

## 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 17 July 2019.

#### 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 by the following:-

- Elaine Spencer, Registered Nurse Member declared an interest in agenda item 9.4 – CCG Governing Body Reappointment Process. She would withdraw from the meeting for this item.

**SL – Actioned.**

#### 5. Matters Arising

##### 5.1.1 Regarding the use of Photosaf, evidence was being collated in relation to the impact, value and patient benefits. This would be circulated to Governing Body members when finalised.

**PR – An interim evaluation of PhotoSAF will commence at the beginning of October 2019, the mid-point of the two-year pilot. The interim evaluation will include:**

- **Review and analysis of the data to include:**
  - **Total no. of times PhotoSAF has been used and then broken down by GP Practice, Acute Trust**

- Details of the outcome / impact e.g. no of avoided, made etc
- System-wide impact – comparison against baseline data and / or expected growth
- Qualitative feedback from GPs / Primary Care to understand their experience of using the app
- Qualitative feedback from Secondary Care to understand their experience and how using the app has impacted – has this supported improved outcomes, better patient experience, reduced inefficiencies

**The interim evaluation will be circulated to GB members once completed.**

- 5.1.2 The Governing Body directed that a post meeting note be provided regarding progress on the physiotherapy review (to include the agreed outcomes from the recent Clinical Reference Group (CRG) meeting).

**PR – Post meeting note e-mailed to Governing Body members 08/08/2019.**

## 9.1 Quality and Performance Report

- 9.1.7 The Governing Body noted that future reports would include information regarding the actions being taken in relation to a number of areas including mortality, looked after children and complaints.

**VR – To be included in future reports. Complaint handling performance is being raised at the contract meetings in September and an update on the outcome of these discussions will be included in the next Quality report.**

- 9.1.8 The outcomes from the NHS England Never Events review would be shared with the QSG in September. Learning from the review outcomes would be shared with the Governing Body.

**VR – To be presented at the September GB meeting, due to the confidential nature of some of the information in this report it will be presented under Part 2.**

- 9.1.9 The Governing Body directed that a post meeting note be provided regarding the current performance figures in relation to the initial health assessment for looked after children (to include the number of children who had had an assessment within 30 days and those still to be assessed).

**VR – Actioned. Post meeting note circulated to GB members on 05/08/2019.**

- 9.1.10 The Governing Body directed that at its next meeting the Quality report include a summary of actions being taken following the Dorset County Hospital NHS Foundation Trust mortality review.

**VR – To be appended to the Quality Report for the September meeting.**

- 9.1.22 The Governing Body noted the successful reduction in the Dorset Local Maternity System stillbirths and neonatal deaths. The Assistant Clinical Chair agreed to inform the Governing Body how the reduced rate compared with the rest of the country.

**KK – Post meeting note e-mailed to GB members 14/08/2019.**

## 9.4 CCG Governing Body Reappointment Process

- 9.4.2 The Governing Body **approved** the recommendations set out in the report on the CCG Governing Body Reappointment Process.

**SL – Actioned.**

## 9.5 Proposed changes to the Standing Financial Instructions (SFIs)

- 9.5.4 The Governing Body **approved** the recommendations set out in the report on the Proposed changes to the Standing Financial Instructions (SFIs).

**SL – Actioned.**

## 9.8 Customer Care Annual Report

- 9.8.3 The Governing Body noted the upward trend of Continuing Health Care complaints and the significant increase in complaints relating to commissioning and general issues. Further analysis would be undertaken regarding these increases and would be included in the next Customer Care Annual Report.

**VR – To be included in future reports.**

## 9.9 Looked After Children Annual Health Report

- 9.9.3 Regarding Appendix 1 (page 1), there appeared to be a number of children unaccounted for in the table relating to the Timeliness of IHAs 2018-19. The Director of Nursing and Quality was directed to investigate this potential discrepancy.

**VR – Complete – refers to action 9.1.9 above.**

- 9.9.4 The Governing Body noted there was a reciprocal arrangement with other CCGs regarding health assessments for children placed out of area and further information would be provided to Governing Body members.

**VR – There is a national shortage of suitable staff available to complete initial health assessments, resulting in IHA's for children being placed out of county either being delayed or declined. We then have to arrange for the child's GP to complete and IHA which causes further delay. Wherever possible the service requests the child is brought back into county for their IHA's if within an hour travel from Poole Hospital and safe to do so. A revised Out of Area pathway has been developed for the IHA administrator, to ensure escalation to the Designated Dr when IHA cannot be booked within expected timeframes.**

- 9.9.6 The penultimate paragraph on page 6 of Appendix 1 suggested recommendations from initial health assessments were not always followed up as they should be. The Director of Nursing and Quality was directed to investigate this.

**VR – The new Initial Health Assessment pathway gives further guidance to the Social Worker in completing their actions and the importance of completing Paternal Health & Mother & Baby forms to inform a full health history post initial health assessment. An audit is going to take place at the end of quarter two and quarter three to review the impact of the new pathway which will evidence if practice is improving in this area.**

- 9.9.7 A post meeting note would be provided that covered all the points above in relation to Looked After Children.

**VR – Complete.**