

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 September 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.

3. Declarations of Interest, Gifts or Hospitality

3.1 Conflicts of Interest were declared as follows:-

- Dr F Watson and Dr B Miller declared an interest in item 22. Both would withdraw from the meeting for that item and the Chair would pass to the Deputy CCG Chair.
- T Hensman declared an interest in item 22. The nature of the interest meant she could remain for the item but would not be permitted to participate in the discussion or vote.

SL – Actioned.

9.1 Quality, Performance and Finance Report

- 9.1.4 There had been two Never Events reported in May and July 2018. A further two were in the process of being reported and an update would be provided to the Governing Body meeting in November.

VR – Included in the November Quality report.

- 9.1.7 There was concern regarding timely correspondence received from the acute trusts, particularly DCHFT following an episode of patient care and the risk that this could lead to a patient safety issue. The Governing Body directed that this continued to be addressed with the trusts to resolve the issue.

VR – Included in the November report.

- 9.1.14 Dorset would benefit from the agreed investment into SWASFT but concern was raised regarding SWASFT's level of engagement with primary and community care in relation to improving response/waiting times and avoidance of admissions.
- 9.1.15 Assurance was received that SWASFT was fully engaged and aware of the expectations associated with the investment.
- 9.1.16 The Chief Finance Officer agreed to feedback the comments to SWASFT.

SH – Actioned.

- 9.1.17 Dorset did not have some of the pathways used in other health economies e.g. direct admission into a medical assessment unit. This would be taken forward at the System Leadership Team.

SB (S Birt) – A summary report based on the findings following a deep dive into ambulance conveyances was presented to the SLT on 23 August 2018. One of the observations identified the need to improve the availability of alternative pathways to paramedics and enable them the ability to directly access and convey patients through these pathways should they be clinically appropriate to do so.

This particular area of focus has been included as part of the conveyance action plan which has now been produced and shared with the SLT and the UEC Delivery Board and will be progressed through the Ambulance Pillar Group.

In order to support ambulance crews accessing alternatives to ED such as Acute Medical Unit (AMU) and Frailty Clinics the CCG are working collaboratively with system partners to develop a model to support over winter which will primarily focus on admission avoidance, but will also provide clinical support to paramedics whilst on scene. One of the objectives of the model will be that the GP providing the advice and guidance will be able hold a clinical conversation with the receiving organisation and agree the direct admission into their Ambulatory clinics such as AMU. The same process will also apply to Urgent Treatment Centre (UTCs) as they develop. We are currently working on the business case and aim to implement the model from December 2018.

9.2 Assurance Framework

- 9.2.2 An amendment was required to Appendix 1 - Strategic Objective 118 heading to read 'Dorset Quality Surveillance Group.

VR – Completed.

9.3 Mental Health Delivery Plan Progress Update

- 9.3.2 Improvements had been seen in the Children and Adolescent Mental Health Service (CAMHS) with the on-line psychological support service for young people launched in September. Future updates would be provided regarding feedback.

SSa – The new online platform will have an initial evaluation report at the end of October, at which point an update can be provided.

9.5 Integrated Care System (ICS) Delivery Update

- 9.5.3 The Governing Body directed that a post meeting note be provided regarding the different expectations of deliverables between NHSE and the Wessex Team regarding the Local Health and Care Record Exemplar – Scope Creep.

SB (S Slough) – Post meeting note e-mailed to GB members 29/10/2018.