

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
MATTERS ARISING - PART ONE

Report of the Chair on Matters Arising from Part 1 of the Minutes of the NHS Dorset Clinical Commissioning Group Governing Body meeting held on 15 March 2017.

1. Purpose

To report to the Governing Body on any matters arising from the draft minutes of the last Governing Body meeting.

2. Recommendation

That the Governing Body notes this report and directs any action it sees fit.

3. Background Information

This report covers all outstanding action points contained in the minutes and is required in order that the Governing Body can be satisfied that all action points in the action column have either been done, are being done or will be done in accordance with the timescale contained in the minute, if any.

4. Minutes

4.1 The minutes of the meeting held on 18 January 2017 were **approved** as a true record, subject to the following amendments:-

4.2 Page 8 – 10.1.4 – the wording be amended to read ‘contradicted’ rather than ‘contra-indicated’. The Matters Arising document to be amended likewise.

CGL – Actioned.

8. Strategy

8.2 Update on CCG Strategies

8.2.3 It was noted that the SLT was still forming but Terms of Reference had been drafted. It was suggested future SLT minutes could be noted by the Governing Body.

CGL – Actioned – SLT draft minutes will be included for the future.

- 8.2.5 Although not a decision making group, the Operational Finance Reference Group (OFRG), chaired by the CCG's Chief Finance Officer, would be the main group overseeing the STP financial position. The Governing Body received the CCG's strategic finance report but consideration would be needed regarding oversight and reporting of the more detailed STP finances including the financial impact of some of the proposed changes.

PV – The Finance Report will continue to include updates on the financial performance of the 4 largest NHS Dorset providers.

- 8.2.6 Following a query regarding updates on areas that were off plan, it was noted this detail would be provided in the Governing Body Transformation Update. The challenge was to provide a sufficient level of detail within the Update and the Director of Design and Transformation asked that members feedback if they felt the level of detail was not right.

All – Noted.

- 8.2.7 The Governing Body directed that a separate paper be prepared detailing the governance arrangements.

PR – On the agenda for 17 May 2017.

9. Delivery

9.1 Quality Report

- 9.1.5 Further information was sought regarding the DCHFT historic serious incidents and Two Never Events previously reported late. The Deputy Director of Nursing and Quality said there was an unusual set of circumstances and assured the Governing Body that this had been addressed.

- 9.1.6 The Governing Body directed that the further information be provided outside of the meeting.

VR – Actioned.

- 9.1.10 There had been a marked improvement in stroke performance across the provider trusts but the Appendix 1 scorecard did not appear to reflect the SSNAP data accurately. The Governing Body directed that the scorecard be updated accordingly.

SSh – This would be added to the next scorecard presented to the Governing Body.

- 9.1.11 The scorecard did not reflect what the best practice should be regarding Duty of Candor and therefore the numbers did not reconcile. Work was underway to look into the issue and an update would be provided to the next Governing Body meeting.

SSh – Update to be included in future report.

- 9.1.12 The Governing Body sought reassurance regarding improvements in the Pain Service. The Governing Body directed that an update be provided regarding progress with improvement.

SSh – Updates will be provided in future reports.

9.2 Performance Report

- 9.2.8 There was concern that Governing Body members were not being presented with the most appropriate information as the Red Response 8 minute standard target data as it was not consistent with the ARP narrative.
- 9.2.9 The Governing Body directed that for future reports, information be provided that better reflected SWASFT performance.

PV – The Performance Report through 2016/17 has continued to report against the national 8 minute Red 1 response standard.

For 2017/18 where additional information is available particularly around the Ambulance Response Programme (ARP), this will also be included. The CCG also has Commissioner lead status with SWAST from 1 April 2017. A request for further information on the quality aspects of care relating to ARP and the impact of long waits for some patients was requested from SWAST senior leaders at a commissioner review meeting on the 12 April 2017.

- 9.2.10 It was noted that the ARP pilot had been completed and formal evaluation was expected shortly.
- 9.2.11 There remained concerns regarding appropriate ambulance responses and Locality Leads were asked to provide the Director of Service Delivery with any further incidents to enable them to be reviewed.

Locality Leads – Noted.

- 9.2.12 The Governing Body sought assurance that there would be improvement in DCHFT's performance. It was suggested that another Board to Board meeting be held to emphasise the CCGs concerns regarding DCHFTs sustainability. A CCG/DCHFT Chair and Chief Officer meeting was due to be held in the coming weeks and this would be raised then.

TG – The Chair and Chief Officer have met with DCHFT Chair and Chief Executive and discussed a number of the challenges currently facing DCHFT and the wider Dorset system, including the sustainability of the current configuration of services and the proposals contained with the Clinical Service Review and what progress was being made. The performance of DCHFT remains a concern and will be kept under close monitoring and further action will be taken as required.

- 9.2.13 The Governing Body directed that the Chief Finance Officer clarify the position regarding Stroke Services and whether the patients who had either moved out of the area, declined a review or had deceased, would alter the reported percentage figure of 83.8% against the target of 85%.

PV – Dorset Healthcare University NHS Foundation Trust has confirmed that the level of performance % previously reported on stroke services and patient reviews, had not been adjusted for exceptions such as a patient death. The method of calculating this local performance measure will change from 1 April 2017.

9.5 Annual Review of Governance documents

- 9.5.2 There were three changes proposed:-

- To amend the Terms of Reference for the Primary Care Commissioning Committee to remove the requirement for a GP as part of the quorum;
- To amend the Terms of Reference for the Clinical Commissioning Committee to update the term 'Clinical Delivery Group Leads' to 'RightCare Clinical Leads';
- The recommendation from the Remuneration Committee that the Secondary Care Consultant Member become a member of the Remuneration Committee.

- 9.5.3 The Governing Body **approved** the recommendations set out in the Annual Review of Governance documents.

CGL – Actioned.

12. Questions from the Public

12.3 Question

Given what the NHS England representative said at a recent Health Scrutiny Committee regarding changes to vascular services, why wasn't this included as part of the Clinical Services Review consultation?

Answer

No-one present attended the Health Scrutiny Committee but it was noted that vascular services were the responsibility of NHS England. A short written response including background information would be provided.

MW – E-mail response sent 3 May 2017.