

## 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 20 January 2021.

#### 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

4.1 The Part 1 minutes of the meeting held on 18 November 2020 were **approved** as a true record, subject to the following amendment:-

- 9.2.5 the word 'people' be removed from the penultimate line of paragraph 9.2.5.

**SL – Actioned.**

#### 9. Delivery

##### 9.1 Quality Report

9.1.9 The report showed the percentage of eligible staff trained in Level 3 Safeguarding Children as 465% for the Royal Bournemouth and Christchurch Hospital site and 378% for the Poole Hospital site and the Governing Body directed that the percentage figures be re-checked.

**VR – The errors have been corrected.**

## 9.2 Performance Report

- 9.2.13 There was concern at the Dorset County Hospital (DCHFT) cancer – breast symptom 2 week wait October 2020 figure of 14.29% of patients being seen in comparison to 95.31% for the University Hospitals Dorset NHS Foundation Trust (UHD).
- 9.2.14 The percentage figure had not improved since October, likely in part due to Covid-19, but the service was very small with only 1-2 available specialists. The Dorset Cancer Partnership was actively trying to resolve the position through better collaboration including a single patient tracking list and patients being offered the option to be seen elsewhere, however there appeared to be some clinical resistance with concerns regarding maintaining ownership of patients coupled with concern that some patients might not wish to travel.
- 9.2.15 There was a need to design future contractual arrangements to ensure this did not continue and to seek support from the clinical leadership to encourage clinicians to work through any concerns.
- 9.2.16 One of the current pandemic principles was to support system partners with mutual aid and there was a need to encourage patient choice and the opportunity to move across services where recovery trajectories were challenged.
- 9.2.17 The Governing Body directed that the position outlined above be resolved promptly and the Chair would take forward outside of the meeting with the Deputy Director: Integrated Care Delivery.

**FW/SB – Update provided in Performance report on action taken since the last Governing Body to resolve the DCH issue.**

## 9.4 Emergency Preparedness Resilience and Response (EPRR) Assurance Report

- 9.4.4 It was recognised that the system emergency response to the Covid-19 pandemic had been undertaken virtually which had posed more of a challenge. The Governing Body asked that their gratitude be passed on to all including the wider public sector and volunteers.

**PR – Messages of gratitude added to the Strategic Command Gold (SCG) update on 24 February 2021.**

## 9.5 Safeguarding Children and Adults Bi-Annual Update

- 9.5.6 There was concern regarding the impact of the cessation of home visits by universal services and what plans were in place to manage the backlog as well as the current assessments. There was also concern regarding those families potentially under the radar and not already known to the relevant services.

- 9.5.7 These issues were very much a current focus and the Director of Nursing and Quality would provide an update to the next Governing Body meeting or sooner if available in relation to the expected timeframe in which contact would be made.

## **VR – Update from Public Health Dorset:**

**During lockdown 1.0 the Service followed the national Community Services Guidance and made a stratified offer to families based on assessed level of need; this did not involve cessation of all home visits and families with higher level complex needs and those where child protection was a concern were prioritised for face to face contact. The Service worked closely with partners to identify and respond to increased need and previously unidentified need. In conjunction with close partnership working across the Service, re-communication of Duty Hub and webpages was a key focus to support families should they want advice or support in instances where routine reviews were not offered, this was particularly helpful where the one year review could not be universally offered.**

**New baby reviews – critical as the first time the Service would assess an infant in the first few days of life – were also prioritised and offered to all families through a mix of face to face and virtual contact. At this review or following multi-agency input, should a family have been assessed as having higher level needs, they were then prioritised for further contact. For older school aged children and young people, the Service maintained the Chat Health web-based text offer. To prioritise school readiness, it was agreed with Public Health Dorset that this would be the focus of post-lockdown 1.0 catch up activity. Staff continue to make significant efforts and have achieved an 89.2% catch up to date for the 2.25 year old assessment as of January 2021. Catch up in school entry hearing screening continues, with impact from the recent school closures.**

**There was internal learning from lockdown 1.0 and 2.0 and the Service also undertook a service user survey to ask parents about their experience of the Service. Service user feedback, staff feedback, the removal of national guidance and use of local intelligence resulted in the Service maintaining a more extensive offer during the current lockdown in agreement with Public Health Dorset, with adaptation to improve safety for both staff and families. The current full offer differs from the first lockdown with increased face to face assessment (in conjunction with the use of full PPE and wellness screening of families) and increased use of video consultation (planned as pre-COVID improvements but accelerated during this period). Data is being collected by all practitioners to enable us to monitor the uptake of these offers to families.**

## 05.

As for many other services at present, teams are managing sickness and isolation as a result of COVID and have clear business continuity plans in place to ensure that services for vulnerable families are protected when these are enacted. The Service also continues to work closely with partner agencies to identify and respond to emerging need for individual families and communities through regular locality based practitioner and leadership liaison and plays a key role in strategic partnerships across agencies, to develop improved multi-agency practice in the identification of and response to hidden harm and its effects: for example, domestic abuse and child exploitation.