NHS
Devon
Clinical Commissioning Group

NHS Devon Governing Body Meeting
FINAL APPROVED minutes held in PUBLIC

Date: 28 November 2019 Time: 14:30 – 17:00

Location: Cullompton Library, The Hayridge Centre, Exeter Hill, Cullompton EX15 1DJ

Item	Discussion	*Action*	
1	**Welcome and Apologies** PJ, chair welcomed everyone to the meeting and formally introduced JW the newest Associate Non-Executive Director of the Governing Body and introductions were made around the table. Apologies were noted from: TP, JT, NB, NK, JH, TP and CD		
2	**Register of Interests (ROI)** PJ directed the members to the ROI included in the pack and GT declared a change to his interest as follows: • Co-opted councillor on Budleigh Salterton Town Council (independent member – nonpolitical) There were no other declarations made. **The Governing Body received and noted the ROI.**		
3	**Minutes of the last meeting** PJ led a page by page review of the minutes of the meeting held on 31 October 2019. He drew attention to the financial inequities section page 14 and • Recommendation 10. The refined wording had been amended and was included in the draft minutes of this meeting • Recommendation 13 – the Governing Body agreed to remove 'but this should not be a requirement.' from this Recommendation. **Following these amendments, the Governing Body agreed these minutes were a true and accurate record of the meeting held on 31 October 2019.**		
4	**Chair's Report** PJ did not propose to go through his report in detail, however he did not that it was a pleasure to share, celebrate and appreciate positives in the system. PJ was pleased to report that Simon Stevens (CEO of NHS England) has written and confirmed that ST remains the Accountable Officer for the CCG until further notice. **The Governing Body received and noted the contents of the Chair's Report.**		

5	**Accountable Officer's Report** ST presented his report as read and informed the members that we are currently out to advertisement for a system wide Chief Nursing Officer which closes on Sunday 1 December. It is expected the interviews will take place during the second week of January 2020 and he assured the Governing Body that they would be invited to participate in stakeholder focus groups if they wished and that he had asked GAth to be the stakeholder focus group chair. ST was satisfied that there was a good take up rate for flu vaccinations and LW commented that this was the first year that staff were able to access free flu vaccinations. Providers have also seen an increase in staff take up rates and we are seeing an improvement on figures from last year which were around 35%. ST explained how the Better Care Fund (BCF) works which is local authority lead and that we would take learning from Delayed Transfers of Care (DToC), other areas and national best practice to evaluate schemes to support the BCF next year. ST did note that North Devon are reporting a good DToC position but that there were differences and variances as to how our acute providers count DToCs. A proposal is being developed around actions that can be taken to affect the market and he reported that no national organisations are providing care currently in Devon. **The Governing Body received and noted the contents of the Accountable Officer's Report.**		
6	**Quality Assurance Committee Chair's Report** There was nothing further to add to this report. **The Governing Body received and noted the contents and positions of assurance by the Quality Assurance Committee.**		
7	**Quality and Performance Report** SMa referred to the report in the pack and provided further updates on the following areas of performance. <u>Referral to Treat – 52 weeks</u> This area of performance remains a struggle against trajectory notably the planned care programme of work. A weekly breach report has been developed which is being address at the planned care programme board three key areas of actions are as follows: 1. A single list of patients has been formulated whereby patients are being reviewed and offered alternative provision of treatment. 2. A standard operating procedure is now in place to support and understand the reasons for patient's choice and a delay in treatment 3. Exploring the options for increasing capacity within the independent sector for example Nuffield and Care UK and we are modelling through what capacity is needed over the next couple of months SMa did bring the members attention to the time delay in performance figures the prediction of numbers of patients waiting to be treated at the end of the year is expected to peak at around 344 with the expectation this would reduce in January 2020. GAth asked about the issues with GP pensions and that the taxation regime affects some individuals doing additional sessions. PJ responded and confirmed that NHS E		

have agreed to cover these costs this year only to allow clinicians to be able to work additional sessions and that this would free up limiting factor clinical workforce.

SMa further described patient's choice and a delay in treatment and moving people off the single list of patients and that NHS E have expressed concerns around this. The NHS E national and local area team is working through the implications of this. If those patients that have chosen to delay their treatment are put back on the single list of patients this would mean the list of patients waiting would increase by 83.

SMa was confident that we have tested our winter plans through the winter planning process. JD note that there was a reduction in activity and that there was an element of variability that was being reviewed and acknowledged that we still need to tackle 52 weeks wait and drive performance for productivity.

GT highlighted that there was a risk of patients being rejected through the independent sector and that we need to manage expectations and the Governing Body acknowledged this.

<u>Diagnostics</u>
We continue to be an outlier on this area of performance regionally and nationally however we have improved performance from last month. We are forecasting to end the year at around 7.9%, which is an improvement on where we are currently at around 15%. In year we don't currently have capacity, particularly in endoscopy. We have been using additional capacity through Care UK and to note that we have been prioritising those patients referred through the two weeks wait route.

The RDE and TSDFT had been working with us on a plan for a fully staffed mobile unit. We now are pursuing alternative proposals to create the additional capacity using a combination of in- and out-sourcing, which needs to achieve the same outcomes but represents better value for money. We are testing the feasibility of these plans and the ability for these to deliver the required improvement and the system performance group (SPG) will be monitoring this.

LW assured the Governing Body that a review and analysis of patients waiting has been undertaken and the impact and findings will be further discussed at the Quality Assurance Committee in December.

SMa mentioned that we are working with our partner chief operating officers who have expressed a willingness to find a solution across the system and this is being worked through. PJ explained this forms part of the Peninsula Clinical Services Strategy (PCSS) diagnostic workstream and described the elements of this work that is being developed and modelled.

<u>A&E Waiting Times</u>
Performance is below trajectory and continues to be a challenge. It was noted that current reporting excludes UHP who are trialing a new model. This model has a different configuration and we are continuing to mobilise and train staff.

<u>System Actions</u>
Devon Doctors immediate response calls are below the national average targets; however, it was recognised that the mobilisation of ambulances for Devon is far better than the national average. Clinical audit work, and an early indication show that this is having the right impact and responsiveness up and running and this performance area is being monitored on a weekly basis.

	We have submitted a Winter Plan and in November we implemented weekly winter planning calls which are co-chaired by the CCG Accountable Officer or STP Lead CEO. We are starting to understand emerging issues and in December we will start to report nationally. We are putting in place additional bed-based capacity including mental health which still has an element of risk and that we are reliant on workforce and capacity. The commissioned Hospital Ambulance Liaison Officer (HALO) is now live and we have implemented this in two trusts and this is already having a positive impact. DG raised concerns around RDE A&E performance which has deteriorated over the last seven months and SMa responded that staffing was the contributory factor for this, and the post August junior doctor intake and we are exploring as to why this has happened. SK queried 12-hour breaches and wondered what we are doing about mental health and the correlation to suicide rates. SMa confirmed this is being monitored by the SPG and that there are initiatives being developed including looking at space and a move towards a mental health triage unit for a better experience for individual patients. LW confirmed that a review is underway of 12-hour breaches and mentioned that trusts do follow different policies. SK described contacting Eastern GPs to provide extra urgent care capacity over Christmas particularly on 27 December. PJ wondered as to whether this could be rolled out Devon-wide to free up primary care capacity and has this been considered in our winter plans as Devon wide thinking and SMa agreed to link with SK to explore further. It was agreed that although there was an increase in activity, we still do not meet national standards and asked that where there are variances we are still working towards national standards and that there was more work to be done to improve performance. **The Governing Body received and noted the contents of the Quality and Performance Report for November 2019.**		
8	**Finance Committee Chair's Report** GT presented this report and referred to the recommendation for Governing Body to formally approve the Better Care Fund (BCF) section 75 partnership agreement which gives the CCG legal power to pool funds and make joint decisions with Devon County Council. JD signposted the members to the report in the pack which detailed the financial arrangements that underpin the BCF and noted that all section 75 agreements relating to BCF are expected to be signed by 15 December 2019. PJ asked if there were any risks to signing this agreement and JD confirmed there weren't. It was noticed there were several typos on page 72 of 201 such as reference to 17/18 and NEW Devon CCG and JD confirmed this was an error and would be corrected. **The Governing Body received and noted the contents of the Finance Committee's Chair's report** **All members of the Governing Body voted in favour and formally approved the BCF section 75 partnership agreement for it to be signed and sealed.**		

9	**Month 7 Finance Report** JD presented the latest financial report and drew attention to the significant shift to the yearend forecast position of £39.5m. There is now a variance of £27m which has crystalised into the £39.5m figure bringing the total to £66.5m at year end. It is our ambition to continue to mitigate and improve this financial performance as best we can. The year to date position is off plan to the sum of £18.7m commensurate to the £39.5m showing a proposed movement at month 7 to a deficit of £34.45m. This has been due to an element of contractual agreement which has been variable to deliver the full savings plan and that we have had some variability in contracts and not paying for activity to the value of around £7m. JD referred to page 139 and activity summaries for month 6: • RDE is below plan on all modalities apart from new outpatients. • NDHT activity is above plan for elective treatment and outpatient procedures but remain below for emergency treatment. • UHP the volumes of activity are below for non elective and A&E attendances which is less than forecasted in the plan. • TSDFT under plan on all modalities except for outpatient procedures. Due to demand in the system it is our ambition to hold growth at 1% and we have started to increase GP referrals year on year on all sources of referral but below plan. We are experiencing firm pressure on budgets and it is our ambition to use opportunities to offset growth demographics. Prescribing has been contained, but there are some cost pressures and we acknowledge there is more to be done. JD summarised discussions as follows: • The significant deterioration is a serious issue and we need to drive change in our providers to deliver financial performance • There are actions in place to drive CHC and our savings programmes and our commissioning teams are looking and reviewing discretionary on non-recurrent spend and we continue to push the CCG running costs PJ felt there was a disconnection with the numbers around acute activity that are below plan and that we need a process to understand the more monies that have been spend despite lower planned activity. JD stated that not all the £39.5m was connected to growth and he explained that we are testing hypothesis that productivity was decreasing with our provider sector colleagues and it was hoped that would identify wat the missing driver of increased costs are by mid-January 2020. ST reiterated that we have positive support from NHS E that the CCG cannot hold all the risk for the system and that a different approach would be considered next year and that we must make sure that we start the planning process earlier. CB wondered about prevention and the £2m of growth. JD confirmed that we have spent approximately £1.1m on a range of schemes and that mental health has seen a sustained increase in spend and that the budget has been set higher than the year before.		

	GAth asked JD how confident we are in improving our financial performance position and he warned the Governing Body that our biggest concern was prescribing which was volatile however we did have flexibility in other areas to offset and was confident that our financial performance position would not deteriorate further and there was a firm focus to continue to improve. **The Governing Body received and noted the Month 7 Finance Report as at the 31 October 2019 and noted the movement of the planned deficit and the level of risk to delivery of the revised forecast.**		
10	**Audit Committee Chair's Report including full Risk Register** GS presented this report in the absence of NB. She referred to the high-level risks and noted that there had been minimal movement in these risks with 1 new risk being added European Union Exit which will be managed through the governance team. At a recent Audit Committee there had been a deep dive into the risks assigned to quality and nursing and it has been agreed by the executive directors that all risks need to be reviewed as there are several risks that have been on the register for some time. PJ noted that the full risk register had been appended to the Audit Committee Chair's report for the Governing Body's information and were assured that the Audit Committee have formal oversight of this. **The Governing Body received and noted the contents of the Audit Committee Chair's Report and noted appendix 2 high level risks and appendix 3 assurance framework.**		
11	**Primary Care Committee Chair's Report** There was nothing further to add to this report. **The Governing Body received and noted the contents of the Primary Care Committee Chair's Report.**		
12	**Locality Updates (North, East, South and West)** <u>Northern</u> JWo noted that further support is required to support growing family of 'one' community and requested that the system supports initiatives as the Integrated Care Fund (ICF) and BCF and made a plea for the Peninsula Communities fund for more prevention monies and was disappointed that only £1.1m had been spent on prevention so far this year. JWo highlighted that it is proving challenging for our cross border Primary Care Network (PCN) as some services are commissioned differently in Kernow CCG. ST responded that we could explore the possibility of allocating in a different way. <u>Eastern</u> SK requested for the CCG to support innovative solutions such as jointly employed physiotherapists across the four Primary Care Networks. There has been an increase in student numbers using the Exeter Walk in Centre in Sidwell street and that we need to use better communications to encourage our students to use the right and appropriate healthcare provision.		

	Discharge summary delays for the RDE has recently been challenged and is now being carefully monitored for patient safety but assured the members that to date no patients have been put at risk. <u>Southern</u> TSDFT performance remains a challenge and CCG managers have been aligned to the trusts key workstreams. Winter funding and GP visiting scheme has been renewed this year targeting nursing homes. Totnes MIU is now operating at reduced hours and we continue to monitor this and working with local practices to deliver outcomes. DG reported that it was likely that TSDFT will continue to require executive level focus and support in partnership with NHS E/I. <u>Western</u> SMC reported that the contract holder for Barton Surgery Plymouth has now given notice and support for those patients is ongoing including helping them registering with a new practice. SMC acknowledged that we need to protect and support Plymstock resilience which is going as well as can be expected. Beacon e-consult is engaging with the Devon accelerator project which is progressing with not issues, complaints or concerns raised. This is encouraging and we are building upon interest from other practices which is positive. SMC mentioned that a resolution is being sought around information governance issues connected to Devon Linked Data Set and it was hoped that an update would be available in the new year and discussions are underway as to whether as an optimum PCN directors have information at a network level. **The Governing Body received and noted the contents of the locality updates for North, East, South and West.**		
13	The meeting closed at 16:50pm		

Attendees (attended** / apologies [A])	
Name and initials	*Title and organisation*
Alison Davis (AD) **	Associate Non-Executive Director, Devon CCG
Andrew Millward (AM) **	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Caroline Dimond – Dr (CD) [A]	Director of Public Health, Torbay Council
Charlotte Burrows (CB) **	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Dr Matt Fox (MF) [A (in absence of DG)]	Clinical Representative, Southern Locality, Devon CCG
David Greenwell – Dr (DG) **	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Gaynor Appleby (GApp) **	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG

Glynnis Atherton (GAth) **		Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **		Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
James Wooldridge (JW) **		Associate Non-Executive Director, Devon CCG
John Dowell (JD) **		Chief Finance Officer, Devon CCG
John Womersley – Dr (JWo) **		Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) A		Director of Commissioning – West, Devon CCG
Judith Hargadon (JH) A		Non-Executive Director/ Lay Member – Primary Care
Lorraine Webber (LW)**		Interim Director of Nursing, Devon CCG
Nick Ball (NB) **Vice Chair** A		Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) A		Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) **Chair** **		Clinical Chair, Devon CCG
Ruth Harrell - Dr (RH) **		Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **		Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc) **		Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST) **		Interim Accountable Officer, Devon CCG
Sonja Manton – Dr (SMa) **		Interim Director of Commissioning – North, East and South, Devon CCG
Tracey Polak (TP) A (for VP)		Assistant Director Public Health, Devon County Council
Virginia Pearson – Dr (VP) A		Director of Public Health, Devon County Council
In Attendance		
Nikki Coombes (NC) ** **Minute Taker**		Executive Assistant, Devon CCG
Jade Quartermaine (JQ)** **admin support**		Senior Administrator, Devon CCG
Simon Polak (SP) **		Interim Director of Quality Assurance, Devon CCG
Minutes approved	Date: 19 December 2019	Signed by chair: Dr Paul Johnson