

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 18 January 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.

5. Matters Arising

- 5.1 9.2.8 – The Locality Lead for Purbeck asked for further detail regarding the Dorset Healthcare University NHS Foundation Trust (DHUFT) non achievement of the standard of the ‘percentage of people on the caseload with a long term condition who had individualized care plans’ in Purbeck. The Chief Finance Officer agreed to take this forward outside the meeting.

PV - The key performance indicator applies to all localities. A request has been made to Dorset Healthcare University NHS Foundation Trust to remove the Purbeck only key performance indicator.

In addition to this an improvement plan for all ‘percentage of people on the caseload with a long term condition who had individualized care plans’ has been requested for all localities.

- 5.2 9.3 – Regarding private sector operations, the Chief Finance Officer said he was organising a meeting to look at how to achieve advantages from job planning.

PV - A telephone conference was held involving Medical Director and Chief Operating Officer at Dorset County Hospital, with our Secondary Care Consultant Member and Chief Finance Officer.

A set of actions have been agreed, which will be incorporated into the Referral Management work stream, to address the issue of excess demand into the independent sector when good access is available within the NHS.

9. Delivery

9.1 Quality Report

9.1.8 The Governing Body directed that for the next report, more detail be provided regarding the long standing issues surrounding the Pain Service.

SSh – This will be included in the report for the meeting in March 2017.

9.1.9 The Governing Body directed that the Director of Nursing and Quality provide a copy of the Children and Adolescent Mental Health Services (CAMHS) Audit and Quality Committee deep dive report to the Primary Care Commissioning Committee Chair.

SSh - Actioned.

9.1.10 Improvement in stroke performance had been seen in both DCHFT and PHFT and the Governing Body directed that the Director of Nursing and Quality circulate the timetabled dates for improvement.

SSh - This will be included in the report for the meeting in March 2017.

9.2 Performance Report

9.2.6 DCHFT had produced trajectories that showed the hospital getting back on track but this had not happened. The November data was live and would be challenged at the forthcoming performance meeting. A more detailed report would be brought to the next meeting.

PV - A meeting was held with the Deputy Chief Operating Officer on the 24 January 2017, to run through all action areas to recover performance in the NHS Standards (Referral To Treatment 92% maximum 18 week waiting time target) and the (99% maximum 6 week diagnostic wait target). A more detailed report on progress with remedial actions is attached as an appendix to the Performance report.

9.2.7 Concern was raised regarding rejected GP referrals for CAMHS. It was suggested this may have had an effect on the improvement in the CAMHS waiting times.

9.2.8 The Governing Body directed that the Director of Nursing and Quality feedback the comments into the deep dive discussion at the forthcoming Audit and Quality Committee meeting on 8 February 2017.

SSh - Actioned. Deep dive report undertaken at Audit and Quality Committee meeting on 8 February 2017 with comments fed in.

9.3 Finance Report

9.3.3 Following concern regarding the overspend on non-NHS contracts, the Chief Finance Officer said a clinical audit review was planned to be undertaken with several providers to ensure correct coding.

9.3.4 The Governing Body directed that a possible 'cap' on provider spend be explored.

PV - The NHS Contract with independent providers is being scrutinised to assess the additional actions that can be taken when a provider is significantly over activity plan. Contact is also being made with other CCGs in Wessex to understand what additional mitigations are being applied with the independent sector.

9.10 Transformation Update

9.10.3 It was noted that the STP rating was red as the senior executive level resource had not yet been secured.

9.10.4 The red flag would turn to amber when the Senior Responsible Officers had an agreed list of priorities. It was anticipated this would be by the February System Leadership Team meeting.

9.10.5 The Governing Body directed that clear measurable progress be reported to the next Governing Body meeting.

PR - The reporting process for the next meeting will show the Transformation Programme Dashboard which provides updates and an overview of workstreams/projects with associated activity and RAG status against timescales for delivery.

The appointment of the Portfolio Director for One Acute Network is still outstanding. In the interim, we have developed a plan to combine the current Acute Transformation Board/Operations Finance Reference Group led by the Chief Finance Officer and Director of Service Delivery to oversee this portfolio in the absence of a Portfolio Director. The SROs for the one acute network programme, the Chief Executives of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and the Poole Hospital NHS Foundation Trust are looking to appoint to the post in March and an update will be included in the next transformation report

10. Wider Healthcare issues

10.1 Local A & E Delivery and Urgent Care Board

10.1.4 It was noted that DCHFT was performing well on type 1 A & E (walk-in) which would be contra-indicated by the under-performance for Delayed Transfers of Care. The Deputy Director of Service Delivery was directed to look into this.

SSa - DCHFT have been undertaking during 2016/17 a programme to improve patient flow. This covers seven work streams including DToC , ED tracking and 7 day working. Whilst DCHFT has not managed to reduce its DToC numbers as a percentage of its bed stock, it has managed to reduce the LOS for those delays by using national tools such as the SAFER bundle through its patient flow programme.

In addition, they have worked with staff to understand the lessons from last winter and taken steps to use this learning. A process that they intend to follow in 2017/18.

DCHFT would also point to the success of the Weymouth Community Urgent Care service that commenced in its new format in July this year, to whom they can direct minor injuries and ailments as well as patients choosing to attend this service.

It is important to recognise that whilst it is nationally and locally accepted that DToC has an impact on the front door (4 hour target), this does not always mean that a provider with a poor performance in ED will have a low DToC level or as in DCHFT case the converse.