

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 17 January 2018.

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.

9.1 Quality Report

9.1.3 The new ambulance service standards were impacting on the capacity to respond to categories 2, 3 and 4 calls. This appeared to be a national issue and an update would be provided to the next meeting.

SSh – Update to be provided at the meeting.

9.1.8 Concern was raised regarding the three further Never Events at the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCHFT) which brought the total to six reported by the Trust since April 2017.

9.1.9 RBCHFT had reported capacity issues within three areas where the Never Events had been reported that suggested a link between performance and quality.

9.1.10 There appeared to be a common theme relating to the checking process and Governing Body members sought assurance that immediate action was being taken and lessons learned.

9.1.11 The Director of Nursing and Quality had received assurance from RBCHFT, particularly relating to the two Never Events in dermatology where an issue within the team had been identified.

- 9.1.12 The Trust had sought external assurance from the Healthcare Safety Investigation Branch (HSIB) and had brought in external cultural development support to work with the relevant team.
- 9.1.13 The Governing Body directed that a post meeting note update be provided.

SSh – Post meeting note below e-mailed to GB members 29 January 2018.

RBCHFT has undertaken the following actions in response to the six reported Never Events since May 2017:-

- **The Medical Director has presented a paper to the Trust Board, detailing the actions being taken. The Trust has identified that, although the incidents occurred in a number of different departments across the Trust, the common themes are regarding process and the correct and robust use of theatre safety checklists.**
- **Immediate actions were taken for all of the incidents and impact assessment meetings are scheduled to be held three months after each panel meeting to ensure that actions have been progressed, closed or reviewed.**
- **A deep dive is being undertaken within Dermatology, where two of the incidents occurred, by the Medical Director, senior clinicians, Risk and Quality Improvement teams.**

All of the cases have been discussed with the Medical Director of the Healthcare Safety Investigation Branch. All of the themes identified are common to those seen in the national picture of Never Events. He was content with the actions taken to date and was assured by the Trust's response. He has suggested that an independent human factors assessment may be of benefit and this has been requested from the Wessex Patient Safety Collaborative.

The CCG is continuing to work closely with the Trust to ensure lessons are learned from these Events.

9.2 Performance Report

- 9.2.7 Members asked for the trend analysis information contained within the narrative of the report to be more obvious within the charts i.e. with a direction of travel. It was noted that there were YouTube videos available which would assist with the interpretation of the report if required. A link could be provided by the Business Intelligence team if required.

SH – Future reports would meet with this requirement.

- 9.2.8 Following concern regarding the limited availability of anti-virals from community pharmacists for urgent use, it was noted that there were three centres across Dorset which provided urgent access to anti-virals and for those who did not need urgent access, community pharmacists would be able to order through the normal delivery route. There had been an issue with wholesalers during the Christmas and New Year period that may have contributed but this had now been resolved.

- 9.2.9 Concern was raised regarding the effectiveness of the current flu vaccines and ensuring the quadrivalent vaccine was available for key health workers for next year.
- 9.2.10 The types of vaccine secured had been discussed at length nationally and there would no doubt be reflection from Public Health England regarding the effectiveness of the vaccines chosen and lessons learned to inform the following year.
- 9.2.11 There was a query regarding the appropriate vaccines that practices should be ordering for next year. The Governing Body directed that advice be provided to practices.

SSa – guidance from the Wessex Public Health Team would be recirculated to practices.

- 9.2.12 The Acting Director of Primary and Community Care was directed to feedback to the Medicines Management Team regarding the issues raised.

SSa – Actioned.

- 9.2.13 The Governing Body directed the Chief Officer to write to the provider trusts and member practices to acknowledge the hard work undertaken during the Christmas and New Year period.

TG – Actioned. Letter sent 21/02/2018.

9.7 Sustainability and Transformation Plan (STP) Update

- 9.7.2 Regarding the Dorset Care Record, contingency funding had been released to allow delivery by the end of February of the updated patient portal and phase 1A which was an integration piece of work.
- 9.7.3 The Governing Body directed that a post meeting note be provided giving a summary of the current work-streams, including key dates, and the work undertaken to engage with the public.

PR – post meeting note sent on 8 March 2018.

12. Questions from the Public

- 12.2 A member of the public referred to the lengthy waits for ophthalmology treatment and asked what improvement had been made in the past six months. He also asked why some GPs appeared to be referring patients directly to the Winterborne Hospital rather than DCHFT.

Secondly he asked whether the CCG encouraged practices to have active Patient Participation Groups (PPG) and referred to his own PPG which met on an annual basis.

12.3 Answer

Ophthalmology was an area of concern, however there had been an evidenced improvement in performance.

All areas of elective care within Dorset operated a choice policy and GPs should be discussing this with their patients.

It was believed that ophthalmology at DCHFT was not directly bookable at present. When referring a patient, the on-line system would provide the GP with a list of service providers and a discussion should take place with the patient regarding the best option. However, patients with more complicated issues would not be able to be referred to the Winterborne. Enquiries would be made of the Weymouth and Portland locality to understand what there was in terms of service provider choices. Enquiries would also be made regarding when DCHFT would become directly bookable.

SSa - ERS guidelines for referrals states that they are offering an indirect booking service, this has been in place for around 9 months now. This is so they can clinically risk assess to ensure those most at risk of sight loss are prioritised. They have, until recently had changing locums with differing skill sets so that the clinic appropriateness varied, meaning patients were being re-booked.

The CCG is working with DCHFT to look to alter this messaging and communicate the work that has been done on service re-design etc. to ensure that this service is sustainable in the future within the 18-week Referral To Treatment.

The current Recovery Action Plan shows there should be complete recovery of the 18-week Referral to Treatment by the end of March 2018 with all services available through the RAS booking system.

The CCG will be meeting with the ophthalmology service manager to look at Directory of Service descriptions for Choose and Book as they are in the final phases of implementing new clinics/revised staffing structures etc.

Regarding the PPGs, the CCG was working with GP practices to promote engagement with patients and encourage proactive PPGs. However, it was noted that some GP practices were experiencing difficulties in recruiting patient volunteers. The Acting Director of Primary and Community Care would look into this.

SSa – a member of the CCG Engagement Team would be making contact with the relevant practice manager.

13. **Any Other Business**

- 13.2 The Primary Care Commissioning Committee Terms of Reference membership currently referred to the 'Deputy Director of Service Delivery'. This role had recently changed to the Acting Director of Primary Care. Approval was sought to amend the Terms of Reference accordingly.

- 13.3 The Clinical Commissioning Committee Terms of Reference membership currently referred to the 'Director of Service Delivery'. This role had recently changed to the Director of Design and Transformation. Approval was sought to amend the Terms of Reference accordingly.
- 13.4 Approval was sought to amend the Remuneration Committee Terms of Reference so in future they included consideration of significant structural changes, Director and directorate structures and wider system implications of any internal changes.
- 13.5 The Governing Body **approved** the proposals set out in 13.2 – 13.4 above.

CGL – Actioned.