, Chair of the Remuneration Committee, member of the Audit and Quality Committee (to be Audit Committee) and Vice Chair of the Primary Care Commissioning Committee for a maximum period of three years from 1 April 2019;
- Paul Turner as the independent lay member serving the Audit and Quality Committee (to be the Audit Committee) for a maximum period of one year from 1 April 2019;

**Jacqueline Swift and Dr Karen Kirkham withdrew from the meeting.**

9.3.4 The Governing Body **approved** the appointments of:-

SL

- Jacqueline Swift as Deputy CCG Chair from 1 April 2019 with the end date to coincide with the end date for her current term of office as a Governing Body Lay Member, of 25 May 2021.
- Dr K Kirkham to the role of Assistant Clinical Chair for a maximum period of three years from 1 April 2019.

**Jacqueline Swift and Dr Karen Kirkham returned to the meeting.**

#### 9.4 **Pan Dorset Safeguarding Children Partnership Plan**

9.4.1 The Director of Nursing and Quality introduced the report on the Pan Dorset Safeguarding Children Partnership Plan.

9.4.2 There were a number of key changes:-

- the Safeguarding Children's Board would become the Safeguarding Children's Partnership with a Pan Dorset approach. The two local authorities and the CCG would be core members;
- regarding serious case reviews, the introduction of a national panel to which referrals would be made as required was planned;
- the introduction of a Child Overview Panel. In order to have the appropriate levels of learning there was a need for a review of 60 deaths per year. Dorset did not have that level and would be partnering with Somerset CCG to review jointly.

9.4.3 The Governing Body **approved** the recommendations set out in the report on the Pan Dorset Safeguarding Children Partnership Plan.

#### 9.5 **Dementia Services Review Strategic Outline Case**

**Dr Paul French, Diane Bardwell and Mark Harris attended for this item.**

9.5.1 The Deputy Director of Primary and Community Care introduced the report on the Dementia Services Review Strategic Outline Case.

9.5.2 The Principal Programme Lead gave a presentation on the Dementia Services review including the objectives, review stages, services in scope, the preferred option pathway and the next steps.

9.5.3 It had proved difficult to move patients out of inpatient beds and the Governing Body noted that it was hoped to utilise the community hubs with step up and step down beds. It was recognised that some dementia patients would likely progress from an inpatient stay to requiring care home support.

9.5.4 It was noted that the needs of patients with severe behavioural issues would unlikely be met within a community hub setting.

- 9.5.5 A variety of resources had been considered as part of the review and work with the local authorities regarding housing and care home plans to ensure the needs of particular groups had been considered.
- 9.5.6 One of the aims of the pathway was to keep Section 117 patients at home as long as possible.
- 9.5.7 The investment required would be considered within the overall profile of the investment priorities for mental health but it was noted the Long Term Plan included further funding into mental health.
- 9.5.8 The majority of dementia patients would eventually require specialist palliative care and the Governing Body noted that there was an end of life and palliative task and finish group set up to map palliative care availability and the review would be aligned with this work.
- 9.5.9 Subject to receiving stage 2 approval from NHS England, it was hoped the consultation would commence in June once the local pre-election purdah period had concluded.
- 9.5.10 The Governing Body **approved** the recommendations set out in the report on the Dementia Services Review Strategic Outline Case.

## 9.6 **Mental Health Acute Care Pathway Progress Update**

**Elaine HurlI attended for this item.**

- 9.6.1 The Principal Programme Lead for Mental Health introduced the Mental Health Acute Care Pathway Progress Update.
- 9.6.2 The Mental Health Acute Care Pathway was bringing a new approach to supporting people in crisis and by 1 July 2019 the pathway would be fully operational. The new Connections service would become the 24/7 crisis telephone line with access also available through the 111 service as well as a local number.
- 9.6.3 The report set out the timeline for the implementation of the remaining components of the pathway.
- 9.6.4 The Governing Body noted that the Retreats were manned by a number of mental health professionals including nurses, social workers and peer workers. There were also a number of volunteers.

9.6.5 A communications campaign was planned for the full pathway launch on 1 July.

9.6.6 In response to a query regarding children's mental health, the Governing Body noted new Children and Adolescent Mental Health Service (CAMHS) care models were being developed by NHS England. Work was underway within the CCG to develop a business case regarding the needs of children and young people. There were a number of all age features coming on line, for example, the psychiatric liaison service, and the upcoming Connection service would include a CAMHS worker.

9.6.7 The Governing Body **noted the** Mental Health Acute Care Pathway Progress Update.

**Diane Bardwell, Mark Harris, Elaine Hurl and Paul French left the meeting.**

#### 9.7 **Annual Review of Declarations of Interest**

9.7.1 The Chief Officer introduced the report on the Annual Review of Declarations of Interest.

9.7.2 The Governing Body **noted** the report on the Annual Review of Declarations of Interest.

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

9.8.1 The Chief System Integration Officer introduced the ICS Delivery Update.

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

#### 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.

## 11.2 Minutes

### Approved minutes

#### 11.2.1 Primary Care Commissioning Committee (Part 1 – Public) – 5 December 2018

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

### Draft minutes

#### 11.2.2 Draft Primary Care Commissioning Committee (Part 1 – Public) – 6 February 2019

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 6 February 2019.

## 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 referred to an anonymised example regarding a patient experience which highlighted the MSK performance issues and asked the following question:-

### Question

The CCG has a MSK Triage plan, performing as at October 2018 at 15.5%. This has not improved since April/May and yet at the January 2019 Governing Body meeting there was no discussion, debate or comment on the worst performance metric he had ever seen in the NHS, in over thirty years and he questioned whether the Governing Body cared. He asked that a Governing Body GP provide a comment.

### Answer

The Chief System Integration Officer said the performance of the MSK Triage Service was not where the CCG would like it to be, but the latest data showed improvements were being made. The current maximum wait for triage was approximately 9 days.

To address at a system level, the Elective Care Board had looked at a number of key areas:-

- Rheumatology – the rheumatologists had agreed to undertake the triage of their referrals as a pilot – as a result of this the waiting list had now been cleared.
- Spinal – a new member of the Dorset MSK team had been trained to undergo triage and was making inroads into the spinal backlog.
- Administrative errors – some patients who were triaged had not been closed on the primary care system which could have had an impact on the length of the waiting list.

The Elective Care team was drafting a MSK Strategy which would provide strategic direction for the MSK Triage Service over the next five years. There was acknowledgement that the position needed to change and a number of options were being worked through system-wide as part of the strategy development process.

- 12.3 The Chair acknowledged the concerns raised which were shared by GPs and said the implementation of the service had been undertaken nationally at short notice. He said the issues had been discussed at a number of meetings which had led to the actions described. There was a named MSK lead GP who had been tasked with leading the changes and clinical implementation of the improvements required to the service.

The member of the public queried whether the lengthy waiting lists were longer than identified and referred to the anonymised case which hadn't been referred to the MSK triage.

The Chair acknowledged the difficulties experienced with the pathway in this particular case and offered a further discussion with relevant officers outside the meeting regarding any issues with the specific case.

- 12.4 A member of the public referred to his concern raised at previous Governing Body meetings regarding the removal of the funding for the health network meetings in the Weymouth and Portland area and thanked the CCG for the regular and successful Patient Participation Group meetings that now took place.

### 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 Wednesday 15 May 2019 at Vespasian House at 2pm.

The Special Governing Body meeting to approve the Annual Report and Accounts would be held on Wednesday 22 May 2019 at Vespasian House at 11am.

**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.