

**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 July 2017.

**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 minutes of the special meeting held on 24 May 2017 were **approved** as a true record, subject to the following amendment:-

- Dr S Watkins be recorded as in attendance rather than apologies

**CGL – Actioned.**

**9.1 Quality Report**

9.1.2 Regarding the Special Educational Needs and Disabilities (SEND) Service, she said notification had been received that the Written Statement of Action submitted to the Department of Education had not been accepted as it lacked detail in terms of measurability and timelines. Further work was underway and an update would be provided to the Governing Body at its next meeting.

**SSh - The amended Written Statement of Action has now been accepted by the Department for Education and the required actions are being progressed. Update to be provided in the next Governing Body Report.**

- 9.1.4 Concern was raised regarding the lack of progress with longstanding issues in the Pain Service. The Director of Nursing and Quality said the Royal College of Anaesthetists Faculty of Pain Invented Review report had been received but actions were yet to be agreed. The Governing Body directed that the Audit and Quality Committee undertake a deep dive of the Pain Service issues, including sight of the action plan, to report to the Governing Body.

**CGL – Actioned.**

- 9.1.5 Concern was raised regarding the Stroke SSNAP indicator which identified Poole Hospital NHS Foundation Trust (PHFT) as having slipped back to a 'D' grade. It was understood this had been due to bed capacity issues during a busy period. Due to the inconsistent position the Governing Body directed that an update be provided for the next meeting.

**SSh - Update to be included within the Quality Report.**

- 9.1.9 The Governing Body noted that there was still more than one Safeguarding Board despite the CCG having written to express its concerns. The Director of Nursing and Quality said there was to be a government review of Children's Services and Safeguarding Boards and strategic discussions were underway with the three relevant local authority Directors and the Chairs of the relevant Boards regarding how it could look.
- 9.1.10 The Governing Body directed that this be raised at System Leadership/System Partnership Board level.

**FW – This remains outstanding pending the outcome of the Governance Review detailed at 9.1.9.**

- 9.1.11 Concern was raised regarding DCHFT reporting a high number of inducted labours with a corresponding high number of unplanned C-Sections. Further information had been requested from the Trust and would be looked at in more detail at the Quality Group. An update would be provided to the next Governing Body meeting.

**SSh - Update to be included within the Quality Report.**

## 9.2 Performance Report

- 9.2.4 There was a suggestion that for comparison purposes, statistical neighbour and national average information be included in future reports.

**MW - Benchmarking on a number of key NHS Constitution standards has been provided. This is comparing the CCG/STP performance to that of NHS England. Further work is required to provide benchmarking on some of the key demand areas and the Business Intelligence Team will look to see what is available nationally on this along with benchmarking on some of the key Mental Health indicators.**

## 9.8 Staff Survey Results 2016

9.8.4 The Governing Body questioned 'Staff confidence and security in reporting unsafe clinical practice' as the majority of CCG staff were not in a clinical practice environment. The Director of Engagement and Development was directed to look into this issue further.

**CS - Dorset CCG opted to take part in the 2016 national survey primarily to inform benchmarking to other CCGs. A number of questions around clinical safety form the basis of the report key finding.**

	<b>Dorset CCG (all staff)</b>	<b>Average for CCGs</b>
<b>KF31. Staff confidence and security in reporting unsafe clinical practice (max 5; higher scores are better)</b>	<b>3.68</b>	<b>3.93</b>
<b>Q13a % saying if they were concerned about unsafe clinical practice they would know how to report it</b>	<b>92%</b>	<b>95%</b>
<b>Q13b "I would feel secure raising concerns about unsafe clinical practice"</b>	<b>63%</b>	<b>77%</b>
<b>Q13c "I am confident that the organisation would address my concern"</b>	<b>60%</b>	<b>73%</b>

**Owing to the scale and range of clinical and support staff at the CCG, the overall score has been offset by the higher number of support staff. Detailed analysis shows that nurse (n. 32, score 4.09) and pharmacy (n.13, score 3.85) staff responses were more in line with the national average.**

## 9.9 Sustainability and Transformation Plan (STP) Update

9.9.7 The Governing Body directed that a financial update and any modelling changes be included within future STP update reports.

**AB – Actioned.**

## 12. Questions from the Public

### 12.5 Question

Further to his question asked at the previous meeting regarding an equitably accessible comprehensive NHS, the response as written had not answered the question posed. The additional wording 'facilities and/or' and 'own and/or' was added to the question as follows and a further response sought.

*'Further to a question asked previously regarding an equitably accessible comprehensive NHS **facilities and/or** services guide clearly stating what it does/doesn't **own and/or** commission, how is such information not a pre-requisite for and at the core of all CCG actions and decisions and related considerations, reviews, surveys and preparations prior to any plan/design, let alone implementation?'*

### Answer

The previous response to the above question would be revisited.

**TG/CGL – Further response sent to individual 01/08/2017.**