

**Minutes of the meeting of the Part 1 Public ICB (ICB) Board of NHS Dorset  
Thursday 7 September 2023 at 10am  
Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TS  
and via MS Teams**

<b>Members Present:</b>		
	Jenni Douglas-Todd (JDT)	ICB Chair
	John Beswick (JB)	ICB Non-Executive Member
	Matthew Bryant (MB)	Joint Chief Executive Dorset County Hospital and Dorset HealthCare NHS Foundation Trusts and ICB Board NHS Provider Trust Partner Member
	Jonathon Carr-Brown (JCB)	ICB Non-Executive Member
	Spencer Flower (SF)	Leader Dorset Council and ICB Local Authority Partner Member (West)
	Siobhan Harrington (SH) (virtual)	Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member
	Leesa Harwood (LH)	Interim Non-Executive Member
	Patricia Miller (PM)	ICB Chief Executive
	Rob Morgan (RM)	ICB Chief Finance Officer
	Debbie Simmons (DSi)	ICB Chief Nursing Officer
	Kay Taylor (KT)	ICB Non-Executive Member
	Forbes Watson (FW) (virtual) (part)	GP Alliance Chair, Primary Care Partner Member
	Dan Worsley (DW)	ICB Non-Executive Member
<b>Invited Participants Present:</b>		
	Louise Bate (LBa) (virtual) (part)	Manager, Dorset Healthwatch
	Cecilia Bufton (CB)	Integrated Care Partnership Chair
	Graham Farrant (GF)	Chief Executive, Bournemouth, Christchurch and Poole Council
	David Freeman (DF)	ICB Chief Commissioning Officer
	Matt Prosser (MP) (virtual) (part)	Chief Executive, Dorset Council
	Andrew Rosser (AR) (virtual)	Chief Finance Officer, South Western Ambulance Service Foundation Trust
	Ben Sharland (BS) (virtual)	Primary Care Participant (virtual)
	Jon Sloper (JS)	Chief Executive, Help and Kindness
	Stephen Slough (SS)	ICB Chief Digital Information Officer
	Dean Spencer (DSp) (virtual)	ICB Chief Operating Officer
<b>In attendance:</b>		
	Liz Beardsall (LBe) (minutes)	ICB Head of Corporate Governance
	Ash Boreham (AB) (for Neil Bacon)	ICB Deputy Chief Strategy and Transformation Officer
	Jane Ellis (JE)	ICB Chief of Staff
	Michael Gravelle (MG) for item ICBB23/151)	ICB Deputy Director of Finance
	Amy Harris (AH) (virtual)	CQC Assessment Inspector
	Sarah Ivory-Donnelly (SID) (virtual)	CQC Inspection Manager
	Emma Lee (EL) (for Karen Loftus)	Partnerships Manager, Community Action Network

	Pam O'Shea (POS) (for item ICBB23/152) (virtual)	ICB Deputy Chief Nursing Officer
	Emma Shipton (ES) (for Dawn Harvey)	ICB Deputy Chief People Officer
	Louise Trent (LT)	ICB Corporate Governance Officer
<b>Public:</b>		
	5 members of the public and 1 member of ICB staff observing were present in the room. 2 members of staff observed via Teams. The meeting was also available via livestream.	
<b>Apologies:</b>		
	Jim Andrews (JA)	Chief Operating Officer, Bournemouth University (participant)
	Neil Bacon (NB)	ICB Chief Strategy and Transformation Officer (participant)
	Rhiannon Beaumont-Wood (RBW)	ICB Non-Executive Member (member)
	Sam Crowe (SC)	Director of Public Health Dorset (participant)
	Dawn Harvey (DH)	ICB Chief People Officer (participant)
	Paul Johnson (PJ)	ICB Chief Medical Officer (member)
	Karen Loftus (KL)	Chief Executive, Community Action Network (participant)
	Vikki Slade (VS)	Local Authority Partner Member (member)

**ICBB23/141 Welcome, apologies and quorum**

The Chair declared the meeting open and quorate. There were apologies from Jim Andrews, Neil Bacon, Rhiannon Beaumont-Wood, Sam Crowe, Dawn Harvey, Paul Johnson, Karen Loftus and Vikki Slade.

**ICBB23/142 Conflicts of Interest**

There were no conflicts of interest declared in the business to be transacted on the agenda.

**ICBB23/143 Minutes of the Part One Meeting held on 6 July 2023**

The minutes of the Part One meeting held on 6 July 2023 were agreed as a true and accurate record.

**Resolved: the minutes of the meeting held on 6 July 2023 were approved.**

**ICBB23/144 Action Log**

The action log was considered and approval was given for the removal of completed items. It was noted that all items were complete.

**Resolved: the action log was received, updates noted and approval was given for the removal of completed actions.**

**ICBB23/145 Patient Story: Care and support during inpatient stay for eating disorder**

The Chief Executive Officer University Hospitals Dorset introduced the patient story video which highlighted the care and support received by a young person during an inpatient stay relating to an eating disorder.

The Board welcomed the powerful story. It demonstrated the excellent work of volunteers in Dorset and demonstrated the benefits of partnership working. As well as highlighting good

practice, the story also raised questions especially around seven day working, the need for early intervention in such cases, the importance of not viewing mental health in isolation, and the need to co-design services with volunteers and communities.

It was noted that a large amount of work was underway in this area, in particular relating to families and young people through schools and through investment in, and collaboration with, the Voluntary Community Sector (VCS) Assembly.

The Chair thanked the Chief Executive Officer University Hospitals Dorset for bringing the story to the ICB Board.

#### **ICBB23/146 Chief Executive Officer's Report**

The ICB Chief Executive Officer (CEO) introduced the previously circulated CEO's Report, which provided an overview of the strategic developments across the NHS and more locally across the Dorset Integrated Care System, including:

- Industrial action by junior doctors and consultants, noting that there would be an overlap in September and October. The System Executive Group would be scrutinising the plans to ensure risks were mitigated.
- The development of a Women's Health Hub, with the views of the community being sought on the requirements of the Women's Health Strategy as part of wider work to implement the strategy.
- The Department of Health and Social Care Major Conditions Strategy.
- The CQC pilot assessment of Dorset Integrated Care System, with assessors planning to be on site in October.
- The Countess of Chester Hospital case, noting the impact of the case on patients and staff. The Board extended its sympathies to the families directly affected. The Board noted that this was a time for reflection, with a focus on promoting a safety culture, relationships between colleagues, and quality and safety. The ICB routinely undertakes quality assurance (QA) visits to providers and the suggestion of a QA visit to neonatal wards to provide assurance was welcomed by the providers. The ICB Non-Executive Member Champion for Freedom to Speak Up reported that he had met with the new ICB Freedom to Speak Up Guardians and received assurance that a solid mechanism was in place for raising concerns.

The Board welcomed the updates in the report from partners.

The Chief Executive Officer Bournemouth, Christchurch and Poole Council (CEO BCP) raised concerns about the lack of consultation with the local authorities regarding the collaboration between Dorset County Hospital and Dorset HealthCare (DCH/DHC). The Chief Executive Officer DCH/DHC confirmed that there was no intention for this collaboration to draw services away from the east of the county and offered to discuss the matter further with the CEO BCP outside the meeting.

**ACTION: GF/MB**

The Board discussed the impact of industrial action on the safety of services and on patient waits, and considered if more could be done to communicate with patients about waiting times. This would be taken forward by the Elective Care Board.

**ACTION: SH, MB, DS**

*Matt Prosser left the meeting*

**Resolved: the Board noted the Chief Executive Officer's Report.**

#### **Items for Decision**

There were no items for decision

## Items for Noting/Assurance/Discussion

### **ICBB23/147 Committee Escalation Reports**

The Board Committee Chairs presented the committee escalation reports from the June meetings. All issues discussed were included in the previously circulated reports and key issues included:

- Clinical Commissioning Committee – Specialised Commissioning, Mental Health Community Transformation, and the growing risk regarding Special Educational Needs and Disability (SEND) services.
- Finance and Performance Committee – items on Personal Health Commissioning, prescribing, No Criteria to Reside and mental health would be returning to the committee for additional assurance.
- People and Culture Committee – approval of the workplan, with a workshop planned for the new year to consider the role and remit of the committee, and undertook a deep dive into Equality, Diversity and Inclusion.
- Primary Care Commissioning Committee – GP recovery and access plans and issues relating to the Commissioning Hub, noting this had been escalated regionally.
- Quality and Safety Committee – the committee asked the Chief Officers to consider adding a risk to the Corporate Risk Register relating to the patient impact of out of area placements in relation to mental health, which had also been discussed at the Finance and Performance Committee. This work was underway.
- Risk and Audit Committee – reviewed and approved the corporate risk register, received a substantial update on the revised Board Assurance Framework and endorsed the direction of travel, and approved the Data Security and Protection Annual Report 2022-23.

The ongoing revision of the Corporate Risk Register and the work to revise the Board Assurance Framework were welcomed by the Board.

**Resolved: the Board noted the Committee Escalation Reports.**

### **ICBB23/148 Quality Report**

The ICB Chief Nursing Officer introduced the previously circulated Quality Report which had been previously scrutinised by the Quality and Safety Committee. Key issues included:

- The CQC pilot assessment of Dorset Integrated Care System, with assessors planning to be on site in October.
- The CQC inspection of maternity services at Dorset County Hospital, all immediate actions were implemented and the draft report was awaited. Actions would be overseen by the Local Maternity and Neonatal System.
- The good progress being made regarding No Criteria to Reside and the benefits of this improvement to patients.
- Mental health performance, noting that a deep dive on dementia diagnosis had been undertaken.
- Monitoring of progress in NHS Foundation Trusts on the major transition programmes in patient safety processes.
- The Shared Learning Panel which brought together system partners to review and share learning following serious patient safety incidents was now well established.
- It was noted that an item on the Bibby Stockholm barge was on the agenda.

There were no questions from the Board on the Quality Report and the Chair thanked the ICB Chief Nursing Officer for the comprehensive report.

**Resolved: the Board noted the Quality Report.**

#### **ICBB23/149 Dorset ICS Finance Update**

The ICB Chief Finance Officer introduced the previously circulated Dorset Integrated Care System Finance Update covering the financial position of the Integrated Care Board and Integrated Care System NHS providers as at July 2023 (month four). The report had been previously scrutinised by the Finance and Performance Committee.

The system had reported a year-to-date deficit of £7.2m as at month four against a breakeven plan. The main drivers and risks included the impact of industrial action, agency spend, inflation and Personal Health Commissioning cost pressures, which were covered in detail in the report.

It was noted that the finance report was being developed to include information from wider partners and this had included voluntary and community sectors finances in the last report and local authority finances in this report.

*Louise Bate and Forbes Watson left the meeting*

**Resolved: the Board noted the Dorset ICS Finance Update.**

#### **ICBB23/150 Performance Report**

The ICB Chief Operating Officer introduced the previously circulated Performance Report which provided an overview of performance at the end of quarter one against the national operating plan trajectories for 2023/24, identified areas of concern, detailed mitigating actions and highlighted areas for additional focus. Key areas which required additional focus due to underperformance against the trajectories at the end of the first quarter of 2023/24 were:

- Two-Hour Urgent Care Response
- Audiology
- No Criteria to Reside
- Mental Health.

Deep dives into No Criteria to Reside and mental health performance had been undertaken at the Finance and Performance Committee meeting in August.

Areas also highlighted to the Board included good performance in diagnostics, the deterioration in the 28 day cancer standard in August and the use of virtual beds which was slightly behind trajectory.

In relation to the Countess of Chester Hospital case the Board noted the data regarding neonatal mortality and the performance of Dorset providers in reducing mortality and brain injury. The Board considered the issues underpinning the use of virtual beds, including the cultural factors, noting that learning could be taken from the clinicians involved in Dorset County Hospital's well-established Hospital at Home programme. The risks relating to out of area placements for mental health patients and delayed discharges for mental health patients were also discussed.

The ICB Chief Executive Officer requested that information regarding health inequalities and ethnic minorities be brought into the Performance Report, along with triangulation in the narrative of the consequences of harm in not achieving access standards.

**ACTION: DS<sub>p</sub>**

**Resolved: the Board noted the Performance Report.**

### **ICBB23/151 Integrated Care System (ICS) Infrastructure Strategy**

The ICB Chief Finance Officer introduced the previously circulated plan for developing an Integrated Care System (ICS) Infrastructure Strategy, also known as an estates strategy. The ambition of the strategy was to set a clear framework for decision making and to describe how ICS partners would work together to maximise the benefits available from its collective infrastructure.

The meeting was joined by the ICB Deputy Director of Finance who explained that detailed guidance was still awaited from NHS England, but the ambition was to publish an initial strategy in December. This would build on the work of NHS partner organisations, and would include a stock-take of estates including general practice. The aim was to agree a decision-making framework for use of the ICS estate. This work would then be expanded out to wider partners, to create a comprehensive system strategy.

The Board welcomed the plan for an infrastructure strategy, but requested that the work on the wider system estate was done in tandem with the work on the NHS estate as both needed to be considered together.

The Board also raised the need for the infrastructure strategy to link to the five pillars of the Joint Forward Plan, the need for a sustainable estates approach, the need to include the wider primary care estate, for the ambition to be wider than health and encompass housing and tackling inequalities, and the need for local authorities to link into this work at an early stage. It was agreed that the strategy needed to work for the system rather than simply meeting the submission requirements for NHS England.

Examples of good collaborative work in the Dorset system in relation to the estate were highlighted, noting that the system had won the Health Services Journal estates optimisation award this year.

The Chair thanked the Board for their input. The ICB Chief Finance Officer would take this work forward.

**Resolved: the Board noted the plan for developing an Integrated Care System (ICS) Infrastructure Strategy.**

### **ICBB23/152 Portland Barge Update**

The ICB Deputy Chief Nursing Officer joined the meeting and introduced the previously circulated update on progress towards supporting the healthcare needs of the asylum seekers to be housed on the Bibby Stockholm barge at Portland Port.

The first asylum seekers arrived on board during the week commencing 7 August 2023. However following legionella identified in the water supply on the barge, the Home Office relocated the residents on 11 August. The individuals were still relocated elsewhere and the commissioned healthcare provider continued to provide services at the new location. Further updates were awaited on the decision to repatriate residents back to the barge.

The Board requested that a letter of thanks be sent to the healthcare provider for their work in supporting the barge residents and for continuing to provide healthcare services during the barge residents' move.

**ACTION: JDT**

The Board requested a paper on the provision of healthcare services for all asylum seekers in Dorset, not just residents on the barge.

**ACTION: DF**

It was suggested that a Board Story, from either patients or workforce, relating to asylum seekers may be of interest to the ICB Board.

**ACTION: Comms**

**Resolved: the Board noted the Portland Barge Update.**

**ICBB23/153 Bournemouth, Christchurch and Poole Council (BCP) Corporate Vision Consultation**

The Chief Executive Officer Bournemouth, Christchurch and Poole Council (BCP) gave a presentation on the Bournemouth, Christchurch and Poole Council Corporate Vision Consultation which was live and could be accessed at:

<https://haveyoursay.bcpCouncil.gov.uk/our-vision>

The presentation covered how BCP currently spent its money and the current forecast of a £45 million funding gap for the next financial year. The consultation aimed to seek the views of the public on their priorities and reflect these in the budget setting. The proposed vision for BCP was: where nature, coast, communities and towns come together to create a healthy and sustainable environment. The two proposed priority areas were people and communities, and place and environment. The consultation also contained details on how BCP would work to deliver its objectives, including being open, inclusive and working with partners.

The Board welcomed the presentation, in particular the values underpinning the vision and the engagement with communities. The Chair encouraged the ICB Board to contribute to the consultation, both as organisations and as individuals.

It was noted that the proposals had not yet been mapped to the Joint Forward Plan pillars, but this would be done. It was suggested that the role of businesses, jobs and the economy needed strengthening in the proposals. Dorset HealthCare stated that it would welcome the opportunity to be a full partner in discussions relating to models of care in the BCP area.

The Chair thanked the Chief Executive Officer BCP for his presentation.

**Resolved: the Board noted the Bournemouth, Christchurch and Poole Council (BCP) Corporate Vision Consultation update.**

**Items for Consent**

The following items were taken without discussion.

**ICBB23/154 Data Security and Protection Toolkit**

**Resolved: the Board noted the Data Security and Protection Toolkit.**

**ICBB23/155 ICS Equality, Diversity and Inclusion report**

**Resolved: the Board noted the ICS Equality, Diversity and Inclusion report.**

**ICBB23/156 ICB Customer Care Annual Report**

**Resolved: the Board noted the ICB Customer Care Annual Report.**

**ICBB23/157 Questions from the Public**

The following questions were received from members of the public and the Chair provided the following responses:

### **Question One**

The Board will be aware of very widespread concern about provision of health services in South Dorset, notably in Portland.

The Chief Medical Officer attended a public meeting in Portland in February at which strong views were expressed about inadequate services and in particular the impact of radically reduced provision at Portland Community Hospital. The Island is an area of multiple deprivation with high concentrations of family poverty and particularly low levels of social mobility.

The Hospital has been a key anchor institution for the most disadvantaged communities in the Dorset Council area: in its present depleted state it is little more than a minor service site.

Recent developments have intensified concern about local provision. Location of the *Bibby Stockholm* barge in Portland Harbour, intended to hold over 500 refugees plus a large group of staff, has highlighted the impoverished state of NHS services. It would be helpful for the Board to note the deep frustration of Portland residents, who see increased demand for health provision at the same time that the Community Hospital has been emptied of its key resources.

Meanwhile, elsewhere in Portland, the Independent Monitoring Board at HMP The Verne has continued to call for provision of community hospital facilities for its 600 prisoners and over 200 staff.

Will the Board engage urgently with other decision-makers in Dorset healthcare networks to reinstate key services (MIU, X-Ray, in-patient wards) at Portland Community Hospital?

*The Chair responded, following the meeting with the local community earlier this year that you have referenced, we have initiated the 'Portland Together' project, working closely with Island Community Action. This project is at the initial discovery phase, which includes conversations with residents to identify what really matters to them, which in turn will help us shape services fit for the future. To date 33 conversations have taken place with members of the public.*

*Further discussions will also take place with local health and care providers.*

*Initial themes emerging from conversations include the sense of community that is present in Portland and easy access to the sea and coast. In addition, it is evident that there is a draw to living in Portland and once there, not wanting to leave. Areas of concern that have been mentioned in conversations include getting through to the GP practice to request an appointment. Once an appointment has been given, care and any follow up required has been a positive experience for many.*

*Another area of significant impact to those that need to use public transport is the ability to get to Dorchester for hospital appointments. This requires two buses each way, currently at a cost of £8 return. This is based on the £2 per ride price cap, saving 30-50% on the usual cost, and so something we need to consider in how and where we deliver services moving forward.*

*In addition to the Portland Together project which will identify opportunities for change, the ICB is also working with local health and care providers and the voluntary sector to develop integrated neighbourhood teams including Portland.*

*This will evolve over the coming months and will mean that teams will work together in a more joined up way. Clearly, we need to focus on access to the GP practice and access to*

*urgent care in a place that is accessible and sustainable. In addition, we would like to ensure that both preventative and proactive approaches to getting help are developed. We welcome further engagement with the Portland community to help us develop this approach.*

*We acknowledge the concern of Portland residents in relation to the Bibby Stockholm, however the Home Office has provided additional funding which we have used to commission a team from Bournemouth that has previous experience working with asylum seekers, this means they will not register with the local practice.*

### **Question Two**

My question(s) relate to an overarching query regarding the degree to which the Dorset NHS's Programme "Patient First" programme is real, beyond "motherhood and apple pie" and is integrated into the culture of the NHS economy in Dorset? What action will NHS Dorset take in each of the instances and above all in the whole service?

*The Chair responded that there had been a number of references to Patient First during the meeting, which provided reassurance on the commitment to the programme. It had also been explained that Patient First related to University Hospitals Dorset rather than the Dorset Integrated Care System. It was noted that NHS Dorset was in the process of responding to the questioner on a range of other points raised and these responses would be provided in due course.*

### **Question Three**

The following questions were received for response outside the meeting, and are included in these minutes for completeness:

Please explain why it is necessary to delay publication of the report, albeit in your name, but recorded as authored by The Chief of Staff, when the content, perhaps with the exception of item 4.2, the report simply records externally instigated programmes. Even 4.2 is "running a flag up the mast" for a programme all would anticipate. This matter could have been reviewed and approved, remotely. Inappropriate and unnecessary delay is disrespectful, particularly, as systems should be valid without specific individual input.

*This month's CEO Report was delayed as we were awaiting information from one of our NHS partners for inclusion in the report. As the updates from partner organisations are a key part of this report, we did not wish to release the report until this data was received. Once the information was received, in the absence of the CEO, the report was signed off for publication by the Deputy Chief Executive Officer.*

Please explain the pertinence and appropriateness of reiterating comments on the "baby murder" case that has already been appropriately and more fully detailed in all the media.

*Information on the Countess of Chester Hospital case was included in the CEO Report as the case is of national and local significance. It was included as part of the report's remit to provide national strategic context and to demonstrate how this relates to our work here in Dorset. Its importance to the ICB Board was evidenced through the discussion at the Board regarding the case and its implications.*

Please explain why, if it is felt appropriate, is it limited to the court case, and does not address how it is that Supervising Trust managers failed to listen to the detailed concerns of medical specialists. How will Dorset NHS seek to learn from this.

*The information in the CEO Report regarding the Countess of Chester Hospital case was limited to the court case as this has now been concluded. The wider elements are subject to the inquiry which has been commissioned by the Secretary of State.*

Why does the report fail to address, in any degree, Dorset NHS's performance against mandated standards, provider by provider and specialty by specialty.

*The performance of the Dorset Integrated Care System is covered in the performance report which forms part of the Part One Board papers. Therefore information on performance is not reiterated in the CEO Report. In addition, our Finance and Performance Committee scrutinises performance data on behalf of the Board and provides assurance and escalations via the committee's escalation report which is also included in the Part One Board papers. Performance against standards was discussed at the ICB Board meeting under the escalation reports item and also under the Performance Report item.*

Why does the report fail to address, in the same level of detail, how that performance has been, specifically, affected by current issues such as withdrawals of labour by medically trained staff.

*Please see the response above regarding performance reporting. In addition, our Quality and Safety Committee, People and Culture Committee and Finance and Performance Committee continue to scrutinise the impact of industrial action in relation to each committee's area of work. These committees provide assurance and escalations to the Board via the committee escalation reports. The impact of industrial action was discussed in detail at the Board meeting in relation to quality and safety, performance and financial challenges, and these potential impacts were highlighted as a key message from the meeting.*

#### **ICBB23/158 Any Other Business**

There was no other business for discussion by the Board.

#### **ICBB23/159 Key Messages and review of the Part 1 meeting**

The Board reflected on:

- The power of the patient story and how this had been reflected in the patient-centred discussions throughout the meeting.
- That where challenge had taken place this had been values-driven.
- The increased conversation about issues affecting the wider Dorset system was positive and demonstrated a commitment to partnership and collaboration.
- There was a need for the five pillars to become more embedded.
- The order of the Board agenda should be reviewed to place greater emphasis on quality and safety.

**ACTION: LB**

The Chair summarised the key messages from the meeting as:

- The power of the patient story and how this linked to work underway, especially relating to children and young people's services.
- The concerns regarding the potential impact of industrial action on safety, and operational and financial performance.
- The impact of the Countess of Chester Hospital case on public confidence and on staff; the ICB Board expressed sympathy for the families affected by the case.
- The financial and operational performance challenges being faced by the Dorset Integrated Care System.
- The ICB Board's commitment to a system-wide infrastructure strategy.
- The ICB Board welcomed the vision and priorities expressed in the Bournemouth, Christchurch and Poole Council Corporate Vision.

The Chair thanked everyone, especially the public, for their attendance.

**ICBB23/160 Date and Time of Next Meeting**

The next meeting of the ICB Board would be held on Thursday 2 November 2023 at 10am, in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset DT1 1TS.

**ICBB23/161 Exclusion of the Public**

The Board resolved that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

Signed by:



Jenni Douglas-Todd, ICB Chair

Date: 2 November 2023

Approved