

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 18 November 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.

Declarations of Interest, Gifts or Hospitality

3.1 Declarations of Interest, Gifts or Hospitality were made as follows:-

- Agenda item 23 (Part 2 - Confidential) – it was noted there could be a future potential conflict of interest for Governing Body GP members, but for the purposes of this report in relation to integrated commissioning options for certain services, there were no conflicts of interest.
- Agenda item 24 (Part 2 – Confidential) – it was noted there could be a future potential conflict of interest for Governing Body GP members, but for the purposes of this report in relation to the integration of urgent care services, there were no conflicts of interest.
- Agenda item 25 (Part 2 - Confidential) – Governing Body GP members would be conflicted in relation to the extension of contract and subsequent award of contract without competition. The Chair would pass to the Deputy CCG Chair for this item and conflicted GPs would be invited to provide their views before withdrawing from the discussion and decision part of the meeting.

Relevant to item 25, the following declarations had been made on the Declarations of Interest Register :-

- Dr M Ni'man as a GP with Special Interests in Orthopaedics at Dorset Healthcare University NHS Foundation Trust (DHUFT)
- Jacqueline Swift as a Mental Health Act Manager for DHUFT

Due to the nature of those interests, there was no further action required, noting however that Dr Ni'man was separately conflicted in his role as a Governing Body GP member.

SL – Actioned.

9.1 Quality Report

- 9.1.11 In relation to the Care Quality Commission improvement notice issued following the Ionisation Radiation Regulations inspection of radiotherapy services, it was believed the notice was in relation to processes and governance rather than staff/patient safety issues and the Director of Nursing and Quality was directed to clarify.

VR – The visit was a routine planned inspection and was not triggered by any staff or patient safety incidents.

9.2 Performance Report

- 9.2.10 Under the (A): System Performance Summary page, there was a query whether the Cancer 62-day performance (standard) of 75.1% for Dorset against a target of 85% should be shown as red not green. The Chief System Integration Officer was directed to clarify the position.

PR – This was a manual colouring error and should have been shown as red as the performance was 10% below the standard.

- 9.2.16 Recovery performance was noticeably less at Dorset County Hospital NHS Foundation Trust (DCHFT) and a number of groups had been set up on a Dorset basis to address any associated equalities issues. There was a specific focus through the DCHFT Medical Director in relation to tackling the most difficult recovery areas of ophthalmology, orthopaedics and dermatology.
- 9.2.17 The Governing Body noted the challenges for some specialties in attracting workforce to DCHFT.
- 9.2.18 Recognising the imbalance, the Chief System Integration Officer would take back to consider whether anything could be done differently.

PR – Prior to the second Covid surge, recovery at DCHFT had improved but different levels of challenges remain across the Dorset footprint. DCHFT is implementing a number of footprint and staffing changes to further improve them.

The Elective Care Oversight Group is undertaking deep dives into specific specialities and 2021/22 work programmes will include shared demand and capacity analyses in support of developing three to five-year improvement strategies.

More immediately we can now support system-wide understanding of waiting lists at specialty level so that Trusts can identify how best to prioritise activity across Dorset and not just within each Trust.

9.5 Governance Arrangements

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

SL – Actioned – updated Governance Handbook on the CCG’s website.