

NHS Dorset Clinical Commissioning Group Governing Body Matters Arising

Report of the Chair on Matters Arising from the Minutes of the NHS Dorset Clinical Commissioning Group Governing Body meeting held on 15 May 2013, part 1.

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

- 4.2 The Governing Body **approved** the minutes of Part 1 of the Inaugural NHS Dorset Clinical Commissioning Group meeting held on 3 April 2013 subject to the inclusion of Mary Monnington as a member of the Audit and Quality Committee.

CGL – Actioned

6. Chief Officer's Update

- 6.1.2 He tabled the NHS Dorset Clinical Commissioning Group Strategy 2013-18 booklet and requested that comments be fed back to the Deputy Director of Engagement and Communication. He said that he hoped to circulate a first draft to Stakeholders.

TG – The final Strategy has now been published and circulated.

- 6.1.7 The Chair directed that Governing Body members be updated on NHS 111 actions regularly.

TG – An update has been supplied to GB members. Overall 111 performance has improved considerably in Dorset over recent weeks and future updates will be picked up within the Delivery section of the Papers.

8. Delivery

- 8.1.4 The Director of Service Delivery said that she would review the bundles. She said that the projects had been worked up and prioritised through the CCPs and the top four had already been mobilised.

JP – Reviewed and Actioned

8.2 Quality of Care

- 8.2.6 The Director of Quality was directed to review the figures re YDH e-coli report to ensure the system measures had not changed.

SR – Actioned – The figures have been reviewed and there has been no change to the system measures had not changed.

8.3 Performance

- 8.3.2 The Director of Service Delivery was directed to review ‘TIA referrals within 24 hours’ through the CCP as concern was expressed regarding poor reporting. The Chief Finance Officer was directed to follow up progress through contract meetings.

JP & PV– The Stroke TIA is discussed with acute providers has part of contract discussions. There has been very limited access to recent performance data due to problems with the national data collection arrangements using (SNAP), but we are working close with local providers to at least extract the performance against the key performance metrics.

Further updates to follow within Performance Reports.

8.4 Finance

- 8.4.4 In response to a question relating to the CHC Provisions, the Director of Service Delivery said that a more detailed report would be available at the July meeting.

JP – Item on the Agenda

8.5 Review, Design and Delivery

- 8.5.3 In response to a question re GP liaison, the Director of Service Delivery was directed to make an amendment to align the narrative in the CC LES with the narrative from the CCP generic terms of reference.

JP - Actioned

8.6.1 Clinical Commissioning Committee

8.6.4 The Governing Body **approved** the Terms of Reference for the Clinical Commissioning Committee as drafted with the inclusion of the Director of Quality as a member.

CGL - Actioned

9. Winterborne View

9.1.3 A local action plan was being developed and would go to the Audit and Quality Committee for approval.

SR - Actioned

10.1.1 Clinical Commissioning Committee Meeting Report (CCC)

10.1.1.1 The CCG Secretary was directed to include further detail in future reports and to consider further reporting on draft committee minutes.

CGL - *Action*

11.1 Whistle Blowing Clarification

11.1.2 The Governing Body noted that it was awaiting clarification from the Director of Engagement and Development upon the use of gagging clauses in compromise agreements.

CS - NHS England (2 May, Sir David Nicholson) wrote to Clinical Commissioning Groups (CCGs) specifically on the matter of assuring that consideration of severance payments had due regard and scrutiny to the use of public money and to ensure that staff are not prevented from speaking out where it is in the public interest. The letter affirmed NHS England as the relevant national body for approval of any such severance proposals from CCGs, in addition to the financial approval of HM Treasury. The letter asks that CCGs further assure themselves that their template compromise agreements gave effect to this assurance. While compromise agreements are by necessity tailored to the specifics of each case, NHS Dorset CCG may expect to deploy the following standard paragraph in any such agreement.

“For the avoidance of doubt, nothing in this Agreement will prevent you disclosing information: pursuant to any order of any Court of competent jurisdiction; which has come into the public domain otherwise than by a breach of confidence by you or on your behalf; or for the purpose of making a protected disclosure within the meaning

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of Part IVA of the Employment Rights Act 1996 or from complying with the GMC guidance in relation to your duties to raise concerns about patient safety or care.”

As a matter for policy adoption, it is proposed that NHS Dorset CCG expressly commits not to apply contractual restrictions to any current, or any former employee, from expressing concerns in the matter of patient safety or other matters reasonably perceived to be in the public interest.