

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 19 March 2014.

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 9.2.2 (page 5) – should be corrected to read ‘PHFT had reported another MRSA culture **bacteraemia**’.

CGL – Actioned.

8.1 Strategy Refresh

- 8.1.2 He said helpful feedback had been received from NHS England and once the final assurance had been received, further feedback would be provided to the Governing Body.

CS – Final assurance on Strategy will be received post 20 June submission. A log is being kept on feedback received and key changes to the Strategy which will be provided to the GB.

- 8.1.5 The Governing Body directed that the reference in Appendix 1 (second page) to a CCG Development Workshop held in January 2014 should be amended as it was a Membership Event.

CS – Actioned.

8.2 Better Care Fund

- 8.2.7 The Governing Body directed that a post meeting note be circulated to members explaining the metrics-structure underpinning the Fund and the governance issues, to include a link to Sam's story.

PV – See 8.2.8.

- 8.2.8 The Governing Body directed that a short bullet-point briefing paper be produced for members to take to their locality meetings to help them explain the position.

PV – A paper has been circulated to Locality Chairs to provide Localities with further information on the Better Care Fund, along with a link to Sam's story.

8.3 Two Year Delivery Plan

- 8.3.3 The Governing Body directed the incorrect wording in the covering report under 3.2 (a) which referred to approval of the five year Strategy rather than the Two Year Delivery Plan be corrected and asked that for future reports, the covering paper corresponded accurately with the report.

CS – Actioned.

- 8.3.5 The Chief Officer said that if any fundamental comments were received following the CCC meeting, both he and the Chair would consider these under the proposed delegated authority to amend the Plan. The Governing Body would then receive a brief update of any changes at the next meeting to ensure approval of the final report.

CS – Final assurance on the delivery plan will be received 4 April submission. A log is being kept on feedback received and key changes to the delivery plan will be provided to GB as requested.

8.4 Opening Budget

- 8.4.3 The Governing Body directed that a post meeting chart be produced and circulated to members that showed the allocation of the growth funding.

PV – Actioned. A chart of how the growth funding has been allocated in the budget 2014/15 was e-mailed to GB members on 2 April 2014.

8.6 Compliance with the CCG Governance Code

- 8.6.3 With regard to Principle 3, members said that the CCG did comply and would be able to evidence significant interaction with other CCGs through the Clinical Senate, Quality Surveillance Group and Wessex Commissioning Assembly and directed the Governing Body Secretary to note such

interaction on the gap analysis.

CGL – Actioned.

8.7 Approval of Changes to Delegated Authority

8.7.2 The Director of Engagement and Development said he thought the delegated authority for Redundancy (section 6.3 of the Detailed Delegation Limits) related only to redundancy within contract. The Governing Body Secretary was directed to check this point.

CGL – Actioned.

9.1 Quality Report

9.1.4 The Locality Chair for Poole North asked that the Medicines Optimising Lead took on the issue raised by the recent Serious Case Review un-prescribed medication for children.

SR – Raised with the Head of Medicines Management in regard to Locality information.

9.1.6 The Locality Chair for Purbeck (DH) asked for information on the waiting times for children and adolescent mental health cases. The Director of Service Delivery advised that this would be the subject of discussion at the forthcoming DHUFT contract meeting and agreed to advise DH following that meeting.

JP – The waiting times for children and adolescent mental health services are routinely monitored as part of the DHUFT contract performance meeting and are available at locality level. 8 week referral to assessment time target for Tier 2 service was achieved for 99.7% of patients (1 patient breach). Tier 3 achieved 93.2% for 4 week referral to assessment (9 breaches all assessed within 8 weeks).

9.2 Performance Report

9.2.6 The Locality Chair for East Dorset (CD) was concerned at the irregular availability of Choose and Book for referrals to Community Hospitals and had been told by the Admissions Officer that the service was withdrawn when a breach was likely. The Director of Service Delivery asked for evidence and would pursue this issue.

JP – Raised with DHUFT at contract meeting, still awaiting evidence to support this.

9.4 Quality Premium

9.4.3 The Director of Quality advised that the wording in section 2.16 should read ‘...following a **number of** cases in July 2013’.

PV – The Quality Premium Report Page 5 paragraph 2.16 should read ‘On a provider level, Dorset County Hospital NHS Foundation Trust will exceed the national target set for Clostridium Difficile (C-Diff) following a number of cases in July 2013.

9.5 Annual Delivery Plan (ADP)

9.5.3 Under 6.2 (Appendix 1) - Winterborne View – the Director of Service Delivery was directed to ensure that a proactive media statement was prepared regarding this issue.

JP – Actioned.

9.5.4 The Governing Body directed the Director of Service Delivery to provide a brief narrative for localities on the information being prepared by the Urgent Care Board to inform the Better Care Fund.

JP – Update report being considered at the 7th CCP and will be circulated post this meeting.

9.5.5 The Governing Body directed the Director of Service Delivery to provide an exception report of the red indicators for future reports, alongside the summary Appendix.

JP – Now included.

9.6 Annual Review of Declarations of Interest

9.6.3 David Jenkins, Lay Member (DJ) was concerned at the position in the context of governance shortcomings. The Governing Body Secretary advised that the regime was in place but there were limited tools at his disposal to ensure declarations were made. He would now be seeking the assistance of the CCP Chairs in acquiring the remaining declarations.

CGL – Actioned.

9.9 Award of Contracts without Competition

9.9.2.1 This was a substantial contract and Chief Finance Officer was directed to provide a copy of the Evaluation matrix to the Audit and Quality Committee for completeness.

PV – Teresa Hensman asked for some further benchmarking data on the costs of out of hours services. The CCG are contacting a number of other CCGs requesting whether they will share such data with the CCG. The information collated will be provided through the Audit and Quality Committee.

10. Wider Healthcare issues

10.1 Proposal to carry out a Clinical Services Review

- 10.1.5 Locality chairs reported that at the locality meetings, there had been requests for more information on the decision making process and asked to be kept informed of progress at regular intervals.

CS – Actioned.

12. Any Other Business

12.1 Location of future Governing Body meetings

- 12.1.3 The Governing Body directed that Governing Body meetings be held exclusively at Vespasian House for the next six months whilst exploring options for a suitable venue in the East of the county. Options to be reported to the Governing Body as soon as possible.

CGL – Actioned.