

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

15 MAY 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 15 May 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)
  - Nick Evans, Locality Lead for Poole Bay (NE)
  - Tim Goodson, Chief Officer (TG)
  - David Haines, Locality Lead for Purbeck (DH)
  - 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)
  - Ravin Ramtohal, Locality Lead for Christchurch
  - Jacqueline Swift, Governing Body Lay Member and Deputy CCG Chair (JS)
  - Kay Taylor, Governing Body lay member for Public and Patient Participation (KT)
  - Simon Watkins, Locality Lead for Poole Central (SW)
  - Simone Yule, Locality Lead for North Dorset (SY)
- In attendance:**
- Michael Gravelle, Assistant Director of Finance (MG)
  - Conrad Lakeman, Secretary and General Counsel (CGL)
  - Steph Lower, Executive Assistant (SL)
  - Vanessa Read, Director of Nursing and Quality (VR)
  - Phil Richardson, Chief System Integration Officer (PR)
  - Sally Sandcraft, Director of Primary and Community Care (SSa)
  - Charles Summers, Director of Engagement and Development (CS)

1 member of the public

Action

## 1. Apologies

- 1.1 Stuart Hunter, Chief Finance Officer  
David Richardson, Locality Lead for Poole North  
Nick Robinson, Governing Body Lay Member and Audit Committee Chair  
Dr Ben Sharland, Locality Lead for Central Bournemouth  
Elaine Spencer, Registered Nurse Member

**J Bubb arrived.**

## 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 There were no Declarations of Interest, Gifts or Hospitality made.

## 4. Minutes

- 4.1 The minutes of the meeting held on 20 March 2019 were **approved** as a true record.

## 5. Matters Arising

- 5.1 There were no other matters arising.
- 5.2 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the meeting held on 20 March 2019.

## 6. Chair's Update

- 6.1 The Chair had no updates.

## 7. Chief Officer's Update

- 7.1 The Chief Officer introduced his Update.
- 7.2 Primary Care Networks were being worked up in line with the NHS Long Term Plan and the configurations should be confirmed by the end of May.
- 7.3 The Governing Body **noted** the Update of the Chief Officer.

## 8. Strategy

### 8.1 Opening Budget

- 8.1.1 The Assistant Director of Finance introduced the Opening Budget.
- 8.1.2 The Chair reminded members that the Opening Budget had been approved in Part 2 (confidential session) of the previous meeting.
- 8.1.3 The Governing Body **noted** the Opening Budget.

## 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 Following their re-visit to Poole County Hospital NHS Foundation Trust (PHFT) theatres, the Care Quality Commission (CQC) final report was awaited.
- 9.1.3 Future Quality reports would provide a more system-wide view of quality including primary care.
- 9.1.4 Appendix 3 provided an overview of Never Events including the work to improve the standard of investigations. The Director of Nursing and Quality summarised feedback received from the Governing Body Registered Nurse Member who was unable to attend the meeting. The key points were:-
- concerns regarding the significant peak of Never Events in 2017-18;
  - the positive step of inviting the providers to the Never Event panel meetings to share learning more widely;
  - the quality of investigations and reports remained poor;
  - agreeing a template which will align to the national Serious Incident Framework;
  - the key requirement for investigation training and dedicated investigators;
  - the opportunity for Dorset to improve on its current performance by using a different model;
  - concern regarding Duty of Candour and its application.

The Director of Nursing reported that the above points were being progressed with the Directors of Nursing and Patients safety leads in each Trust, and in addition a repeat audit of Duty of Candour would be undertaken.

**C Davidson arrived**

- 9.1.5 Following a query regarding action in relation to the flu vaccination uptake, particularly for the South Western Ambulance Service NHS Foundation Trust (SWASFT), the Governing Body noted a report would be taken to the System Leadership Team (SLT) which would provide an overview across all providers and primary care. A further report would be prepared in September which would take a retrospective look at the previous winter season to inform planning for the next season and any additional actions required to improve the uptake.
- 9.1.6 The Governing Body directed that the SLT report be circulated.
- 9.1.7 The Chief System Integration Officer introduced the Performance section of the report.
- 9.1.8 Whilst there had been a reduction in referrals, there was concern regarding the increased waiting lists particularly regarding ophthalmology and dermatology. A deep dive had been undertaken at Dorset County Hospital NHS Foundation Trust (DCHFT) to understand the reasons and an update would be provided by DCHFT at the forthcoming SLT meeting.
- 9.1.9 A further action had been to ask the respective Chief Operating Officers for the provider trusts to take a lead role ownership on either the orthopaedic, dermatology, endoscopy or urology service to understand the reasons for the increases.
- 9.1.10 There was concern regarding progress in relation to the MSK triage service. The Governing Body noted the MSK strategy would be taken to the Clinical Reference Group.
- 9.1.11 Physiotherapy patient waiting times were being reported as 6-9 months in some cases and the Governing Body directed that a post meeting note be provided regarding progress on the physiotherapy review including a timeline.
- 9.1.12 Whilst there had been an increase in the use of Consultant Connect – PhotoSAF, the number of fast tracks had not reduced which had resulted in the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) being unable to open lists for routines and a knock on effect for Poole Hospital NHS Foundation Trust (PHFT). The Governing Body directed that a post meeting note update be

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provided, particularly in relation to the impact on fast tracks and the performance of the dermatology service.

- 9.1.13 The Locality Lead for West Dorset raised a specific issue regarding a response to a fast track photo advising it would not be reviewed and the patient be put on the two week wait pathway. The Governing Body directed that this issue be addressed outside of the meeting and reported.
- 9.1.14 The Governing Body noted that very few CCGs had been able to achieve their quality premium indicators.
- 9.1.15 The Assistant Director of Finance introduced the Finance section of the report and said the report provided the closing position for 2018-19.
- 9.1.16 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 and said there were no gaps in control.
- 9.2.2 The Governing Body **noted** the Assurance Framework.
- 9.3 **Engagement and Communications Framework**
- 9.3.1 The Director of Engagement and Development introduced the Engagement and Communications Framework.
- 9.3.2 The Governing Body noted the current Head of Communications and Engagement was due to leave shortly and formal thanks were given for her contributions. The replacement Head of Communications and Engagement would commence in July 2019.
- 9.3.3 The Governing Body **approved** the recommendations set out in the Engagement and Communications Framework.
- 9.4 **Organisational Development Framework**
- 9.4.1 The Director of Engagement and Development introduced the Organisational Development Framework.
- 9.4.2 The Framework set out the key objectives and priorities for 2019-20 and 2020-21, one focus of which was the ongoing people and culture programme of work.

9.4.3 The Governing Body **approved** the recommendations set out in the Organisational Development Framework.

## 9.5 **Annual Report on the Staff Survey**

9.5.1 The Director of Engagement and Development introduced the Annual Report on the Staff Survey.

9.5.2 Some less positive areas included line management relationships and how individuals felt their own roles made a difference to the work of the organisation overall. Directors were reviewing the results with their own teams to tailor plans accordingly.

9.5.3 The Governing Body **noted** the Annual Report on the Staff Survey.

## 9.6 **CCG 360° Stakeholder Survey**

9.6.1 The Director of Engagement and Development introduced the CCG 360° Stakeholder Survey.

9.6.2 The Governing Body noted that the survey highlighted a number of national matters that were out of the CCG's control and focus would continue on the areas that could be improved.

9.6.3 For 2019-20 the main focus would be membership engagement and communications.

9.6.4 The Governing Body **noted** the CCG 360° Stakeholder Survey.

## 9.7 **Annual Report on Patient and Public Participation**

9.7.1 The Director of Engagement and Development introduced the Annual Report on Public Participation.

9.7.2 Formal thanks were noted to David Jenkins (former Governing Body Lay Member) for his contribution.

9.7.3 Positive feedback was received regarding the style of the report.

9.7.4 The Governing Body **noted** the report on the Annual Report on Public Participation.

## 9.8 **Annual Report for Infection Control**

9.8.1 The Director of Nursing and Quality introduced the Annual

Report for Infection Control.

- 9.8.2 Regarding clostridium difficile infection (CDI), one trust had exceeded the trajectory for 2018-19 but overall, cases had reduced compared to previous years.
- 9.8.3 The national ambition to reduce cases of E-coli bacteraemia infection continued but the planned 10% reduction for the first year had proved challenging and had not been met.
- 9.8.4 The Governing Body noted the reduction in CDI cases was a result of the reduction in antibiotic prescribing and directed that this be fed back to Primary Care colleagues.
- 9.8.5 The Governing Body **noted** the Annual Report for Infection Control.
- 9.9 **Joint Children and Adult Safeguarding Annual Report**
- 9.9.1 The Director of Nursing and Quality introduced the Joint Children and Adult Safeguarding Annual Report.
- 9.9.2 The national Safeguarding Lead had re-visited Dorset to discuss the next stage of the child protection system rollout which would have an impact on primary care.
- 9.9.3 There was concern regarding the format of the information contained within the lengthy safeguarding notifications received from SWASFT and the risk of important information being missed. The Governing Body directed that this be raised with SWASFT.
- 9.9.4 The Governing Body **noted** the Joint Children and Adult Safeguarding Annual Report.
- 9.10 **Integrated Care System (ICS) Delivery Update**
- 9.10.1 The Chief System Integration Officer introduced the Integrated Care System (ICS) Delivery Update.
- 9.10.2 He highlighted the key milestone with the Outline Business Case for the East reconfiguration having been signed off.
- 9.10.3 It was anticipated that there would be in the region of 18 Primary Care Networks. The CCG was due to meet with the Local Medical Committees imminently to review the registrations and check they met the framework requirements. The outcomes would be advised to the networks by 31 May 2019. A further update would be provided at the SLT meeting on 23 May 2019.

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- 9.10.4 Regarding paragraph 2.20 and the lack of intensive support for the Children and Adolescent Mental Health Service (CAMHS), this related to the transforming care programme for adults and children. There was a community intensive support team available for adults but not for children. Dorset CCG was engaged in the NHS England-led regional programme of work regarding new care models for children and young people to see how the offer could be enhanced locally to avoid inappropriate admissions.
- 9.10.5 Regarding paragraph 2.21, the Governing Body noted that the CQC inspection had not had a detrimental impact on the Mental Health Services and Dementia Services Review Stage II assurance process which had now passed through the gateway procedure to enable public consultation to be undertaken in June 2019.
- 9.10.6 There was concern regarding the slow progress with the Wareham Surgery and Parkstone Health Centre projects and the late stage queries being received by the local NHS England team. The concerns had been raised with the national team and the Governing Body directed that the Primary Care Commissioning Committee kept this under review. SSa
- 9.10.7 There had been a significant number of nursing apprenticeship applications received and shortlisting was being undertaken.
- 9.10.8 There had been challenges regarding the wider rollout of the Dorset Care Record in part due to urology results testing at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) and secure patient data held by Dorset Healthcare University NHS Foundation Trust (DHUFT). The impact regarding the rollout timeline was being assessed. The Governing Body directed that it continued to be kept updated. PR
- 9.10.9 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.
- 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 The report provided the year-end position for 2018-19 and a forward look to 2019-20.
- 10.1.3 There was a need for the Health and Wellbeing Boards to take greater ownership and oversight regarding the delivery of the local transformation programmes.
- 10.1.4 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

#### Approved minutes

- 11.2.1 Primary Care Commissioning Committee (Part 1 – Public) – 6 February 2019

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

#### Draft minutes

- 11.2.2 Draft Primary Care Commissioning Committee (Part 1 – Public) – 3 April 2019

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 3 April 2019.

### 11.3 Urgent Decisions

- 11.3.1 The Secretary and General Counsel reported the use of the Urgent Decision Powers related to a waiver of an award of contract without competition in respect of continuing healthcare.
- 11.3.2 The Governing Body noted the details of the decision set out in the report erroneously omitted the wording 'to provide a continuing healthcare package of care'.

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## 12. Questions from the Public

- 12.1 The Chair introduced the Public Questions item.

12.2 A question had been received in advance from a member of the public. The Chair said there were a number of elements to the question and the response given would be e-mailed to the individual following the meeting. The Chair read out the question as follows:-

12.3 **Question**

There was, currently, significant media attention to the prescription of opioids. The risk and potential for patient harm was widely recognised.

The incidence of long-term non-cancer pain increases with age and Dorset had a more elderly population than the national average.

What was the current experience of opioid prescribing in Dorset? Please put the answer in the context of comparison to the national average with demographic adjustment. As part of the answer please also show the distribution across the various opioids and their strengths as prescribed. Could the distribution of opioid prescribing in Dorset be analysed by diagnostic groups?

**Response**

The Locality Lead for Christchurch said the CCG's Medicines Team undertook a range of activity in relation to opiates and other medicines liable to abuse. These were generally referred to as Controlled Drugs or CDs.

The monitoring, challenging of prescribing and issue of information about controlled drugs was routine practice and was both reported at GP practice, locality and CCG level. In addition, the Controlled Drugs Accountable Officer in NHS England was sent an assurance report every six months.

Pro-active information was submitted to practices through a newsletter, and twice a year a newsletter was issued to practices specifically in relation to controlled drugs.

Prescribing by demographic was used in order to identify outlying prescribing and was investigated where necessary.

For the 2019/20 financial year, GP practices were to complete the first part of a two-year audit on the prescribing of opiate drugs, particularly where prescribing was in excess of 120mg per day equivalent morphine. This was backed up by an opioid resource pack that had been issued to support

reducing doses.

Prescribing data which showed the CCG in comparison to other areas of England could be found on the public website open prescribing <https://openprescribing.net/measure/>

This covered:

- Prescribing of high cost tramadol preparations
- Prescribing of opioids (total oral morphine equivalence)
- NHS England Low Priority Treatment - fentanyl immediate release
- High dose opioids as percentage regular opioids
- High dose opioids per 1000 patients

Open prescribing did not make a demographic comparison, however the measures at CCG or GP practice level could be looked at.

The other way to look at these or similar was on the medication safety dashboard, selecting the CCG <https://apps.nhsbsa.nhs.uk/MOD/MedicationSafety/atlas.html> (open access)

The pain indicators showed the patients at increased risk of hospital admission for those:

- Prescribed oral or transdermal opioid + benzo, z-drug, pregabalin or gabapentin
- Prescribed oral or transdermal opioid without a laxative
- Prescribed oral or transdermal opioid for more than 3 months

The comparisons including demographic could be accessed and produced with more notice. To produce data across the range of demographic and significant range of opiates would take a considerable amount of analyst time. Generally, from previous experience, when taking demographic into account, Dorset CCG benchmarked below average for opiate prescribing.

At present it was not possible to access prescribing data associated with diagnosis and it was not possible to identify from prescribing data whether the opiate was used for cancer or non-cancer pain.

- 12.4 The Chair confirmed that the response would be sent to the questioner and any supplementary questions received should be sent to the Corporate Office who would pass on to the relevant team.

## **13. Any Other Business**

13.1 There was no further business.

## **14. Date and Time of the Next Meeting**

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

The next meeting of the NHS Dorset Clinical Commissioning Group Governing Body will be held on Wednesday 17 July 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.

DRAFT