

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

15 JULY 2020

PART ONE PUBLIC - MINUTES

A meeting of Part 1 of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held virtually including public live-streaming at 2pm on 15 July 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) (Part)
- Martin Longley, Governing Body GP Member (Dorset Council area) (ML)
- Blair Millar, Governing Body GP Member (Dorset Council area) (BM) (Part)
- 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)
- 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:

- Steph Lower, Corporate Office Manager (SL) (minute taker)
- 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)

Three members of the public viewing the live-stream.

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 Declarations of Interest were made as follows:-

Agenda item 28 (Part 2) – Remuneration Committee recommendations

- Tim Goodson, Chief Officer and Nikki Rowland, Chief Finance Officer

Both the Chief Officer, Chief Finance Officer and any executives present would be required to withdraw from the meeting for this item.

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3.2 Members were reminded of the need to ensure Declarations of Interest were up to date and to notify the Corporate Office of any new declarations.

4. Minutes

4.1 The Part 1 minutes of the meeting held on 13 May 2020 were **approved** as a true record.

4.2 The minutes of the Special meeting held on 17 June 2020 were **approved** as a true record.

5. Matters Arising

5.1 Governing Body meeting 13 May 2020

5.1.1 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 17 June 2020

5.2.1 The Governing Body **noted** the Report of the Chair on matters arising from the minutes of the Special meeting.

6. **Chair's Update**

6.1 The Chair introduced his Update.

6.2 The 2020 national GP Patient Survey had recently been published and it was pleasing to note Dorset GP practices had scored highly.

Dr B Miller and Dr K Kirkham joined the meeting.

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 A report had been presented to the recent Joint Health Scrutiny Committee on the NHS response to Covid-19. It had previously been reported that the Dorset NHS bodies had each been spending approximately £1M a month in response to Covid-19 but this figure had increased and was closer to £1.5M - £2M.

7.3 The Governing Body noted that in relation to the NHS Oversight Framework 2019-20, the segmentation 2 (targeted support) allocated to Dorset CCG was an overall classification for the CCG rather than for specific areas.

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

8. **Strategy**

8.1 **Revised Interim Budget 2020-21**

8.1.1 The Chief Finance Officer introduced the Interim Opening Budget report.

8.1.2 The financial arrangements from August 2020 onwards had not been concluded nationally but guidance was anticipated imminently. A more detailed update would be provided in Part 2.

8.1.3 The Governing Body **approved** the recommendations set out in the Revised Interim Budget 2020-21.

8.2 Corporate Objectives for 2020-21

8.2.1 The Chair introduced the Corporate Objectives for 2020-21.

8.2.2 It was noted the Governing Body had had the opportunity to feedback on the proposed Corporate Objectives.

8.2.3 The Governing Body **approved** the recommendations set out in the Corporate Objectives for 2020-21.

9. Delivery

9.1 Quality Report

9.1.1 The Director of Nursing and Quality introduced the Quality Report.

9.1.2 The Standardised Hospital Mortality rate for Dorset County Hospital NHS Foundation Trust (DCHFT) had reduced further since the report was written and was now within the expected range.

9.1.3 There had been a number of reported Never Events which were under review. The findings would be fed into the Never Event Action Plan monitored through the Dorset Quality Surveillance Group.

9.1.4 Performance improvement had been seen in the Initial Health Assessments undertaken within 20 days, but the increased number of Looked After Children coming into the care system in Dorset could potentially cause additional pressure.

9.1.5 The South West Ambulance Service NHS Foundation Trust (SWASFT) call stack risk had been reviewed by the trust and lowered to 15.

9.1.6 The Business Intelligence Quality Overview link provided in the report represented the most recent available data and would replace the scorecards previously used.

9.1.7 The Governing Body directed that the next Quality report provide more detailed information regarding the venous thromboembolism (VTE) assessments pilot which was due to be rolled out across DCHFT.

9.1.8 The further Never Events remained of concern and the Governing Body noted there would be a full root cause analysis investigation for each to understand the

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contributing factors. The learning would be shared pan-Dorset to mitigate against a further repeat.

9.1.9 The Governing Body **noted** the Quality Report.

9.2 **Performance Report**

9.2.1 The Chief System Integration Officer introduced the Performance Report.

9.2.2 The Home First group (comprising secondary care, primary care and local authorities) was beginning to tackle the increased long length of hospital stays. A number of pathways had been identified where there would be some quick wins.

9.2.3 Good progress had been made in relation to better data flows from the trusts and positive feedback had been received regarding the refreshed presentation of the data.

9.2.4 Cancer referrals had reduced since pre-Covid-19 and there had been active efforts through the Dorset Cancer Partnership to engage with the public through a number of campaigns regarding the importance of seeking advice if experiencing any symptoms.

9.2.5 The Chief System Integration Officer was directed to share updated information regarding the cancer referral position when available.

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9.2.6 It was acknowledged the Dorset system was under significant additional pressure arising from the Covid-19 pandemic, particularly in relation to endoscopy and a number of other specialty areas.

9.2.7 Concern was raised regarding the potential additional workload pressures in GP practices having been asked by secondary care to revisit referrals made and to undertake certain testing, in particular in relation to endoscopy.

9.2.8 The Chief System Integration Officer would feedback the concern raised with a view to looking at how to alleviate the additional pressures on primary care.

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9.2.9 A Health and Care Recovery Group had been set up to work on a recovery strategy. The focus would be on each separate specialty area with the Medical Director at DCHFT leading on the Endoscopy pathway.

- 9.2.10 Full use needed to be made of the capacity within the independent sector providers under the existing NHS national commissioning arrangements to help address the issues, with 52 week waits being one of the main priorities. There would be no quick resolution in relation to the performance issue and the additional Covid-19 infection prevention controls required within the trusts would impact capacity.
- 9.2.11 A collective system response was required to tackle the performance issues, drawing on the opportunities presented through the Covid-19 pandemic to move towards different ways of working through joined up pathways.
- 9.2.12 There would need to be investment in a different way. More could potentially be done in general practice, but additional resource would be required. It was hoped the community diagnostic review would drive a different way of working but would need the associated resourcing if it were to be undertaken in the community.
- 9.2.13 The Governing Body noted in relation to the 52 week waits and endoscopy Dorset was in one of the worst positions in the South West.
- 9.2.14 Clarity was sought regarding the position in relation to spirometry testing and the potential redesign of the service within primary care diagnostic hubs. This had been taken as an action by Dr Will McConnell, Respiratory Consultant at Dorset County Hospital NHS Foundation Trust.
- 9.2.15 The Governing Body **noted** the Performance Report.
- 9.3 **Finance Report**
- 9.3.1 The Chief Finance Officer introduced the Finance Report.
- 9.3.2 The CCG was operating with a four month interim budget and following the adjustment of the allocation to Dorset CCG for months 1-4 and taking into account the additional cost pressures including Covid-19, the CCG had a forecast shortfall of £19.3M against the allocation.
- 9.3.3 This was a technical position and the top up process as part of the current financial regime had provided the necessary additional income for the CCG to achieve a break even position.

- 9.3.4 The delays in collating the local authority financial costs in relation to the hospital discharge costs had been resolved and the month three position would be more complete.
- 9.3.5 The Governing Body **noted** the Finance Report.
- 9.4 **Assurance Framework**
- 9.4.1 The Director of Nursing and Quality introduced the Assurance Framework.
- 9.4.2 There were no reported gaps in controls or assurance.
- 9.4.3 Progress was being made in updating the Assurance Framework format with the intention that a refreshed version would be brought to the September Governing Body meeting.
- 9.4.4 The Governing Body **noted** the Assurance Framework.
- 9.5 **Engagement and Communications Framework Update**
- 9.5.1 The Director of Engagement and Development introduced the Engagement and Communications Framework Update.
- 9.5.2 Good progress had been made in creating stronger working relationships across the system.
- 9.5.3 The Governing Body **noted** the Engagement and Communications Framework.
- 9.6 **Organisational Development Framework Update**
- 9.6.1 The Director of Engagement and Development introduced the Organisational Development Framework Update.
- 9.6.2 The intention was to bring together the Primary Care Training Hub and the Workforce System Delivery Team into one cohesive unit to focus on a single delivery plan for Dorset alongside the national NHS People Plan.
- 9.6.3 A comprehensive report would be taken to the forthcoming Primary Care Commissioning Committee in relation to the Training Hub developments and support to primary care.
- 9.6.4 The Governing Body **noted** the Organisational Development Framework Update.

- 9.7 **Annual Report on the 2019 Staff Survey**
- 9.7.1 The Director of Engagement and Development introduced the Annual Report on the 2019 Staff Survey.
- 9.7.2 A new NHS People Pulse Survey had been commissioned nationally for staff to share regularly how they were experiencing work during the current challenging times. Dorset CCG staff would be encouraged to participate, and the feedback would inform local and national changes to improve the support provided during the Covid-19 response and beyond.
- 9.7.8 The Governing Body **noted** the Annual Report on the 2019 Staff Survey.
- 9.8 **Annual Report on Patient and Public Involvement 2019-20**
- 9.8.1 The Director of Engagement and Development introduced the Annual Report on Patient and Public Involvement 2019-20.
- 9.8.2 The Annual Report would normally be published in line with the holding of the Annual General Meeting (AGM) but due to the impact of Covid-19, the AGM had been pushed back to September 2020.
- 9.8.3 Positive feedback was received regarding the refreshed format of the Annual Report.
- 9.8.4 The Governing Body **noted** the Annual Report on Patient and Public Involvement 2019-20.
- 9.9 **Annual Report for Infection Prevention and Control**
- 9.9.1 The Director of Nursing and Quality introduced the Annual Report for Infection Prevention and Control.
- 9.9.2 The infection control teams across the system had worked closely together during the response to the Covid-19 pandemic and it was evident the amount of infection control input that would continue to be required in relation to health and social care. There would need to be a review as to whether the current resources were sufficient going forward.
- 9.9.3 The Governing Body noted that the Clostridium difficile infection (CDI) increase was due to the new hospital reporting requirements having reduced from a 3 day to a 2 day period.

- 9.9.4 The Infection Prevention and Control Conference had been rescheduled to March 2021 when it was hoped it could be held face to face. However, as there was active learning to be had from the conference which needed to remain current, consideration would be given to a conference or virtual alternative being held at a potentially earlier date.
- 9.9.5 The Governing Body **noted** the Annual Report for Infection Prevention and Control.
- 9.10 **Learning Disabilities Mortality Review (LeDeR) Annual Report 2019-20**
- 9.10.1 The Director of Nursing and Quality introduced the Learning Disabilities Mortality Review (LeDeR) Annual Report 2019-20.
- 9.10.2 NHS England had provided additional resource which had enabled more reviews to be completed.
- 9.10.3 The Governing Body directed that the report and associated learning be shared more widely including across primary care.
- 9.10.4 The Governing Body **noted** the Learning Disabilities Mortality Review (LeDeR) Annual Report 2019-20.
- 9.11 **Safeguarding Adults and Children's Annual Report**
- 9.11.1 The Director of Nursing and Quality introduced the Safeguarding Adults and Children's Annual Report.
- 9.11.2 As an organisation, the CCG was compliant with its statutory requirement for children and adult safeguarding.
- 9.11.3 There had been a challenging period with a high turnover of staff and the infancy of the two new unitary authorities, however relationships continued to be strengthened with the two authorities as they started to embed.
- 9.11.4 Due to the earlier challenges, there were a number of outstanding objectives which would be rolled forward into 2020-21 including the development of a safeguarding dashboard.
- 9.11.5 The number of Looked After Children in Dorset had risen above both the England and South West level. Work was ongoing in both local authorities regarding early intervention to prevent the deterioration that led to a child being looked

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after. Dorset Council had a renewed focus on fostering although it was noted that the Covid-19 pandemic had impacted the availability of foster carers. The position would continue to be actively monitored.

- 9.11.6 It was acknowledged that post-Covid-19, there would likely be an increase in safeguarding issues being seen and there was a need to ensure the right resources were available to respond.
- 9.11.7 There had been good visibility of the safeguarding leads during the Covid-19 pandemic.
- 9.11.8 The Governing Body **noted** the Safeguarding Adults and Children's Annual Report.

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 narrative mainly featured the work regarding the out of hospital model and the bringing together of teams across primary and community care, the local authorities and secondary care to support those individuals in the community with the most complex health needs.
- 10.1.3 A number of measurements within the Better Care Fund were in relation to the non-elective care activity and reducing unnecessary hospital discharge delays. The CCG's strategy in developing the capacity and capability of its primary and community services would have a sustainable impact on improving outcomes in relation to particular measures.
- 10.1.4 There had been no national Better Care Fund guidance yet received for 2020-21 due to the impact of Covid-19. The Better Care Fund was being reviewed nationally so it was unknown as to whether it would be the continued vehicle in relation to the collective budgets across the local authorities and health.
- 10.1.5 The financial pressures seen over the past few years would be alleviated with the additional Covid-19 funding for the current period, however concern remained regarding potential recurrent funding.

- 10.1.6 The Better Care Fund was likely to be used as the Section 75 vehicle to manage the national resources related to Covid-19, particularly regarding support to care homes and hospital discharges.
- 10.1.7 The Governing Body noted that the CCG had offered an expression of interest arrangement to support care home market resilience during the Covid-19 with the local authorities offering a 10% contribution support.
- 10.1.8 It remained unclear whether that element would be included in the Better Care Fund arrangements for the Section 75 in relation to Covid-19.
- 10.1.9 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) – 1 April 2020.

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

Draft minutes

- 11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 3 June 2020.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 3 June 2020.

11.3 **Urgent Decisions**

- 11.3.1 The Chief Finance Officer reported the use of the Urgent Decision powers relating to the revised Interim Budget and the removal of the Governing Body GP member role from the membership of the Audit Committee.

12. Questions from the Public

12.1 The Chair introduced the Public Questions item.

12.2 A member of the public asked the following question:-
Question

What was the current utilisation of telemedicine services within the CCG and was the CCG considering elevating the utilisation of these services during the present time and beyond?

12.3 Answer

Part of the strategy pre-Covid-19 was the deployment of the Attend Anywhere remote consultation platform which allowed consultations to take place virtually through a secure system. There had been a significant increase in uptake during the Covid-19 pandemic.

12.4 As part of the digital approach the intention would be to continue to enable people to use various ways of communicating virtually whilst recognising that face to face communication would continue to have a role.

12.5 There were also the traditional telemedicine patient-activated systems designed to manage long-term conditions. Additional funding had been made available due to the impact of Covid-19 and this had enabled the purchase of additional licences to roll out the respiratory medicine and COPD system more extensively.

12.6 The Governing Body noted a bid had been submitted to support hypertension management remotely. Telemedicine and patient-self monitoring looked to be the future of long term condition management and would become an increasing part of the system strategy.

12.7 There was a need for an equality impact assessment to ensure an enhanced digital approach did not widen health inequalities by digital exclusion.

12.8 The added value of the Population Health Programme would enable identification of those individuals at greatest need to ensure the benefits to the local population had the greatest impact in improving outcomes.

12.9 The CCG was working with Healthwatch Dorset to seek patient feedback in relation to their experience of use of primary care technology. A similar exercise had been

undertaken through the Academic Health Science Network regarding patient and user experience and the evaluation would provide a good insight in relation to patient views.

13. Any Other Business

- 13.1 The Corporate Office Manager said the change of name from West Moors Group Practice to West Moors Village Practice approved at the Governing Body meeting in May 2020 was incorrect and should have been West Moors Village Surgery. The Governing Body approved the further associated Constitutional change required.

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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 16 September 2020, venue to be confirmed.

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.