

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

18 NOVEMBER 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 18 November 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) (Part)
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: 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)

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, Gifts or Hospitality were made as follows:-

SL

- Agenda item 23 (Part 2 - Confidential) – it was noted there could be a future potential conflict of interest for Governing Body GP members, but for the purposes of this report in relation to integrated commissioning options for certain services, there were no conflicts of interest.
- Agenda item 24 (Part 2 – Confidential) – it was noted there could be a future potential conflict of interest for Governing Body GP members, but for the purposes of this report in relation to the integration of urgent care services, there were no conflicts of interest.
- Agenda item 25 (Part 2 - Confidential) – Governing Body GP members would be conflicted in relation to the extension of contract and subsequent award of contract without competition. The Chair would pass to the Deputy CCG Chair for this item and conflicted GPs would be invited to provide their views before withdrawing from the discussion and decision part of the meeting.

Relevant to item 25, the following declarations had been made on the Declarations of Interest Register :-

-Dr M Ni'man as a GP with Special Interests in Orthopaedics at Dorset Healthcare University NHS Foundation Trust (DHUFT)

-Jacqueline Swift as a Mental Health Act Manager for DHUFT

Due to the nature of those interests, there was no further action required, noting however that Dr Ni'man was separately conflicted in his role as a Governing Body GP member.

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 16 September 2020 were **approved** as a true record.

5. Matters Arising

5.1 The Governing Body noted the outstanding Matters Arising verbal updates from the 16 September 2020 meeting in relation to the Equality, Diversity and Inclusion Strategy 2020-2024 as follows:-

9.8.2 There was a query regarding the reporting process for the Strategy prior to seeking approval at the Governing Body and directed that this be clarified.

Response - The Strategy was developed through the Equality, Diversity and Inclusion (EDI) Steering Group, pre-dating the formal route of ratification through the Directors' Performance Meeting. In October 2020, the Performance meeting approved the terms of Reference for the Equality, Diversity and Inclusion Steering Group, including a strengthened membership and a remit and for evaluating the CCG's EDI performance. Subsequent Strategy reviews would follow this route.

9.8.3 Within the Strategy itself, there was a query regarding whether the word 'sex' should be replaced with 'gender'.

Response - The clarification was that "sex" as defined by the Equalities Act 2010, was "a reference to a person who had a particular protected characteristic [and] was a reference to a man or to a woman". Following the Governing Body's feedback, this has been amended in the Strategy to "Sex/Gender" to demonstrate the broader inclusivity intended.

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 Jacqueline Swift, Governing Body Lay Member was due to step down from her role on 8 January 2021. On behalf of the Governing Body, the Chair thanked Jacqueline for her contributions not only to the Governing Body but in her Primary Care Commissioning Committee Chair and Deputy CCG Chair roles.
- 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 There had been an increase in Covid-19 cases in Dorset with 137 patients currently in hospital beds. Similarly, an increase had been seen in relation to Covid-19 related NHS staff absences. The full impact of the current national lockdown would not be seen for several weeks yet. It was important to reiterate the public message that the NHS remained open for business.
- 7.3 There had been increased pressure in relation to hospital discharges, particularly into care homes. Although elective care procedures were continuing, this had had an impact with some procedures having to be postponed.
- 7.4 Preparations continued in relation to a potential mass Covid-19 vaccination programme which would be dependent on the outcome of the current trials.
- 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 Quality Report

- 9.1.1 The Director of Nursing and Quality introduced the Quality Report.
- 9.1.2 The pilot to extend Medical Examiner processes had been rolled out into the community and the pilot evaluation work was planned for the end of the current financial year.

- 9.1.3 Concerns remained regarding ambulance handover delays.
- 9.1.4 Following a communication from NHS England, CCGs and NHS Trusts were required to appoint a named Patient Safety Specialist which would be a standalone role. Jaydee Swarbrick had been appointed to the Dorset CCG role and the Dorset Trusts were taking forward accordingly.
- 9.1.5 A significant amount of safeguarding activity continued to take place during the recovery period.
- 9.1.6 A new Dorset CCG Looked After Children designated nurse was shortly due to commence in post. There had been a refocused effort through the two local authorities to ensure any delays due to notifications for initial health assessments were unblocked.
- 9.1.7 There had been further Covid-19 outbreaks at the University Hospitals Dorset NHS Foundation Trust (UHD).
- 9.1.8 The South West Ambulance Service NHS Foundation Trust (SWASFT) had reported increased rates of violence and aggression towards staff. The Trust was taking measures to address the issue and had a strong strategy in relation to staff well-being and support.
- 9.1.9 In relation to the increase in referrals to the Multi Agency Safeguarding hub, there had been a refreshed way of the new 'front doors' working which although had meant an increase in the numbers, did not necessarily mean a correlation in an increase of actual safeguarding issues. There was currently no explanation regarding the significant increase in referral requests for Dorset compared to the drop in requests for the Bournemouth, Christchurch and Poole Council area.
- 9.1.10 There had been an increase in safeguarding in the wider context which it was known was in part due to Covid-19 and children not accessing the school support or having other means of network support. This was a focus for the Children's Safeguarding Partnership to understand the position and to ensure for the current and any future lockdowns, measures were in place to ensure families had the appropriate level of support.
- 9.1.11 In relation to the Care Quality Commission improvement notice issued following the Ionisation Radiation Regulations inspection of radiotherapy services, it was believed the notice was in relation to processes and governance rather

than staff/patient safety issues and the Director of Nursing and Quality was directed to clarify.

9.1.12 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 Diagnostics and endoscopy performance continued to recover and engagement was underway with other systems in relation to best practice, particularly regarding endoscopy.

9.2.3 Outsourcing for the Ear Nose and Throat and Oral Maxilla-Facial (OMF) services had started to have an impact with performance improvement being seen.

9.2.4 Regarding the concerns in relation to ambulance handovers, a pre-contract performance notice meeting had been held with UHD. Two broad contributors had been identified, one in relation to internal issues for which the Trust had committed to an action plan to address. The second related to beds in the community which it appeared were not being fully utilized. As part of the Covid-19 command structure, the Bronze group now had a better understanding of what was stopping the flow of patients within the system. The Home First Group were also specifically looking at the discharge to assess model.

9.2.5 The data differences between what was reported by the Trusts in relation to patients suitable to be moved out of hospital and the Dorset Healthcare University NHS Foundation Trust (DHUFT) data mechanism in relation to moving patients people into step down beds had been resolved although this had not solved the issues.

9.2.6 The increased demand on the NHS 111 service remained challenging and a contract performance notice was in place. The CCG had commissioned a more detailed piece of resource, activity and financial modelling work in relation to the national mandate of NHS 111 First and had written to DHUFT to share the completed work and seek a response to a number of key questions in relation to the delivery and performance of the service.

9.2.7 Recruitment was underway to provide additional resource and there was a need to ensure the care element was right prior to finalisation of the financial arrangements.

R Ramtohal joined the meeting

- 9.2.8 Regarding Improved Access to Psychological Therapies (IAPT), it was noted the percentage target of IAPT treatment within six weeks was being exceeded.
- 9.2.9 To date the service had not experienced the expected surge in IAPT referrals but it was recognised a surge could still materialise. It was noted there had been significant focus on growing capacity in the IAPT service to ensure sustainability.
- 9.2.10 Under the (A): System Performance Summary page, there was a query whether the Cancer 62-day performance (standard) of 75.1% for Dorset against a target of 85% should be shown as red not green. The Chief System Integration Officer was directed to clarify the position.
- 9.2.11 Regarding access to the Child and Adolescent Mental Health Service (CAMHS) within four weeks, concern was raised regarding the reduced performance against the 95% target.
- 9.2.12 A main area of focus was increasing the capacity into the specialist CAMHS, but workforce recruitment was proving difficult to secure due to the specialist nature.
- 9.2.13 As of September 2020, DHUFT had introduced a 'gateway' service into the Bournemouth, Christchurch and Poole Council area (BCP) with a phased rollout planned across the county. This would make a significant difference in improving access to CAMHS, but the output was unlikely to be seen for several months. The idea of the gateway was to provide brief interventions, ensuring the child or young person got to the right service first time and there had been learning from the pilot areas in relation to this. Work was also ongoing to strengthen the early help offer.

PR

H Ming-Blunt arrived.

- 9.2.14 It was hoped a positive outcome from the Covid-19 pandemic would be the stimulation of a digital introduction into outpatient care, but in relation to Elective Care performance it was noted that the use of virtual appointments had reduced.
- 9.2.15 The reduction could be due to a re-balancing as some required face to face appointments were introduced. A working group had been set up working collectively on

remote consultations and this work would be used to build the wider digital piece.

- 9.2.16 Recovery performance was noticeably less at Dorset County Hospital NHS Foundation Trust (DCHFT) and a number of groups had been set up on a Dorset basis to address any associated equalities issues. There was a specific focus through the DCHFT Medical Director in relation to tackling the most difficult recovery areas of ophthalmology, orthopaedics and dermatology.
- 9.2.17 The Governing Body noted the challenges for some specialties in attracting workforce to DCHFT.
- 9.2.18 Recognising the imbalance, the Chief System Integration Officer would take back to consider whether anything could be done differently.
- 9.2.19 Concern was raised regarding the data quality issues for both Trusts and the Governing Body sought assurance regarding the validity of the data.
- 9.2.20 The issues were being addressed with the Trusts, but it was recognised with any form of data there would be challenges. The data validation processes were not as refined as they should be, but there was a continual cycle of improvement.
- 9.2.21 The Governing Body could not assess and assure a system if it was not confident of the data validity, however it was recognised this was being addressed and the position would remain a key focus.
- 9.2.22 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 There was one outstanding element for months 1-6 in relation to the Hospital Discharge Programme Scheme 1. NHS England had held back £5.3M, but following agreement with the local authorities and alongside changes within the CCG, £2.5M had been found against it which had reduced the unfunded element to £2.8M.
- 9.3.3 The CCG continued to pursue conversations with the local authorities regarding the remaining elements and work was ongoing nationally looking at the variability across the country in relation to this area.

PR

- 9.3.4 The expectation was that all other areas would be fully funded.
- 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 gaps identified in the Assurance Framework.
- 9.4.3 The proposed revised version of the Assurance Framework had been submitted to Part 2 of the meeting for consideration.
- 9.4.4 The Governing Body **noted** the Assurance Framework.
- 9.5 **Governance Arrangements**
- 9.5.1 The Chief Officer introduced the Governance Arrangements report.
- 9.5.2 The Governing Body **approved** the recommendations set out in the Governance Arrangements report.
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 August 2020
- The Governing Body **noted** the approved minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 5 August 2020.

SL

Draft minutes

- 11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 7 October 2020.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 7 October 2020.

11.3 **Urgent Decisions**

- 11.3.1 The Chief Finance Officer reported the use of the Urgent Decision powers relating to the South West Security Information and Event Management asset (SIEM), the release of the primary care non-recurrent £1M Covid-19 investment and the Continuing Healthcare Deferred Assessments Government funding.

- 11.3.2 The Governing Body noted in relation to the SIEM Urgent Decision, NHS England had provided the funding so there would be no cost pressure to the CCG.

12. **Questions from the Public**

- 12.1 The Chair introduced the Public Questions item.

- 12.2 A member of the public had asked the following question in advance of the meeting:-

Question

Many CCGs were advancing plans to centralise stoma and continence appliance services with the aims of improving patient experience, ensuring patients have an annual review with a nurse specialist and containing costs. Do you have any plans to look into this area? And if so, who would be leading on this?

- 12.3 Answer

There were no plans to centralise this service at present as it was not an immediate priority. A group within the system, including specialist nurses had created an ancillary formulary which was published on the Dorset formulary and practices were working towards aligning with it. There were specialist reviews undertaken pro-actively by specialist nurses in some parts of the county and all GP practices could refer in to specialist nurses in the hospitals if there was a need for the patient to be reviewed.

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 virtually on Wednesday 20 January 2021.

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.