

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 21 September 2016.

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.

3. Declarations of Interest**3.1 Declarations of Interest and Gifts and Hospitality received and offered were made as follows:-**

- Agenda item 8 – Reshaping Your Councils, David Jenkins declared he was President of the Dorset Association of Parish and Town Councils (DAPTC). It was agreed he could remain for the discussion but would not vote.
- Agenda item 9.5 – Revised Governance Arrangements, all GPs declared an interest in recommendation (a). It was agreed all could remain but could not participate in the vote.
- Agenda item 9.5 – Revised Governance Arrangements, Teresa Hensman declared an interest in recommendation (b). It was agreed she could remain but would not vote.
- Agenda item 10.1 – Developing a Networked Approach to Urgent and Emergency Care, Dr M Ni'Man declared a conflict of interest as owner of the Minor Injuries Unit (MIU) (Boscombe and Springbourne Walk In Centre). It was agreed he could remain for the discussion but would not vote.

CGL – Actioned.

5. Matters Arising

- 5.1 9.11.5 – it was noted there had been a low completion rate by CCGs for the national staff survey. The Director of Engagement was directed to check the position regarding completion of the survey by Commissioning Support Units (CSUs).

CS – Actioned. Since 2013 it has been optional for CCGs to complete the NHS national staff survey. The number of those who have participated has increased since then, but it remains a small percentage of the total across England. Following review, Dorset CCG will this year be participating in the NHS national staff survey, which has been adapted and is more inclusive to meet the needs of all NHS organisations.

8.1 Local Government Review – Reshaping Your Councils

- 8.1.3 Feedback regarding the CCG's proposed response had been received from a member of the public and this would be shared with the councils accordingly.

CGL – Actioned.

- 8.1.6 The Governing Body directed that the proposed CCG response be strengthened regarding support for a single unitary council, particularly from a Health and Wellbeing perspective, and to express disappointment that this option had not been included in the consultation.

MW – Actioned – response sent 21/10/2016.

- 8.1.7 The Governing Body directed that authority be delegated to the Chief Officer to approve the final response. Locality Leads would be given 21 days to discuss the proposed response with their respective locality and provide feedback to the Secretary and General Council.

TG/Locality Leads – Noted.

9.1 Quality Report

- 9.1.4 A Dorset CCG/DCHFT Board to Board meeting had been arranged for 25 October and the quality issues identified would be discussed.

TG – Actioned.

- 9.1.7 The Director of Nursing and Quality was directed to ensure acronyms contained within reports were initially written in full.

SSh – Noted.

- 9.1.8 The Governing Body directed that the Director of Nursing and Quality clarify by post meeting note whether under item 4.4 – Medicines Management, the 19 October conference referred to was a national or regional conference.

SSh – Post meeting note e-mailed to GB members 3 October 2016.

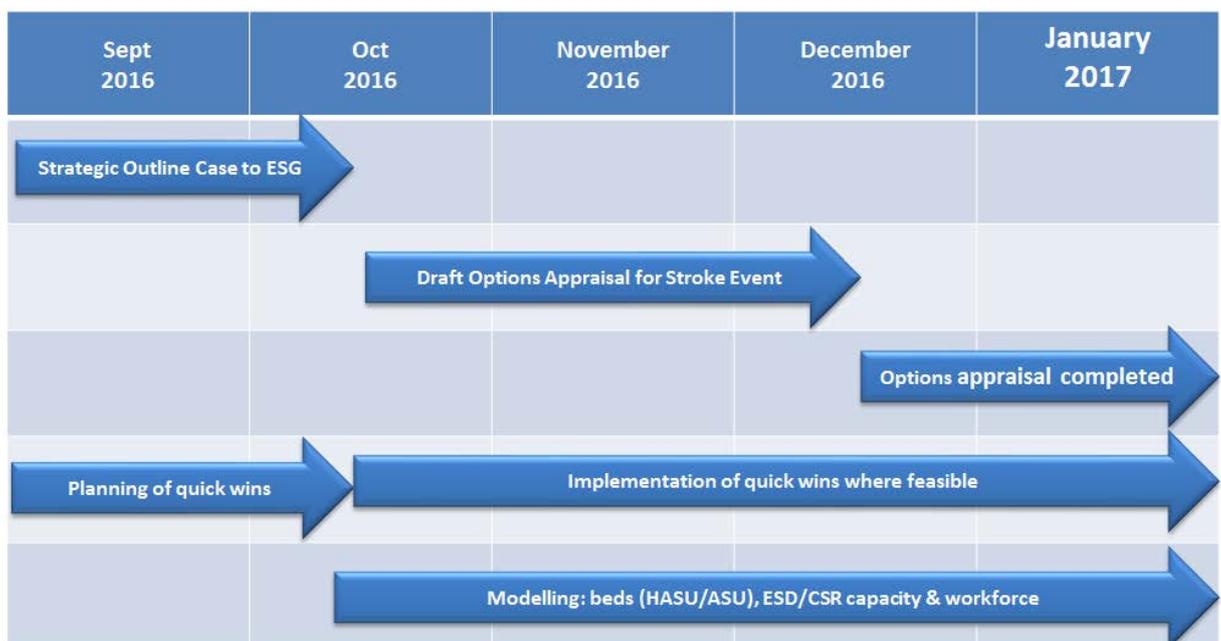
9.1.9 There was concern at the lack of guidance to revert from a new oral anticoagulant to Warfarin if required. The Director of Nursing and Quality was directed to raise this with the Medicines Management Team.

SSh - Conversion from newer anticoagulants back to Warfarin: this is detailed in each of the product SPCs for the new anticoagulants. They are slightly different for each one. The SPCs can be found at <http://www.medicines.org.uk/emc/>. If people are having adverse reactions, these should be reported via the yellow card system, now accessible online.

9.1.11 Concern was raised regarding the unchanged PHFT stroke service level which had remained at Level D for a year. There was an improvement plan in place and the Trust was working with the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCH) and DCHFT through the Vanguard to improve performance. The Director of Nursing and Quality was directed to provide a timeframe for the improvement plan.

SSh The Stroke Vanguard programme is progressing at pace. The timeline is below:-

Stroke Services Timescales



9.2 Performance Report

9.2.2 There had been a further decline in DCHFT performance particularly regarding Ophthalmology. This had been raised formally through the contract monitoring process and would be raised at the forthcoming Dorset CCG/DCHFT Board to Board meeting.

PV - Meeting scheduled 25 October 2016.

- 9.2.4 Under paragraph 2.28, the Governing Body directed that the Chief Finance Officer circulate the missing 'bed days lost' chart by post meeting note.

PV - Post meeting note circulated.

- 9.2.5 There was concern regarding the short- notice withdrawal of the ambulatory leg ulcer service from Purbeck and the Governing Body directed the Chief Finance Officer to raise at the next RBCHFT contract review meeting.

PV - This matter has been raised with RBCHFT, and will be discussed at the contract review meeting with the Trust.

- 9.2.7 The 'Steps to Wellbeing' performance targets had been reported as good but the Locality Lead for Mid Dorset said this was not the case on the ground. There was a suggestion that first telephone contact may be being taken into account even though this should not be classed as treatment. The Chief Finance Officer said there could be variation across Dorset and he would need to review the position by locality.

PV - The next Performance report will include an appendix to show locality performance for 'Steps to Wellbeing' services.

- 9.2.8 There had been a significant increase in the number of 999 calls being responded to within the '20 minute or over' category. Assurance was sought that a mechanism was in place for reviewing potential harm to affected patients.

MW - There are several elements to the patient delay process:-

At the time of the delay - There is a SOP (Standard Operating Procedure) 'Ensuring Patient Safety at times of High Demand' which sets out the process to be followed, including welfare calls, Clinical Supervisor re-assessment and potential upgrade in the call priority. This is available should the Governing Body wish to view.

Retrospective Review - Local 999 Operational Managers review the list of Red breaches (over 8 minutes) from the previous day and investigate the cause.

Retrospective Deep Dives - In addition, delays of more than 20 minutes are subject to further investigation by the Head of Operations for the area and the findings are reported back to the Chief Executive at the fortnightly internal Performance meetings. The common themes are distance to travel, upgraded following further triage and excess demand in the area. Where it is possible to influence future outcomes, actions are agreed.

The results of these 'deep dives' will be shared with commissioners at future iQPMGs. (999 contract meetings).

- 9.2.9 It was noted a national pilot was underway to improve response times and ensure the most appropriate response was provided for each patient, first time. The Director of Service Delivery said arrangements were being made for a meeting to better understand the pilot, including how it could be evaluated. There was also a need to better understand the local position, including the location of the '20 minutes and over waits' and whether they were true red calls. Contact would be made with SWAST to pursue.

MW - This action ties into the above. However with regards the ambulance response programme (ARP), phase 2 of this pilot concluded in the summer. It has been decided that the pilot would enter into a 'phase 3' stage in order to gather further evidence to present to the secretary of state. The trial will therefore continue for a further 3 months commencing from October. The response categories will be split further and, to avoid confusion with previous code sets, the terminology will change to prioritisation levels (P1, P2, P3, P4). This is expected to be implemented in October 2016. The exact specification for ARP3 is still being finalised.

A meeting between Dorset CCG and SWASFT will be held on the 9th November to discuss 999 performance overall and the ARP in more detail.

- 9.2.11 The Governing Body directed that a deep dive be undertaken at the forthcoming Development Workshop, with attendance from SWAST.

MW/CS – Actioned. Ken Wenman, Chief Executive of SWAST, will be attending the Governing Body Development Workshop on 14 December 2016.

9.3 Finance Report

- 9.3.4 Purbeck locality showed the highest growth rate for GP referrals and the Locality Lead for Purbeck was concerned that the data may be incorrect. The Chief Finance Officer agreed to discuss this outside the meeting.

PV - Head of Business Intelligence Information to provide additional information relating to GP referrals for the Purbeck Locality to the Locality Chair.

9.5 Revised Governance Arrangements

- 9.5.7 With a show of hands, those Governing Body members entitled to vote were asked to approve the following:-

- a) the recommendations set out in the report, namely amendments to the Standards of Business Conduct Policy to incorporate changes required by NHS statutory guidance regarding Conflicts of Interest.

All approved.

CGL – Actioned.

- 9.5.9 b) The appointment of Teresa Hensman as Conflicts Guardian.

All approved.

- c) Delegated authority to the Chair and the Accountable Officer to make further minor consequential changes as may be required.

All approved.

CGL – Actioned.

10.1 **Developing a Networked Approach to Urgent and Emergency Care**

- 10.1.7 The Director of Service Delivery was asked to consider the comments received and submit a revised report to the Clinical Commissioning Committee for further consideration/decision.

MW – Revised report submitted to CCC 19/10/2016.

11.3 **Urgent Decisions**

- 11.3.2 Following a query it was confirmed that the appointment was for a 1 year term and supported by the GP members of the Primary Care Reference Group. The position would be reviewed and the appointment would be dependent on best availability to attend the PCCC meetings.

CGL – Noted.

13. **Any Other Business**

- 13.1 The Chief Finance Officer said the Healthcare Financial Management Association (HFMA) planned to run a 'Finance for non-finance' training event on 6 October 2016 in Dorchester. He asked that any interested members contact him for further details.

All – Noted.