

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

22 JANUARY 2020

### 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 22 January 2020 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)
- Tim Goodson, Chief Officer (TG)
- Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
- Blair Millar, Locality Lead for West Dorset (BM)
- David Richardson, Locality Lead for Poole North (DR)
- Nick Robinson, Governing Body Lay Member and Audit Committee Chair (NR)
- Nikki Rowland, Chief Finance Officer (NRo)
- Ben Sharland, Locality Lead for Central Bournemouth (BS)
- Elaine Spencer, Registered Nurse Member (ES)
- Jacqueline Swift, Governing Body Lay Member and Deputy CCG Chair (JS) (Part)
- Kay Taylor, Governing Body Lay Member for Public and Patient Participation (KT)
- Simon Watkins, Locality Lead for Poole Central (SW)

**In attendance:**

- Kate Calvert, Deputy Director of Primary and Community Care (KC)
- James Jackson, Deputy Locality Lead for Purbeck (JJ)
- Steph Lower, Executive Assistant (SL)
- Pam O'Shea, Deputy Director of Nursing and Quality (POS) (Part)
- Vanessa Read, Director of Nursing and Quality (VR) (Part)
- Phil Richardson, Chief System Integration Officer (PR) (Part)
- Sue Sutton, Deputy Director of Urgent and Emergency Care (Part)
- Charles Summers, Director of Engagement and Development (CS)

5 members of the public

| **Action**

## 1. Apologies

1.1 Apologies were received from:-

- Mufeed Ni'Man, Locality Lead for East Bournemouth
- Ravin Ramtohal Locality Lead for Christchurch
- 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 as follows:-

Item 22 (Part 2) – Mental Health report:-

- Jacqueline Swift, Mental Health Act Manager and Multi Agency Public Protection Arrangements (MAPPA) lay member for Dorset
- Dr B Sharland, family member employed by DHUFT
- Dr F Watson – family member employed by DHUFT

SL

Due to the nature of the interests, there was no further action required.

## 4. Minutes

4.1 The minutes of the meeting held on 13 November 2019 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 introduced his Update.

6.2 The Governing Body noted that this would be the last meeting for Elaine Spencer, Governing Body Registered Nurse Member. The Chair expressed thanks for her significant contribution to the Governing Body and the CCG.

6.3 The Governing Body **noted** the Update of the Chair.

## **7. Chief Officer's Update**

7.1 The Chief Officer introduced his Update.

7.2 Following the Secretary of State referral regarding the Clinical Services Review, the Secretary of State had accepted the advice of the Independent Reconfiguration Panel that, with some further action locally, the proposals should proceed.

### **J Swift joined the meeting.**

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 Deputy Director of Nursing and Quality introduced the Quality section of the report.

9.1.2 The South West Ambulance Service Foundation Trust (SWASFT) call stacking risk had risen to 25.

9.1.3 The Governing Body noted the new commissioning and governance model to support the SWASFT contract was being developed.

9.1.4 The Care Quality Commission (CQC) Urgent and Emergency Care Patient Experience Survey results had been published. All Dorset trusts were found to be performing either the same or better than other trusts who had participated in the survey. The full summary was available at Appendix 4.

9.1.5 A number of further Never Events had been reported. Following the NHS Improvement review of Never Events, an action plan had been agreed with providers to improve the quality of investigations and final reports. The full Action Plan was set out at Appendix 3.

9.1.6 Challenges remained regarding Looked After Children, particularly regarding the completion of Initial Health

Assessments (IHA) within the statutory timeframes. It was noted there had been an increased number of children coming into care nationally, including Dorset.

- 9.1.7 Regarding the CQC ratings for Dorset practices, five practices were rated 'outstanding', two 'required improvement' and the remaining were rated 'good'.
- 9.1.8 The Deputy Director of Urgent and Emergency Care introduced the Performance section of the report.
- 9.1.9 The level of Emergency Department attendance remained challenging. The Emergency Department Delivery Group would be looking at urgent department performance, including the introduction of new front door arrangements.
- 9.1.10 The system had received winter funding for urgent and emergency care this year which would be priority targeted. Funding had also been received for elective care and diagnostics with very specific deliverables attached.
- 9.1.11 Measures had been put in place within the trusts, including outsourcing, to continue to mitigate the 52 week breaches.
- 9.1.12 Regarding the Cancer service, Dorset remained under significant pressure with an increasing demand for fast track referrals. Mitigating action had been taken to respond to the 62-day performance decline which was primarily due to delays at the beginning of the pathway.
- 9.1.13 Regarding ophthalmology, there were a number of key recommendations from the external system-wide ophthalmology review. Consideration would need to be given to the resourcing of this significant programme of work to enable the recommendations to be progressed.
- 9.1.14 In response to a query regarding long lengths of stay, the Governing Body noted that 'perfect weeks' were planned events where the ambition was to align all operational procedures enabling a smoother flow to demonstrate the level of performance possible.
- 9.1.15 In response to a question regarding DCHFT's handover breaches being one of the lowest in the South West, the Governing Body noted that the trust had developed a clinically-led culture with a senior clinical rapid assessment being undertaken at the handover. Also 'corridor care' clinical assessments were being undertaken. There was a need for the learning to be shared with other trusts.

- 9.1.16 The Governing Body **noted** the Quality and Performance Report.
- 9.2 **Finance Report**
- 9.2.1 The Chief Finance Officer introduced the Finance report.
- 9.2.2 The CCG remained on track to deliver the £2M surplus control total.
- 9.2.3 Despite the reductions in the interim funding, the Personal Health Commissioning financial position had shown a deteriorated position of £1.1M with an overall anticipated overspend of £11.6M.
- 9.2.4 The benefits of the ongoing PHC transformation programme were yet to be seen. However, it was acknowledged there was no quick fix and progress was being made with a more positive finance report being shown for the current month.
- 9.2.5 Non-recurrent funding had been used to enable delivery of the current financial position, however this would be an unsustainable position moving forward and a £3M in-year risk remained.
- 9.2.6 Overall the system continued to report that it would deliver its system control total position for quarter 3.
- 9.2.7 The Governing Body **noted** the Finance Report.
- 9.3 **Assurance Framework**
- 9.3.1 The Deputy Director of Nursing and Quality introduced the Assurance Framework report.
- 9.3.2 The Governing Body noted the Assurance Framework workshop would be held on the rising of the Audit Committee on 12 February 2020.
- 9.3.3 The Governing Body **noted** the Assurance Framework.
- 9.4 **Establishment of a Joint Commissioning Committee for Emergency Ambulance Services (AJCC)**
- 9.4.1 The Deputy Director of Urgent and Emergency Care introduced the Establishment of a Joint Commissioning Committee for Emergency Ambulance Services Report.
- 9.4.2 Following a review of the ambulance commissioning arrangements using the NHS England framework self-

assessment tool, the proposed new collaborative commissioning arrangements had been created.

- 9.4.3 Each AJCC member was being asked to seek their respective Governing Body/Board approval to the establishment of the AJCC and associated delegation of functions and terms of reference.
- 9.4.4 As this would be taking place during January and February 2020, the 1 February 2020 commencement date included in the delegation agreement would need to be pushed back to either 1 March 2020 or 1 April 2020.
- 9.4.5 The AJCC would consist of one representative from each CCG, being either the Chief/Accountable Officer or senior nominated deputy. One or more representatives from NHSE/I would have a standing invite as a non-voting attendee.
- 9.4.6 The minutes from each AJCC meeting would be presented to each CCG Governing Body for information.
- 9.4.7 Recommendation (d) in the report sought approval to the relevant addition to the Dorset CCG Standing Financial Instructions (SFIs) to reflect the remit/role of the AJCC of a £7,000,000 delegated limit.
- 9.4.8 However, following feedback from the shadow AJCC meeting on 21 January 2020 that AJCC members would only be supportive of allowing delegated responsibilities to the Committee in line with the current agreed contract arrangements, it was proposed the recommendation be amended to give the AJCC the delegated authority to act within the overall agreed resources in the contract with SWASFT, including any forecast over-spend.

**V Read and P Richardson joined the meeting.**

- 9.4.9 In response to a question regarding strategic oversight of the financial commitment, the Governing Body noted that the Committee could make decisions within the recognised parameters, including agreeing mitigations to avoid any predicted over-spend, as long as it was within the overall contract quantum including the forecast levels.
- 9.4.10 It was hoped that the proposed collaborative commissioning arrangements would bring more pace to the changes required.

9.4.11 Although Dorset CCG would initially be undertaking the role of Chair which would require a greater time investment, there would be a number of sub-committees, the chairing of which would be spread across the other CCG members.

9.4.12 The Governing Body **approved** recommendations (a), (b), (c) and (e) as set out in the Establishment of a Joint Commissioning Committee for Emergency Ambulance Services Report and the revised delegation as set out in paragraph 9.4.8 above.

SL

## 9.5 **Governing Body Appointments**

9.5.1 The Chair introduced the report on the Governing Body Appointments.

### **S Sutton left the meeting.**

9.5.2 The Governing Body **approved** the recommendations set out in the Governing Body Appointments report.

SL

## 9.6 **Public Sector Equality Duty Annual Report 2019**

9.6.1 The Director of Engagement and Development introduced the Public Sector Equality Duty Annual Report 2019.

9.6.2 The Governing Body noted that responsibility for the Equality and Diversity work had moved to the Engagement and Communications Team.

9.6.3 The Governing Body **approved** the recommendations set out in the Public Sector Equality Duty Annual Report 2019.

## 9.7 **Liberty Protection Safeguards**

9.7.1 The Director of Nursing and Quality introduced the Liberty Protection Safeguards Report.

9.7.2 The report outlined the impact on the CCG, provider trusts and partner organisations from the amendments to the Mental Capacity Act which were due to take effect from 1 October 2020.

9.7.3 As a consequence, all would be required to undertake a greater role in the deprivation of liberty process and work would continue to scope what the increased activity would be. Unlike the current legislation, the amendments meant the Act would apply to 16 and 17-year olds and this would be a further area of work that would require consideration.

9.7.4 The draft Code of Practice consultation was due in early 2020 and would provide the details of how the Liberty Protection Safeguards (LPS) would work in practice. It was anticipated that there would be financial implications but until the Code of Practice was published, actual costs would be difficult to determine.

9.7.5 The Governing Body directed that a further update be provided when there was anything significant to report.

VR

9.7.6 The Governing Body **noted** the recommendations set out in the Liberty Protection Safeguards Report.

## 9.8 **Emergency Preparedness Resilience and Response (EPRR) Assurance Report**

9.8.1 The Chief System Integration Officer introduced the Emergency Preparedness Resilience and Response Assurance Report.

9.8.2 The Governing Body **noted** the Emergency Preparedness Resilience and Response Assurance Report.

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

9.9.1 The Chief System Integration Officer introduced the Integrated Care System (ICS) Delivery Update.

9.9.2 The latest Dorset system Long Term Plan submission had been provided to NHSE/I. As it presented the system as having a balanced financial plan in each year to 2023-24, NHSE/I had confirmed a further submission would not be required.

9.9.3 Final approval to the Plan was being undertaken by the respective Dorset organisations.

9.9.4 The size of the delivery challenge for next year was considerable.

9.9.5 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.

## 10. **Wider Healthcare issues**

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) – 2 October 2019.

The Governing Body **noted** the approved minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 2 October 2019.

### **Draft minutes**

11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 4 December 2019.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 4 December 2019.

## 11.3 **Urgent Decisions**

11.3.1 There were no urgent decisions to report.

## 12. **Questions from the Public**

12.1 The Chair introduced the Public Questions item.

### 12.2 **Question**

A member of the public asked for a more detailed update regarding the ophthalmology review.

### **Answer**

The Assistant Clinical Chair said a number of recommendations had been provided following an internal review of Dorset's ophthalmology services and the system-wide Clinical Reference Group had supported the implementation of the recommendations. There was a clear, well scoped project plan in place and a programme board would be established to take forward. A number of trusts were already starting to implement some quick wins whilst the wider issues, for example, connecting the IT systems, were being considered. Implementation of the recommendations would take time but the new service would be a vast improvement.

**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 NHS Dorset Clinical Commissioning Group Governing Body would be held on Wednesday 18 March 2020 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.