

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 16 September 2020.

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 Declarations of Interest were made as follows:-

- Agenda item 9.6 – CCG Governing Body Reappointment Process:

- Mary Armitage, Secondary Care Consultant Member

The Secondary Care Consultant Member would be required to withdraw from the meeting for this item.

- Agenda item 24 (Part 2) – Extension of Dorset Healthcare University NHS Foundation Trust (DHUFT) contract for Mental Health

- Dr M Ni'man as a GP with Special Interests in Orthopaedics at DHUFT
 - Jacqueline Swift as Mental Health Act Manager for DHUFT
 - Dr F Watson – family member employed by DHUFT

Due to the nature of the interests, there was no further action required.

SL – Actioned.

5. Matters Arising

- 5.1 9.2.8 – the Chair and Deputy Director: Integrated Care Delivery agreed to follow up the position regarding secondary care referrals back to primary care outside the meeting.

SB – Secondary care rejecting endoscopy referrals back to primary care was no longer an issue. There had been a few issues earlier in the Covid-19 pandemic, mainly caused by a lack of communication which had now been resolved. The position would continue to be monitored.

9.1 Quality Report

- 9.1.2 There had been good progress regarding the Venous Thromboembolism (VTE) risk assessment and pilot being undertaken in Dorset County Hospital NHS Foundation Trust (DCHFT). A more comprehensive update will be provided at the next Governing Body.

POS – DCHFT has been using the electronic prescribing system to record VTE assessments Trust wide since 1 July following a successful pilot project. Previously the assessments were recorded in VitalPac, the Trust's electronic patient observation system, but this led to poor compliance with medical staff having to switch applications to record and then prescribe. In 2020/21 quarter one (April – June) average compliance with VTE assessments at DCHFT was 83%. In July and August compliance was much improved with 92.5% and 93.8% reported for each respective month. DCHFT is currently performing similarly to other local Trusts as can be seen in the Quality Overview. Trusts have agreed to share this data locally ahead of the restart of the national quarterly data collection via NHS Digital in October 2020.

- 9.1.9 The Governing Body directed that an explanation regarding the reason for Covid-19 deaths being excluded from SHMI but not from the Hospital Standardised Mortality Ratio (HSMR) be included in the next report.

POS – Actioned.

9.2 Performance Report

- 9.2.7 The report referred to the 2-week referral volumes having returned to pre-Covid levels, but the related graph showed the rates for the current year as below pre-Covid levels. The Governing Body directed this be looked into.

SB – Actioned. The corrected graph below was e-mailed to Governing Body members on 24/09/20.



9.6 CCG Governing Body Reappointment Process

9.6.2 The Governing Body **approved** the recommendations set out in the CCG Governing Body Reappointment Process report.

SL – Relevant paperwork actioned.

9.7 Governance Arrangements

9.7.3 The Governing Body **approved** the recommendations set out in the report on Governance Arrangements.

SL – The Prime Financial Policies have been removed accordingly and a revised Governance Handbook updated on the CCG’s website.

9.8 Equality, Diversity and Inclusion Strategy 2020-2024

9.8.2 There was a query regarding the reporting process for the Strategy prior to seeking approval at the Governing Body and directed that this be clarified.

EP – Update to be provided at the meeting.

9.8.3 Within the Strategy itself, there was a query regarding whether the word ‘sex’ should be replaced with ‘gender’.

EP – Update to be provided at the meeting.

9.13 Annual Report on Personal Health Commissioning

9.13.2 There was concern at the potential risk of greater financial uncertainty in relation to the backlog of independent review panel (IRP) cases undertaken by NHSE.

9.13.3 The Governing Body directed that an update be provided regarding NHSE’s plan for addressing.

POS – As at 6 October 2020, there were a total of 65 cases at NHSE Independent review stage having continued to hold IRPs throughout the latter stages of the Covid-19 incident. These have been undertaken virtually and will continue to be so. Dorset CCG is required to present approximately 2 cases per week and is currently booked to do this until December 2020. Of the 65 outstanding cases, 6 cases have been heard with outcomes awaited, 13 cases are booked between now and the beginning of December. NHSE is working towards completion of their backlog by 31 March 2021 and has engaged the use of independent and bank staff to sit as panel members in order that more IRPs can be heard. Dorset CCG has put a proposal to NHSE for additional resource in order to meet their requirement to clear the cases by the target date of 31 March 2021. This is not only because of the resource required to present the cases, but also the resource required to provide independent panel members as is the responsibility of all CCGs.