NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

13 MAY 2020

PART ONE PUBLIC - MINUTES

A meeting of Part 1 of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held virtually at 2pm on 13 May 2020.

Present:  Forbes Watson, Chair (FW)
Mary Armitage, Secondary Care Consultant Member (MA)
Vanessa Avlonitis, Registered Nurse Member (VA)
Hay-Ming Blunt, Governing Body GP Member (Dorset Council area) (HB)
Tim Goodson, Chief Officer (TG)
Karen Kirkham, Assistant Clinical Chair (KK)
Martin Longley, Governing Body GP Member (Dorset Council area) (ML)
Blair Millar, Governing Body GP Member (Dorset Council area) (BM)
Mufeed Ni’Man, Governing Body GP Member (Bournemouth, Christchurch and Poole Council area) (MN)
Ravin Ramtohal, Governing Body GP Member (Bournemouth, Christchurch and Poole Council area) (RR) (part)
David Richardson, Governing Body GP Member (Bournemouth, Christchurch and Poole Council area) (DR)
Nick Robinson, Governing Body Lay Member and Audit Committee Chair (NR)
Nikki Rowland, Chief Finance Officer (NRo)
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:  Councillor Jill Haynes, Dorset Health Scrutiny Committee Liaison Member (JH) (Part)
Steph Lower, Executive Assistant (SL) (minute taker)
Vanessa Read, Director of Nursing and Quality (VR)
Phil Richardson, Chief System Integration Officer (PR) (Part)
Sally Sandcraft, Director of Primary and Community Care (SSa)
Charles Summers, Director of Engagement and Development (CS)
1. **Apologies**
1.1 There were no apologies.

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 Part 1 minutes of the meeting held on 18 March 2020 were **approved** as a true record.

5. **Matters Arising**
5.1 9.4 Governance arrangements – regarding the direction that consideration be given to the potential for widening the clinical skill mix on the Governing Body, as a general principal the decision would need to be membership-led. With GPs taking on Primary Care Network (PCN) clinical roles, the ‘pool’ of GPs could reduce so broadening out the clinical skill mix could help. A sensible starting point could be to have a regular attendee to see what value would be added before reviewing the benefit of adding to the Governing Body membership.

5.2 The Governing Body noted that the PCNs were looking at how to develop the skill mix at leadership level. This would develop a leadership cohort that could feed into attendance/membership at the formal meetings. The position would be considered further post the Covid-19 pandemic.

5.3 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 He welcomed Dr Hay-Ming Blunt and Dr Martin Longley who had recently been elected as Governing Body GP members.

6.3 The Governing Body formally noted the sad passing of two GP colleagues in recent weeks – Dr Craig Wakeham and Dr Lionel Cartwright. Both had undertaken significant roles in Dorset for both primary care and the CCG and their passing would be a great loss. Letters of condolence had been sent to both families.

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 Regarding the merger of Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, the Competition and Markets Authority (CMA) had approved the merger. The next stage was NHS England and NHS Improvement approval. Due to the Covid-19 pandemic the merger date of 1 July 2020 would be deferred.

7.3 The Governing Body noted the green star (outstanding) rating in NHS England and Improvement’s Assessment Framework for patient engagement and directed the Director of Engagement and Communications to feedback their congratulations to those involved.

7.4 Particular mention was made regarding the request for the Senior Public Engagement Lead to be involved in the duty to engage element of the Bristol Nightingale Hospital. This reflected the excellent external reputation of the engagement team and the Governing Body directed that the Director of Engagement and Communications feedback accordingly.

7.5 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 Interim Financial Governance Instructions
9.1.1 The Chief Finance Officer introduced the Interim Financial Governance Instructions.

9.1.2 The report set out the interim financial governance guidance during the current Covid-19 pandemic. The delegated financial limits and associated authorisations remained unchanged.

9.1.3 For all Covid-19 expenditure over £1,000 an expenditure decision record was required to be completed to support any claim for reimbursement from the central funding.

9.1.4 The Governing Body noted the Interim financial Governance Instructions.

9.2 Safety Report – Covid-19

9.2.1 The Director of Nursing and Quality introduced the Safety Report – Covid-19.

9.2.2 In the absence of the business as usual quality reporting due to Covid-19 priorities, the report had been drawn from the continued local reporting and intelligence regarding key safety incidents, safeguarding and patient experience.

9.2.3 The aim was to continue to investigate and respond to any complaints received, however this may not be within the usual timescales.

9.2.4 Regarding safeguarding, there was concern that there may be issues that the team were unsighted on. Work continued with both local councils to ensure the safeguarding of all vulnerable individuals.

9.2.5 The performance in relation to individual health assessments for Looked After Children had improved with the backlog issues being addressed.

9.2.6 Although there was an ongoing social media campaign targeting children’s safeguarding, assurance was sought regarding action being taken in relation to potential hidden needs for those children on protection plans. There was concern that very young children would not have access to such social media.

9.2.7 Home visits continued to be made to children at highest risk and the top 50 vulnerable families in both Dorset Council and Bournemouth, Christchurch and Poole Council were being contacted weekly.
R Ramtohal joined the meeting.

9.2.8 It was recognised that the Covid-19 pandemic would have an impact on the mental health services going forward and work would be ongoing with partners during the recovery stage to ensure a joined-up approach. The Steps to Wellbeing Service would be vital in helping address the increased needs, but this would cause additional pressure due to the already challenging workforce issues.


9.3 Finance Report

9.3.1 The Chief Finance Officer introduced the Finance Report.

9.3.2 The CCG had delivered its £2M surplus control total and the Dorset system had achieved their year-end financial position.

9.3.3 There had been significant overspends in Personal Health Commissioning (£11.2M), acute commissioning (£5.9M) and prescribing (£3.7M). All had been mitigated through non-recurrent measures and this showed the level of challenge that would need to be addressed following the nationally managed Covid-19 current arrangements.

Councillor J Haynes left the meeting.

9.3.4 The 2020-21 position regarding any ongoing adjustment to the prescribing budget in light of the Covid-19-related price increases was as yet unknown. Work would be undertaken with the Medicines Management Team to see what additional efficiency savings could be made to offset the increase to try to mitigate the additional budget pressure.

9.3.5 Although there had been a consistent message not to do so, there was evidence to suggest variation in the over-prescribing/ordering of some drugs during the Covid-19 pandemic. This was being addressed with the individual practices.

9.3.6 In light of the 9.3.4, consideration was being given to national lobbying regarding Covid-19-related prescribing costs and how they might be supported nationally.

9.3.7 Further consideration would be given to this issue at the forthcoming Primary Care Commissioning Committee.  

P Richardson joined the meeting.
9.3.8 The Governing Body **noted** the Finance Report.

9.4 **Standards of Business Conduct Policy (including Conflicts of Interest)**

9.4.1 The Chief Finance Officer introduced the Standards of Business Conduct Policy (including Conflicts of Interest).

9.4.2 Following the annual review of the Standards of Business Conduct Policy, a number of minor changes had been made as set out in Appendix 1.

9.4.3 The Policy was considered by the Audit Committee at its meeting on 8 April 2020 and the changes as set out were recommended for approval to the Governing Body.

9.4.4 The Governing Body **approved** the recommendations set out in the Standards of Business Conduct Policy (including Conflicts of Interest).

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) – 5 February 2020.

The Governing Body **noted** the approved minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 5 February 2020.

**Draft minutes**

11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 1 April 2020.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 1 April 2020.
11.3 **Urgent Decisions**

11.3.1 The Executive Assistant reported the use of the Urgent Decision powers relating to the Governing Body GP member appointments to the Primary Care Commissioning Committee.

12. **Questions from the Public**

12.1 There were no public questions received.

13. **Any Other Business**

13.1 Following notification of a change of name for West Moors Group Practice to West Moors Village Practice from 3 April 2020, the Governing Body approved the associated Constitutional change.

13.2 Consideration was being given to the best IT solution to enable members of the public to observe future Part 1 meetings held virtually.

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

14.1 The Special Governing Body meeting to approve the Annual Report and Accounts had been rearranged from Wednesday 20 May 2020 and would be held on Wednesday 17 June 2020 at 11am, venue to be confirmed.

The next meeting of the NHS Dorset Clinical Commissioning Group Governing Body would be held on Wednesday 15 July 2020, venue to be confirmed.

15. **Exclusion of the Public**

Under normal circumstances it would be 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. However, due to the current Covid-19 pandemic, there were no members of the public present.