

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

17 JULY 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 17 July 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)
- David Haines, Locality Lead for Purbeck (DH)
- Stuart Hunter, Chief Finance Officer (SH)
- Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
- Tom Knight, Locality Lead for North Bournemouth (TK)
- Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)
- David Richardson, Locality Lead for Poole North (DR)
- Nick Robinson, Governing Body Lay Member and Audit Committee Chair (NR)
- Elaine Spencer, Registered Nurse Member (ES)
- Jacqueline Swift, Governing Body Lay Member and Deputy CCG Chair (JS)
- Kay Taylor, Governing Body Lay Member for Public and Patient Participation (KT)

In attendance:

- Tom Isbister, GP Leadership Fellow (TB) (shadowing Dr K Kirkham)
- Steph Lower, Executive Assistant (SL)
- Donna Parker, Deputy Chief Operating Officer, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (DP) (observing)
- Vanessa Read, Director of Nursing and Quality (VR)
- Phil Richardson, Chief System Integration Officer (PR)
- Nikki Rowland, Deputy Chief Finance Officer (NRo)
- 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	Colin Davidson, Locality Lead East Dorset Nick Evans, Locality Lead for Poole Bay Tim Goodson, Chief Officer Blair Millar, Locality Lead for West Dorset Ravin Ramtohal Locality Lead for Christchurch Ben Sharland, Locality Lead for Central Bournemouth 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	Declarations of Interest were made by the following:- - Elaine Spencer, Registered Nurse Member declared an interest in agenda item 9.4 – CCG Governing Body Reappointment Process. She would withdraw from the meeting for this item.	SL
4.	Minutes	
4.1	The minutes of the meeting held on 15 May 2019 were approved as a true record.	
4.2	The minutes of the Special meeting held on 22 May 2019 were approved as a true record.	
5.	Matters Arising	
5.1	<u>Governing Body meeting 15 May 2019</u>	
5.1.1	Regarding the use of Photosaf, evidence was being collated in relation to the impact, value and patient benefits. This would be circulated to Governing Body members when finalised.	PR
5.1.2	The Governing Body directed that a post meeting note be provided regarding progress on the physiotherapy review (to include the agreed outcomes from the recent Clinical Reference Group (CRG) meeting).	PR

5.1.3 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting.

5.2 Governing Body Special meeting 22 May 2019

5.2.1 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the Special 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 He referred to the recent Annual Assessment letter from NHS England which confirmed the CCG's 2018-19 headline rating of 'Good'. The CCG had also received the final results for the 2018-19 CCG Improvement and Assessment Framework Patient and Community Engagement Indicator assessment which confirmed an overall rating of 'Green Star' for patient engagement.

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

8. **Strategy**

8.1 There were no strategy items to note.

9. **Delivery**

9.1 **Quality and Performance Report**

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

9.1.2 She highlighted a number of areas that required improvement including the impact on quality due to the operational pressures of the providers, SWASFT call stacking, ambulance handover delays and the compliance rates for the Initial Health Assessments for looked after children.

9.1.3 In response to a number of actions undertaken to address the ambulance call stacking issues, the risk-rating had been reviewed and re-rated 20 (from 25), but it was acknowledged

that further work would be required to meet the performance standards.

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| 9.1.4 | Following a visit to Poole Hospital NHS Foundation Trust theatres, the CQC inspection report had been published. Improvements had been made but further work would be required specifically regarding infection prevention and control. | |
| 9.1.5 | She summarised the issues discussed at the recent Dorset Quality Surveillance Group (QSG) including the request for a system report in relation to learning disabilities which would also be taken to the System Leadership Team within the next 2-3 months. | |
| 9.1.6 | The Governing Body noted several further waits in excess of 52 weeks had been identified which would result in a system fine due to the breach. An agreed approach to managing this issue would need to be developed and a new risk would be added to the Risk Register. | |
| 9.1.7 | The Governing Body noted that future reports would include information regarding the actions being taken in relation to a number of areas including mortality, looked after children and complaints. | VR |
| 9.1.8 | The outcomes from the NHS England Never Events review would be shared with the QSG in September. Learning from the review outcomes would be shared with the Governing Body. | VR |
| 9.1.9 | The Governing Body directed that a post meeting note be provided regarding the current performance figures in relation to the initial health assessment for looked after children (to include the number of children who had had an assessment within 30 days and those still to be assessed). | VR |
| 9.1.10 | The Governing Body directed that at its next meeting the Quality report include a summary of actions being taken following the Dorset County Hospital NHS Foundation Trust mortality review. | VR |
| 9.1.11 | The Chief System Integration Officer introduced the Performance section of the report and sought feedback regarding the revised format of the report. | |
| 9.1.12 | He highlighted the key issues of concern including the 52 week breaches and that this might indicate the start of a trend. Challenges remained in a number of areas including ophthalmology and dermatology. | |

- 9.1.13 Regarding dermatology, he asked GP leads to continue to promote the use of the Photosaf app for advice and guidance.
- 9.1.14 There was a higher referral rate in the west of the County that had affected the Referral to Treatment (RTT) performance. An 18 week RTT event would to be held involving a mix of the specialties to look at what could be undertaken collectively to address the performance issue.
- 9.1.15 South Western Ambulance Service NHS Foundation Trust (SWASFT) had given notice on the integrated urgent care contract to remove the 111 service. As the lead provider, Dorset Healthcare University NHS Foundation Trust (DHUFT) would look to find the best resolution with support from the CCG.
- 9.1.16 Regarding health checks for those with serious mental illnesses, work was underway on the implementation plan including linking with Public Health Dorset and other partners to implement a model that maximised engagement with potentially hard to reach individuals.
- 9.1.17 Monitoring of the RTT performance was being undertaken at the 26 week, 40 week and 52 week points. There was a significant growth in the number of individuals waiting over 40 weeks and work was being undertaken to look at the 18-week point to understand the emerging issues and identify what could be addressed at that point.
- 9.1.18 The impact of the pension annual and lifetime allowances and subsequent tax implications was being seen across the system and was having an effect on the recruitment and retention of senior staff. It was recognised this was a national issue.
- 9.1.19 A number of specialties were under pressure regarding the capacity to deliver i.e. workforce and work continued to find a solution.
- 9.1.20 It was recognised that to keep up with the demand, delivery of elective care services in the same way, in particular outpatients, was unsustainable. To create the required efficiencies would be multifactorial and would include cultural changes. Better use of digital technology was a key enabler but would take time to embed in the clinical workforce.
- 9.1.21 There was concern regarding the pressure on the two week wait referrals particularly at DCHFT in relation to breast

tumours. Work was underway to investigate how the system could provide support and a recovery plan was underway.

- 9.1.22 The Governing Body noted the successful reduction in the Dorset Local Maternity System stillbirths and neonatal deaths. The Assistant Clinical Chair agreed to inform the Governing Body how the reduced rate compared with the rest of the country.
- 9.1.23 Regarding SWASFT, a performance improvement trajectory had been created for the lower-category response times and it was hoped an improvement would be seen
- 9.1.24 The Governing Body **noted** the integrated Quality and Performance Report.

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9.2 **Finance Report**

- 9.2.1 The Deputy Chief Finance Officer introduced the Finance report and sought feedback regarding the revised format.
- 9.2.2 As at the end of May the CCG had reported that it would meet budget and deliver the £2M surplus control total. £14M of possible financial risks had been identified together with a possible mitigation of £11M. A number of actions were in place to manage the risks, particularly in relation to Personalised Health Commissioning (PHC).
- 9.2.3 Approximately £6M of the CCG's savings requirement remained unidentified with a further £8M unidentified for the rest of the system. More detailed information regarding the developing plans to close the gap would be available for the September Governing Body meeting.
- 9.2.4 Concern was raised regarding the unrealistic expectation of having to make efficiencies year on year but it was noted that there remained opportunities to make savings across the system including the use of digital and better collaboration, however significant cultural changes would also be required.
- 9.2.5 The position remained challenging to the health service as a whole and Dorset was not an outlier. It was recognised that difficult decisions would need to be taken.
- 9.2.6 The Governing Body **noted** the Finance report.
- ## 9.3 **Assurance Framework**
- 9.3.1 The Director of Nursing and Quality introduced the Assurance Framework report and reported no gaps in control.

- 9.3.2 The Governing Body noted the Assurance Framework would be the subject of a workshop discussion at the Audit Committee meeting in October.
- 9.3.3 The Governing Body **noted** the Assurance Framework.
- 9.4 **CCG Governing Body Reappointment Process**
- Elaine Spencer, Registered Nurse Member declared an interest in agenda item 9.5 – CCG Governing Body Reappointment Process and withdrew from the meeting.**
- 9.4.1 The Chair introduced the report on the CCG Governing Body Reappointment Process.
- 9.4.2 The Governing Body **approved** the recommendations set out in the report on the CCG Governing Body Reappointment Process.
- E Spencer returned to the meeting.**
- 9.5 **Proposed changes to the Standing Financial Instructions (SFIs)**
- 9.5.1 The Deputy Chief Finance Officer introduced the report on the Proposed changes to the Standing Financial Instructions (SFIs).
- 9.5.2 She highlighted the specific comment under paragraph 8.7.2 where Governing Body approval was sought to move to an electronic only process regarding competitive quotations.
- 9.5.3 The Governing Body noted the inclusion of the Personalised Health Commissioning delegated limits and that these might change following the transformation programme currently being undertaken.
- E Hurlll joined the meeting.**
- 9.5.4 The Governing Body **approved** the recommendations set out in the report on the Proposed changes to the Standing Financial Instructions (SFIs).
- 9.6 **Mental Health Rehabilitation Review**
- 9.6.1 The Director of Primary and Community Care introduced the report on the Mental Health Rehabilitation Review.

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- 9.6.2 The preferred model option included a 14 bed high-dependency unit, 20-23 step-down community unit beds, the development of supported housing, the development of a community rehabilitation team and enhancement of the assertive outreach team and homeless health service.
- 9.6.3 The preferred option would be likely to require additional financial investment and it was planned for the Strategic Outline Business Case to be completed by September.
- 9.6.4 Engagement had taken place with the Dorset Health Overview and Scrutiny Committee (HOSC) in particular seeking the Committee's views regarding the level of public consultation in light of the small cohort of individuals concerned. Engagement with the Bournemouth, Christchurch and Poole HOSC would take place in September.
- 9.6.5 Further discussions would take place with NHS England and the CCG regarding the preferred option and level of public consultation.
- 9.6.6 The next step would be the NHS England Assurance process.
- 9.6.7 The Governing Body noted there were already a number of skilled individuals within the rehabilitation service who could potentially manage the proposed high-dependency beds.
- 9.6.8 Work would be needed to consider the potential opportunities to address the out of area placements.
- 9.6.9 The Governing Body **noted** the report on the Mental Health Rehabilitation Review.
- E Hurll left the meeting.**
- 9.7 **Annual Review of the Data Security and Protection (DSP) Toolkit**
- 9.7.1 The Deputy Chief Finance Officer introduced the Annual Review of the DSP Toolkit.
- 9.7.2 The requirements of the Data Security and Protection Toolkit had been met for 2018-19. For 2019-20, the mandatory elements had increased from 70 to 116. The work to ensure the CCG continued to meet the requirements of the DSP Toolkit would require significant input from the IT team which might have a resource implication.
- 9.7.3 The Governing Body **noted** the Annual Review of the DSP Toolkit.

9.8 Customer Care Annual Report

- 9.8.1 The Director of Nursing and Quality introduced the Customer Care Annual Report.
- 9.8.2 The report had been taken to the recent Audit Committee and following feedback the narrative had been updated.
- 9.8.3 The Governing Body noted the upward trend of Continuing Health Care complaints and the significant increase in complaints relating to commissioning and general issues. Further analysis would be undertaken regarding these increases and would be included in the next Customer Care Annual Report.
- 9.8.4 The Governing Body **noted** the Customer Care Annual Report.

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9.9 Looked After Children Annual Health Report

- 9.9.1 The Director of Nursing and Quality introduced the Looked After Children Annual Health Report.
- 9.9.2 Delays in medical assessments remained and the resilience issues within the small service were noted.
- 9.9.3 Regarding Appendix 1 (page 1), there appeared to be a number of children unaccounted for in the table relating to the Timeliness of IHAs 2018-19. The Director of Nursing and Quality was directed to investigate this potential discrepancy.
- 9.9.4 The Governing Body noted there was a reciprocal arrangement with other CCGs regarding health assessments for children placed out of area and further information would be provided to Governing Body members.
- 9.9.5 There was a concern regarding the effectiveness of the local authorities in ensuring health assessments were undertaken for those children placed with foster parents. The Director of Nursing and Quality reported a commitment from the new Directors both at Dorset and Bournemouth, Christchurch and Poole Councils to improve services for children in general.
- 9.9.6 The penultimate paragraph on page 6 of Appendix 1 suggested recommendations from initial health assessments were not always followed up as they should be. The Director of Nursing and Quality was directed to investigate this.

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- 9.9.7 A post meeting note would be provided that covered all the points above in relation to Looked After Children.
- 9.9.8 The Governing Body **noted** the Looked After Children Annual Health 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 Regarding the East reconfiguration, the Competition and Markets Authority had agreed the integration paper that meant work could progress on the four specific clinical service areas i.e. stroke, cardiology, maternity and pathology.
- 9.10.3 Funding had been allocated from the Wessex Care Record into the Dorset Care Record to assist with the Hampshire Care Record integration.
- 9.10.4 The NHS England 20 week programme on population health management had been completed and would be implemented within the Dorset system including an internal link dataset between primary (initially 20 practices) and secondary care which provided live data daily. One challenge would be the consistency of coding, mainly at practice level.
- 9.10.5 Skills were being built within localities regarding use of the data to produce service re-design and identify gaps in care.
- 9.10.6 The population health programme would be rolled out to all the 18 primary care networks but would require investment and support to embed.
- 9.10.7 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.
- 10. Wider Healthcare issues**
- 10.1 There were no Wider Healthcare issues to note.
- 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 April 2019

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

Draft minutes

11.2.2 Draft Primary Care Commissioning Committee (Part 1 – Public) – 5 June 2019

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 5 June 2019.

11.3 **Urgent Decisions**

11.3.1 The Chair reported the use of the Urgent Decision powers for an approval of an award of contract for three years to Bytes Software Services from 1 July 2019 for the software portfolio management of Dorset CCG's Microsoft Enterprise Agreements.

12. **Questions from the Public**

12.1 There were no questions from the public.

13. **Any Other Business**

13.1 There was no further business.

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 18 September 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.