

Minutes of the meeting of the Part 1 Public ICB (ICB) Board of NHS Dorset
Thursday 2 November 2023 at 10am
Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TS
and via MS Team

Members Present:	
Jenni Douglas-Todd (JDT) (virtual)	ICB Chair
Rhiannon Beaumont-Wood (RBW) (virtual)	ICB Non-Executive Member
John Beswick (JB) (virtual)	ICB Non-Executive Member
Matthew Bryant (MB) (virtual)	Joint Chief Executive Dorset County Hospital and Dorset HealthCare NHS Foundation Trusts and ICB Board NHS Provider Trust Partner Member
Jonathon Carr-Brown (JCB) (virtual)	ICB Non-Executive Member
Spencer Flower (SF) (virtual)	Leader Dorset Council and ICB Local Authority Partner Member (West)
Siobhan Harrington (SH) (virtual) (part)	Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member
Paul Johnson (PJ) (virtual)	ICB Chief Medical Officer (member)
Patricia Miller (PM)	ICB Chief Executive
Rob Morgan (RM)	ICB Chief Finance Officer
Debbie Simmons (DSi) (virtual)	ICB Chief Nursing Officer
Vikki Slade (VS) (virtual)	Leader BCP Council and ICB Local Authority Partner Member (East)
Kay Taylor (KT)	ICB Non-Executive Member
Forbes Watson (FW) (virtual) (part)	GP Alliance Chair, Primary Care Partner Member
Dan Worsley (DW) (virtual)	ICB Non-Executive Member
Invited Participants Present:	
Jim Andrews (JA) (virtual)	Chief Operating Officer, Bournemouth University
Neil Bacon (NB) (virtual)	ICB Chief Strategy and Transformation Officer
Louise Bate (LBa) (virtual) (part)	Manager, Dorset Healthwatch
Zoe Bradley (ZB) (virtual)	Interim Chair, Dorset VCSE Board
Cecilia Bufton (CB)	Integrated Care Partnership Chair
Graham Farrant (GF) (virtual)	Chief Executive, Bournemouth, Christchurch and Poole Council
David Freeman (DF) (virtual)	ICB Chief Commissioning Officer
Dawn Harvey (DH)	ICB Chief People Officer (participant)
Andrew Rosser (AR) (part)	Chief Finance Officer, South Western Ambulance Service Foundation Trust
Ben Sharland (BS) (virtual) (part)	Primary Care Participant
Jon Sloper (JS)	Interim Programme Director, VCS Assembly
Dean Spencer (DSp)	ICB Chief Operating Officer
Stephen Slough (SS)	ICB Chief Digital Information Officer (participant)

In attendance:		
	Liz Beardsall (LBe)	ICB Head of Corporate Governance
	Anita Counsell (AC) (for item ICBB23/187) (virtual)	ICB Deputy Director, Health Inequalities and Population Management
	Gavin Dudfield (GD) (for item ICBB23/189)	Chief Superintendent, Devon and Cornwall Police and Dorset Police Force
	Jane Ellis (JE)	ICB Chief of Staff
	Steph Lower (SL) (minutes)	ICB Deputy Head of Corporate Governance
	Charlotte Pascoe (CP) (for item ICBB23/179) (virtual)	ICB Deputy Director of Personal Health Commissioning (FTSU Guardian)
	Rob Payne (RP) (for item ICBB23/190) (virtual)	ICB Deputy Director of Strategic Commissioning
	Katrina Percey (KP) (for item ICBB23/188) (virtual)	National Association of Primary Care (NAPC)
Public:		
	No members of the public were present in the room. The meeting was also available via livestream.	
	Rachel Pearce (virtual)	Director of Commissioning, NHS England, South West
Apologies:		
	Leesa Harwood (LH)	ICB Interim Non-Executive Member (member)
	Matt Prosser (MP)	Chief Executive, Dorset Council (participant)

ICBB23/175 Welcome, apologies and quorum

The Chair declared the meeting open and quorate. There were apologies from Leesa Harwood and Matt Prosser.

ICBB23/176 Conflicts of Interest

It was noted that agenda item 4.1 Patient Safety Incident Response Plans made reference to Southampton University and the NHS Dorset ICB Chair sat on the Southampton University Council. There was no conflict of interest or associated action required in relation to this item.

ICBB23/177 Minutes of the Part One Meeting held on 7 September 2023

The minutes of the Part One meeting held on 7 September 2023 were agreed as a true and accurate record.

Resolved: the minutes of the meeting held on 7 September 2023 were approved.

ICBB23/178 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.

Standing Items

ICBB23/179 Staff Story: Freedom to Speak Up

The Chief People Officer introduced the staff story video which highlighted the importance of Freedom to Speak Up (FTSU). This coincided with October's national Speak Up Month campaign. The video featured Dorset NHS partner FTSU guardians sharing their views on the importance of the role and enabling a culture of speaking up safely. The Board was invited to discuss the featured themes and to consider its role in continuing to support and advocate speaking out safely within the ICS.

A Rosser joined the meeting.

Key issues to note included:-

- The importance of creating cultures where staff felt psychologically safe and confident that when a concern was raised the right action would be taken promptly.
- Each partner organisation had its own mechanisms for raising concerns and capturing information.
- The need to be curious if there were parts/groups within an organisation where no voice was coming through.
- The recent ICB campaign to capture information regarding any barriers to speaking up.
- The need for early resolution and a mature culture of investigating issues raised.
- The importance of having a system overview of themes and issues.

The Board noted the arrangements in relation to the handling of FTSU reporting including matters relating to quality and safety being reported to the Quality, Experience and Safety Committee and annual reporting to the Board commencing in 6 months' time.

Action: SL

The Chief People Officer would give considered thought to the key points raised with colleagues across the system and would discuss further with the Chief Nursing Officer.

Action: DH/DS

The Chair thanked everyone for the important discussion.

ICBB23/180 Chief Executive Officer's Report

The ICB Chief Executive Officer (CEO) introduced the CEO's Report which provided an overview of the strategic developments across the NHS and more locally across the Dorset Integrated Care System. Key issues raised included:-

- The impact of the national industrial action on the delivery of the elective care targets. National conversations continued regarding the threshold for the delivery of elective care and the significant costs incurred in providing cover. The industrial action had currently been suspended following further talks with the Department of Health and Social Care and it was hoped a resolution would be reached.
- Initial feedback had been provided following the conclusion of the Dorset ICS Care Quality Commission (CQC) pilot assessment. The draft report was expected in December with the final report due to be published in the spring following the conclusion of the second pilot assessment being undertaken with Birmingham and Solihull ICS.
- Consideration by the Dorset Chief Executives' group of the significant financial challenges across the system. It was proposed a meeting be held in December to

understand what actions partners were taking in terms of cost improvements/transformation.

The Chair passed on thanks for the significant amount of work undertaken in relation to the CQC assessment process.

The Chair encouraged partner members to contribute to the Chief Executive Officer's report, particularly from primary care and the voluntary and community sector to enable a rich picture from across the system.

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

ICBB23/181 Quality Report

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

- A number of potential quality and safety concerns related to performance and meeting the expected standards.
- Work was underway to produce an integrated performance and quality report.
- The impact of follow-on waiting lists on patient safety and outcomes was being taken forward by the System Quality Group including taking any preventable action.
- The Shared Learning Panel which provided a forum for the exploration of emerging themes in patient safety across the Dorset system was working well. An example of shared learning was included as Appendix 2.

The hydration pilot had been successfully completed in a number of care homes/older people's wards and it was hoped the real data of improvements/positive impact would help promote further.

In relation to suicide prevention, ligature incidents were a key metric considered by the Dorset Healthcare Board. CQC compliance visits were undertaken regularly across all mental health facilities. A reduction had been seen over the past 12 months and some good focus work and learning had been undertaken from incidents. This had been shared regionally with Dorset Healthcare nominated for a Health Service Journal safety award. Suicide prevention remained a key issue for the ICS as a whole.

The Board discussed the ongoing IT issues at University Hospitals Dorset NHS Foundation Trust. There were a number of mitigations being put in place and it was acknowledged the solution would take time and was part of the wider Electronic Patient Record programme work across Dorset providers.

At a recent South West ICB Chief Executives meeting the risk of harm due to long ambulance handover delays was discussed. It was agreed that ICB Chief Nursing Officers and Chief Medical Officers would work through an agreed framework for dynamic risk assessment. A key area of focus would be discharge planning.

Work would continue to look at clinical harm incident reporting in relation to waiting list deterioration and how to increase the visibility of incident reporting from primary care and the local authorities to enable a broader system picture.

Resolved: the Board noted the Quality Report.

ICBB23/182 Dorset ICS Finance Update

The ICB Chief Finance Officer introduced the Dorset Integrated Care System Finance Update covering the financial position of the Integrated Care Board and Integrated Care System NHS providers as at August 2023 (month five). The report had been previously scrutinised by the Finance and Performance Committee. Key issues included:-

- The system was reporting a £20M deficit as at month 6 which was a deterioration from month 5.
- All organisations were currently reporting a forecast outturn of break even in line with plans submitted to NHS England.
- Operational pressures relating to the industrial action were a key theme related to the financial performance. In addition, inflationary pressures above the level assumed in national modelling were impacting the deficit. This has also impacted the system's ability to recover elective activity with a significant amount being undertaken in the independent sector.
- To enable delivery of cost improvement programmes, good clinical engagement would be required which was being impacted by the industrial action.
- The ICB had reported a break-even position against plans as at month 6, however there were several significant risks to in-year break even, predominantly in relation to prescribing and personal health commissioning. Work was ongoing to address the PHC spend increases and it was hoped this would have a positive impact.
- National and regional discussions were ongoing in relation to future funding which would provide more clarity in terms of the forecast outturn.
- A Medium-Term Financial Plan meeting had been held with system executive to accelerate focus on areas within control to hopefully enable a better financial position by year end.
- Dorset Healthcare was showing a lower spend on establishment, but the Board noted this was in part due to recruitment difficulties.

Resolved: the Board noted the Dorset ICS Finance Update.

ICBB23/183 System Performance Report

The ICB Chief Operating Officer introduced the System Performance Report which provided an overview of performance against the 2023-24 national operating plan trajectory, identified areas of concern, detailed mitigating actions and highlighted areas for additional focus.

Key issues included:-

- Over 3% of elective activity had been lost due to the industrial action.
- Although the position remained stable with regard to the number of 78 and 65 week waiters, this was unlikely to be sustained.
- Deterioration in the faster diagnosis standard in relation to two specialities.
- An increase in dermatology referrals but with additional activity by both providers an improvement would be expected.
- An increase in activity particularly within the A&E departments. Work was ongoing with University Hospitals Dorset to understand the challenges and what action could be taken to improve the position before the winter period.
- A renewed effort to meet the 40-minute hospital handover standard.

The Board noted the visit to Dorset by the Getting It Right First Time Chair, Professor Tim Briggs. There were a number of challenges as well as highlighting the areas performing well. A further visit would look at theatre utilisation.

In relation to dermatology referrals, concern was raised regarding the advice and guidance service functionality particularly in the West which had led to GPs having to initiate additional referrals.

There was a keenness to see the strategic issues in relation to performance along with commitment from partners as to when performance would improve to enable Board assurance around delivery.

System discussions were ongoing to address the cultural issues regarding the use of virtual wards to stimulate a higher level of occupancy of the service.

Productivity was one of the key themes in developing the medium-term financial plan and further detail would be included in the next report. The report also needed to link to the five-year forward view to ensure the impact of the prevention work being undertaken was seen.

The Board requested future reports include more information in relation to primary care and mental health.

Action: DS

Resolved: the Board noted the System Performance Report.

ICBB23/184 Committee Escalation Reports

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

- Clinical Commissioning Committee – a key discussion was the integrated neighbourhood teams update with leadership development recognised as a key enabler. There needed to be linkage between the other various areas of work to ensure effectiveness. In relation to the corporate risk register, the benefits of receiving a view from the risk owner on the likelihood of a reversal in trend and estimated time frame was considered.
- Finance and Performance Committee – the main escalation to the Board was the recommendation that work be undertaken in relation to Personal Health Commissioning to include the service, quality, operating model, performance and budget. The committee discussed the performance challenges in relation to mental health noting there would be a deep dive at the December meeting.
- People and Culture Committee – the communications and engagement approach to support the Integrated Care System transformation outcomes and the communications and engagement plan for the winter pressures and vaccination programmes were welcomed. The committee received a deep dive into the ICS recruitment strategy.
- Primary Care Commissioning Committee – approval was given to the minor surgery directed enhanced service funding and the Dorset Delivery Plan for Recovering Access. Key issues raised were the number of GP practices closing and the increased difficulty of distributing those patient lists and the sustainability of the model of high street primary care. Consideration was being given to the latter being included on the corporate risk register.
- Quality and Safety Committee – approval was given for the Patient Safety Incident Response Plans for two provider organisations noting the remaining plans would be brought to the December meeting. The Medicines Optimisation Patient Safety Report was received with a request that further work be undertaken in relation to a number of areas of concern.
- Risk and Audit Committee – there was no escalation report as the next meeting would be held on 7 November 2023.

In respect of all committees, consideration needed to be given to ensuring the right balance in terms of the length of discussion and scrutiny on individual agenda items, recognising the focus needed on the financial and performance challenges.

Resolved: the Board noted the Committee Escalation Reports.

Items for Decision

ICBB23/185 ICB Governance Arrangements including Committee Terms of Reference (ToRs) and Work Plans

The Head of Corporate Governance introduced the ICB Governance Arrangements including Committee Terms of Reference and Work Plans.

The Governance Handbook brought together key documents to support the Constitution and was required to be brought to the Board annually. Changes had been made throughout the year with the appropriate approvals where required. Following its annual review, a number of proposed changes had been made as summarised in section 1.3 of the report. The key changes related to the committee refresh and the impact on a number of associated documents within the Handbook. There were no issues of concern highlighted to the Board.

Work had been underway on a committee refresh since the summer with a shared ambition throughout to ensure the ICB's governance was properly designed to deliver a collective vision and goals for the population of Dorset.

The key changes to the revised ToRs were summarised in the report at section 1.7.

In relation to the proposed two new committees, the ToRs and work plans would be taken to their respective inaugural meetings in December and may therefore come back to the Board following this.

Due to the Committee timing, the Risk and Audit Committee would receive its ToR and work plan at its November meeting.

Sections 6.1.2-6.1.3 of the Governance Handbook incorrectly made reference to several Primary Care Networks in the East being coterminous with the administrative boundary of Bournemouth, Christchurch and Poole Council and would be amended accordingly. There was also a need to ensure clear, consistent language around East/West place references.

Action: LB

The Board noted that agency spend would come within the remit of the Productivity and Performance Committee cross-linking to the People, Engagement and Culture Committee as required.

It was requested that consideration be given to the Prevention, Equity and Outcomes Committee membership including academic, Local Enterprise Partnership and the voluntary and community sector. This would be reviewed outside of the meeting.

Action: DF

The Chair extended thanks to all for the significant work involved.

Resolved: the Board approved the recommendations set out in the ICB Governance Arrangements including Committee Terms of Reference and Work Plans subject to the actions above.

Items for Noting/Assurance/Discussion

ICBB23/186 Patient Safety Incident Response Framework (PSIRF)

The ICB Chief Nursing Officer introduced the Patient Safety Incident Response Framework.

The PSIRF replaced the current Serious Incident Framework and provider trusts were expected to transition during Autumn 2023.

It was a national requirement for ICBs to sign off the provider patient safety incident response plans. The plans for Dorset Healthcare University NHS Foundation Trust and South Western Ambulance NHS Foundation Trust had been approved by the ICB's Quality and Safety Committee in October, with the remaining plans for Dorset County Hospital and University Hospitals Dorset NHS Foundation Trusts to be presented to the December Committee meeting for approval.

Resolved: the Board noted the Patient Safety Incident Response Framework.

ICBB23/187 Health Inequalities Update

This item was taken after item ICBB23/188.

The Chief Medical Officer introduced the Health Inequalities update and updated the Board on the approach, progress and next steps for addressing health inequalities in Dorset. Key points included:-

- Recruitment of a new Deputy Director of Health Inequalities to strengthen capacity and to bring together health inequalities, prevention, population health management and patient equality and sustainability into a single portfolio of work.
- Further work would continue on the priority areas including a review of the approach, resources and tools, identification of areas requiring further focus and growing partnership working and programme governance.
- Following establishment of the building blocks for an integrated at scale transformation programme to address health inequalities, the next phase would focus on establishing rapid delivery, benefits realisation and working with partners to align and embed action on health inequalities across all programmes.
- The Health Inequalities sub-group was developing an ICS integrated strategic plan to look at not only the individual organisational strengths but the barriers enabling people to have good outcomes. It was proposed the plan would be in place by the end of December 2023.

Resolved: the Board noted the Health Inequalities Update and supported the direction of travel.

ICBB23/188 Integrated Neighbourhood Teams – Next Steps and Implementation Plan

This item was taken before item ICBB23/187.

K Percy and G Dudfield joined the meeting

The Chief Commissioning Officer introduced the Integrated Neighbourhood Teams – Next Steps and Implementation Plan and provided an update on the work undertaken so far, supported by the National Association of Primary Care.

The ambition for this model would be key to improving population health and wellbeing outcomes and to mitigate health inequalities.

The current ways of working were fragmented, and the draft Development Framework set out the ambition and common ground on some of the *what* and *how* for delivering a Dorset integrated model of care for local communities. Initially the work was focused on older people but there was a desire to adopt this as an all-age approach.

There was a need to ensure the design of the front-end health element of the model enabled the inclusion of the local authorities and the voluntary and community sector.

It was noted on page 34 of Appendix 2 there was no reference to local authority representative leadership.

The wider social and economic issues that were impacting individuals' wellbeing were recognised and the work would need to tie in with the voluntary sector support in these areas. There was also a keenness to consider how to get local people involved.

It was recognised this was an ambitious programme of work and there would need to be appropriate resource to enable the programme to succeed.

It was proposed to link the work through the provider collaborative to ensure the right provider engagement and secondly through the place-based partnerships which would bring in key local authority leadership.

In terms of next steps, the intention was for a proposal to be brought to the System Executive Group followed by the Board outlining the next steps.

The Board supported the progression of the work to develop the business case and programme plan for implementation.

K Percy left the meeting

Resolved: the Board noted the Integrated Neighbourhood Teams – Next Steps and Implementation Plan.

ICBB23/189 Right Care Right Person Implementation in Dorset

The Chief Commissioning Officer introduced the Right Care Right Person Implementation in Dorset.

The National Partnership Agreement (NPA) was published in response to the ongoing challenges related to a lack of a consistent response to mental health crisis presentations across the country and subsequent scope for improvement through new ways of cross agency working. Police were routinely being relied upon to respond to mental health crisis presentations even if there was no immediate risk of harm or a crime committed. More police time was spent nationally on this area despite being within the remit of other agencies.

The Board noted the full discussion that had taken place at the Integrated Care Partnership meeting earlier in the week.

The Board was asked to support the NPA and the proposed approach to implementation based on a system-wide multi-agency partnership approach. In addition to ensuring that

police services were not utilised inappropriately this approach would ensure the Dorset population would receive the appropriate care required.

Work had commenced to convene a multi-agency implementation steering group and a high-level jointly developed plan committing to a 12-18 month implementation timeline. It was recognised there would be potential challenges where gaps with other agencies or resources were identified.

A more detailed report would be taken to the System Executive Group at the end of November including addressing any identified gaps and additional resource requirements.

The Board would receive a further update at its meeting in January 2024.

Action: DF

G Dudfield left the meeting.

Resolved: the Board noted the Right Care Right Person update with support for the plan and direction of travel.

ICBB23/190 The Dorset Delivery Plan for Recovering Access

R Payne joined the meeting.

The Chief Commissioning Officer introduced the Dorset Delivery Plan for Recovering Access which set out NHS Dorset's progress against the key areas utilising the NHS England (NHSE) published checklist.

The report was approved at the recent Primary Care Commissioning Committee and was being brought to the Board in line with the NHSE directive for a public paper.

Currently NHS Dorset continued to meet the expectations of the NHSE checklist. It was important to acknowledge that the direction of travel for access in Dorset needed to align to the wider Dorset vision.

There was a need to ensure resources were used in the most efficient way and part of the access work was supporting the direction of patients to the most appropriate service. The work around integrated neighbourhood teams would be part of the solution.

There was a need to think differently about how to engage with NHSE in terms of specific asks and associated funding and how things could be taken forward differently if considered the right way forward to enable the best outcomes for the population of Dorset.

The Board was assured that the programme had been adopted and delivery plans were in place.

R Payne left the meeting.

Resolved: the Board noted the Dorset Delivery Plan for Recovering Access.

ICBB23/191 ICB Annual Assessment Outcome

The Chief Operating Officer introduced the ICB Annual Assessment Outcome.

The Board noted that work was underway to cover any identified gaps.

Resolved: the Board noted the ICB Annual Assessment Outcome.

Items for Consent

The following items were taken without discussion.

ICBB23/192 NHS Enforcement Guidance

Resolved: the Board noted the NHS Enforcement Guidance.

ICBB23/193 Questions from the Public

There were no questions received from members of the public.

ICBB23/194 Any Other Business

There was no other business.

ICBB23/195 Key Messages and review of the Part 1 meeting

The Chair summarised the key messages from the meeting as:-

- The Board's commitment to, and support for, freedom to speak up mechanisms across the system to support a culture of learning and psychological safety.
- The challenges relating to operational performance and the NHS system financial position, especially noting the impact on these of industrial action and the resulting impact on quality and safety.
- The Board's commitment to the approach to Integrated Neighbourhood Teams, health inequalities and Right Care Right Person.
- The Board was assured on the Dorset Delivery Plan for Recovering Access, noting the collaboration across the system which had contributed to this plan.

The Board reflected on:

- A need to ensure Board conversations reflected the system infrastructure.
- The need to ensure the right balance in terms of the length of discussion and scrutiny of individual agenda items, recognising the focus needed on the financial and performance challenges.
- The need through each covering report to link the specific agenda items to the five pillars and other workstreams/programmes.

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

ICBB23/196 Date and Time of Next Meeting

The next meeting of the ICB Board would be held on Thursday 11 January 2024 at 10am, in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset DT1 1TS.

ICBB23/197 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:

Approved