

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

20 JANUARY 2021

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 20 January 2021.

Present:

- Forbes Watson, Chair (FW) (Part)
- 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)
- 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)
- David Richardson, Governing Body GP Member (Bournemouth, Christchurch and Poole Council area) (DR)
- Nick Robinson, Governing Body Lay Member and Audit Committee Chair (NR) (Part)
- Nikki Rowland, Chief Finance Officer (NRo)
- Kay Taylor, Governing Body Lay Member for Public and Patient Participation (KT)

In attendance:

- Sally Banister, Deputy Director : Integrated Care Development (SB) (Part)
- 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)
- Councillor Gill Taylor, Chair of the People and Health Scrutiny Committee, Dorset Council
- 2 members of the public via live-streaming

1. Apologies

1.1 Apologies were received from:-

Action

- Ravin Ramtohal, Governing Body GP Member
(Bournemouth, Christchurch and Poole Council area)

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.
- 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 18 November 2020 were **approved** as a true record, subject to the following amendment:-

- 9.2.5 the word 'people' be removed from the penultimate line of paragraph 9.2.5.

SL

5. Matters Arising

- 5.1 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 system was under significant pressure and the Chair openly thanked NHS staff for their considerable continued efforts and the public who by in large continued to closely adhere to the rules which was vital.

N Robinson 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 In light of the UK move to a Covid alert level 5, NHS England had deferred the 2021-22 planning process from Quarter 4 of 2020-21 to Q1 of 2021-22.
- 7.3 Covid-19 case rates in Dorset had begun to flatten in recent days. Bournemouth, Christchurch and Poole Council area currently had the highest number of cases in the south west at 811 cases per 100,000 population and Dorset Council with 306 cases per 100,000 population. There was continued concern regarding the significant impact on the local NHS with the acute hospitals operating at close to capacity due to the steady increase in Covid-19 patients and the impact of the current 11% of NHS staff absent from work due to Covid-19-related/unrelated reasons.
- 7.4 The rollout of the Covid-19 mass vaccination programme continued across Dorset with 21 sites currently open with a further three planned to open during the coming week.
- 7.5 The Governing Body noted that under paragraph 2.10, the Covid-19 vaccination site listed as Stour Surgery, (Christchurch Primary Care Network) which was correct as at the time of writing, was now the Christchurch Medical Practice.
- 7.6 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 CCG continued to provide infection control training and support in relation to the management of Covid-19 outbreaks.
- 9.1.3 The Quality team assurance visits had been suspended due to the current situation. This posed a slight risk with no opportunity to undertake site visits, but the assurance visits would recommence as soon as it was safe to do so.
- 9.1.4 In relation to the CQC ratings for general practices, Shelley Manor and Holdenhurst Medical Centre had moved from a 'good' rating to 'requires improvement'.

- 9.1.5 The Governing Body noted that routine CQC inspections were on hold due to the Covid-19 pandemic with only responsive visits being undertaken if required.
- 9.1.6 In relation to the Ockenden report (the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust) all recommended actions were being undertaken. The Dorset Local Maternity System (LMS) would have oversight of progress against the actions and would report into the region and the Dorset Quality Surveillance Group. A dashboard was under development and would be added to the Quality dashboard when established.
- 9.1.7 The Governing Body noted that the collection of the Sepsis data had been suspended due to the Covid-19 pandemic.
- 9.1.8 The Summary Hospital-Level Mortality Indicator level data had been impacted by the Covid-19 pandemic and would be an unreliable indicator at present. However, the processes that underpinned the mortality reviews continued.
- 9.1.9 The report showed the percentage of eligible staff trained in Level 3 Safeguarding Children as 465% for the Royal Bournemouth and Christchurch Hospital site and 378% for the Poole Hospital site and the Governing Body directed that the percentage figures be re-checked.
- 9.1.10 Data was being collected which would inform an intended Covid-19 vaccination dashboard and it was planned that the data could be viewed in relation to the different priority groups.
- Dr H-M Blunt joined the meeting.**
- 9.1.11 Due to the current position, NHS England and Improvement had suspended the requirement for all trusts to implement harm reviews for patients waiting longer than 52 weeks. However, the established harm reporting processes would continue through the Dorset Patient Safety Group.
- 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.

VR

- 9.2.2 The Covid-19 dashboard had been included to provide a point in time context to the current pressures in the system.
- 9.2.3 Some elective care procedures had been stepped down as Covid-19 cases and hospital admissions increased. To provide context, there were currently 552 hospital patients with Covid-related illness with 144 requiring oxygen or ventilation.
- 9.2.4 University Hospitals Dorset was close to reaching its 100% capacity limit and the epicell modelling showed that the cases peak and start of any plateau would likely occur around the 25-26 January 2021.
- 9.2.5 In relation to the transformation intensions for audiology, ophthalmology and dermatology, audiology progress had slowed as providers had reallocated resources to their Covid-19 response.
- 9.2.6 In relation to ophthalmology the focus continued regarding delivery of the Moorfields recommendations. The Elective Care Oversight Group had agreed having a single programme director to look at how to move ophthalmology into a more integrated service within the Dorset system.
- 9.2.7 In relation to dermatology, there had been a refocus on triaging through primary care and how to make best use of the NHS England Increasing Capacity Framework to assist development.
- 9.2.8 There was a recognised need to change the way services were commissioned with a focus on outcomes. This was being considered as part of the direction of travel, however there was a need for caution based on experience elsewhere that 'novel' contracts had not proved successful. The previous Governing Body discussion had encouraged more of a lead provider practical based solution in the short term.
- 9.2.9 In relation to the use of the independent providers, which was driven by a national policy, there had been a move to 100% capacity being opened up to help the NHS in its Covid-19 response. The Dorset system had agreed the capacity would be used for cancer services with emergency cancer surgery continuing.
- 9.2.10 Following a query in relation to GP capacity to undertake learning disability annual health checks during the current climate, it was recognised capacity within all parts of the system remained challenging. There was a strong

commitment from the Primary Care Networks (PCNs) and partners to push forward with this area of work and the PCNs were looking at a network policy of taking on individuals other than GPs to undertake some of the serious mental health illness health checks.

- 9.2.11 It was recognised individuals with learning difficulties were adversely affected from Covid-19 in terms of mortality and it was important to continue to engage with that group of individuals to support living healthy lives but also to ensure they received their Covid-19 vaccine.
- 9.2.12 Work was underway using the Dorset Intelligence and Insight Service (DiiS) to help target areas of differentiation in relation to outcomes/take up of vaccinations.
- 9.2.13 There was concern at the Dorset County Hospital (DCHFT) cancer – breast symptom 2 week wait October 2020 figure of 14.29% of patients being seen in comparison to 95.31% for the University Hospitals Dorset NHS Foundation Trust (UHD).
- 9.2.14 The percentage figure had not improved since October, likely in part due to Covid-19, but the service was very small with only 1-2 available specialists. The Dorset Cancer Partnership was actively trying to resolve the position through better collaboration including a single patient tracking list and patients being offered the option to be seen elsewhere, however there appeared to be some clinical resistance with concerns regarding maintaining ownership of patients coupled with concern that some patients might not wish to travel.
- 9.2.15 There was a need to design future contractual arrangements to ensure this did not continue and to seek support from the clinical leadership to encourage clinicians to work through any concerns.
- 9.2.16 One of the current pandemic principles was to support system partners with mutual aid and there was a need to encourage patient choice and the opportunity to move across services where recovery trajectories were challenged.
- 9.2.17 The Governing Body directed that the position outlined above be resolved promptly and the Chair would take forward outside of the meeting with the Deputy Director: Integrated Care Delivery.
- 9.2.18 The Governing Body **noted** the Performance Report.

FW/SB

9.3 Finance Report

- 9.3.1 The Chief Finance Officer introduced the Finance Report.
- 9.3.2 Since the report was written, NHS England and Improvement had agreed to fund the additional £9M so the CCG was forecasting to deliver a deficit of £7.5M.
- 9.3.3 If the deficit position could not be improved further, it would be adjusted against the CCG's historical brought forward surplus.
- 9.3.4 Recognising the nationally deferred planning position in respect of 2021-22, the Dorset Finance leads had agreed to continue to work on the underlying financial position. The prioritisation process had been pushed back by a month but it was planned to have an understanding of the financial position by April 2021.
- 9.3.5 In relation to the Covid-19 reported position, a further £1.1M had been adjusted against the £5.3M risk previously identified so in total, with the support of the two local authorities, £3.8M had been recovered. The regional team had agreed this position and had funded the difference in relation to months 1-6.
- 9.3.6 Benchmarking showed that Dorset had the highest total Covid-19 spend in the region, however it was noted that there was some inconsistency across the board in relation to the allocation of coding for months 1-6 for the hospital discharge programme. That said, Dorset appeared to have a far richer approach to the programme and it was expected would continue to be an outlier in months 7-12.
- 9.3.7 The Governing Body **noted** the Finance Report.

9.4 Emergency Preparedness Resilience and Response (EPRR) Assurance Report

- 9.4.1 The Chief System Integration Officer introduced the Emergency Preparedness Resilience and Response (EPRR) Assurance Report.
- 9.4.2 The Governing Body noted that the Covid-19 pandemic had provided a real-time exercise in relation to the system's ability to respond to an emergency.

- 9.4.3 Following a meeting with NHS England and Improvement South West in relation to the CCG's self-assessment of the EPRR Core Standards, it was agreed that the CCG had retained full compliance, having undertaken a suitable internal learning and improvement process, and similarly on behalf of the Dorset Integrated Care System.
- 9.4.4 It was recognised that the system emergency response to the Covid-19 pandemic had been undertaken virtually which had posed more of a challenge. The Governing Body asked that their gratitude be passed on to all including the wider public sector and volunteers.
- 9.4.5 The Governing Body **noted** the Emergency Preparedness Resilience and Response (EPRR) Assurance Report.
- 9.5 **Safeguarding Children and Adults Bi-Annual Update**
- 9.5.1 The Director of Nursing and Quality introduced the Safeguarding Children and Adults Bi-Annual Update.
- 9.5.2 There had been no inspections involving health services during the last reported period. There had been a number of visits to both Dorset Council and Bournemouth, Christchurch and Poole Council resulting in improvement programmes supported by the CCG.
- 9.5.3 In relation to Covid-19, there had been an increase in a number of areas in relation to safeguarding. One emergence included families previously not known to social services and further work was being progressed to ensure this did not reoccur during any future lockdowns.
- 9.5.4 The Looked After Children initial health assessment performance continued to fluctuate with any improvements not being sustained. The initial point of failure was in relation to the notifications and consent. The position had been escalated to the Directors of Children's Services at the two local authorities and specific work programmes were underway to address the issues.
- 9.5.5 The Governing Body noted that most children and young people were receiving their initial health assessments within 30 days but not within the 20 day timeframe, but they did have access to other health services whilst waiting for their overall review.

PR

Dr F Watson left the meeting.

9.5.6 There was concern regarding the impact of the cessation of home visits by universal services and what plans were in place to manage the backlog as well as the current assessments. There was also concern regarding those families potentially under the radar and not already known to the relevant services.

9.5.7 These issues were very much a current focus and the Director of Nursing and Quality would provide an update to the next Governing Body meeting or sooner if available in relation to the expected timeframe in which contact would be made.

VR

S Banister left the meeting.

9.5.8 The Governing Body **noted** the Safeguarding Children and Adults Bi-Annual 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) – 7 October 2020

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

Draft minutes

11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 2 December 2020.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 2 December 2020.

11.3 Urgent Decisions

- 11.3.1 The Chair reported the use of the Urgent Decision powers relating to the utilisation of the national hospital discharge funding and the release of the NHSE/I General Practice Covid-19 capacity expansion non-recurrent £2.03M funding. Both were a separate source of funding and there was no risk to the CCG.

12. Questions from the Public

- 12.1 There were no public questions received.

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 17 March 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.