NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
FINAL APPROVED minutes held in PUBLIC

Date: 19 December 2019 Time: 15:15 – 17:15

Location: Daw Committee Suite, County Hall, Topsham Road, Exeter, EX2 4QD

Item	Discussion	*Action*	
1	**Welcome and Apologies** PJ, chair welcomed everyone to the meeting and apologies were noted from: • VP – TP deputy • JT - AC deputy		
2	**Register of Interest (ROI)** PJ directed the members to the ROI included in the pack and there were no amendments or new 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 28 November 2019 and it was agreed these were a true and accurate record of the meeting.		
4	**Patient Experience – Jackie and Ron's story** CB introduced this film which showed how the Live Life Well team supported Jackie and Ron to improve their lives. Ron's mobility had decreased with age, meaning he was able to do less and was more reliant on Jackie to care for him and this impacted on their lives, so Jackie contacted the social care team for support. The Live Life Well Team helped Ron and Jackie understand what was important to them and helped them get the help they needed to improve their lives. The Governing Body agreed that it was good to be able to see first hand teams working together to improve lives and AM acknowledged that the use of films such as Jackie and Ron's story would be powerful when consulting with the public to help them understand the reasons for change. On behalf of the Governing Body PJ thanked the communications team for producing this film.		
5	**Chair's Report** There was nothing further to add to the report other than on 17 December, both PJ and ST attended National NHS England senior leaders meeting in London. PJ mentioned the discussions were very useful which included: • A post-election commitment from NHS England and support for schemes for additional nurses and GPs		

	• Demand on the NHS – benchmarking of levels of demands • National Director of Finance – made a point of managing financial systems and CCG debt and referenced how this will be dealt with • Chief People Officer – talked about people plan and changes SK asked that the CCG consider development for primary care nursing as currently there is limited structure for career progression, and he felt that we should think about being more flexible with clinical workforce. LW mentioned that there will be a primary care leadership conference next year and has been encouraging nursing colleagues to join and that we need to encourage Primary Care Networks to think differently about practice nurses and support them to step into leadership roles. **The Governing Body received and noted the Chair's Report.**		
6	**Accountable Officer's Report** ST did not propose to go through his report in detail however mentioned that the Executive Directors would be scrutinising Operational Plans for 20/21 on 13 January and requested that associated paperwork needs to be submitted by the deadline set. ST was pleased to report that the recent NHS Staff Survey for 2019 had an improved response rate of 83.3% which was above the national average. ST informed the members that this Governing Body meeting of 19 December was the last one that SP would be attending as he was retiring from the CCG at Christmas. ST personally thanked SP for his many years of service and especially the last six months with stepping into the void following the retirement of the Chief Nursing Officer, Lorna Collingwood-Burke. His contribution has been helpful and balanced. SK mentioned the Peninsula Clinical Services Strategy (PCSS) and is keen to establish connections with Primary Care Networks and be more proactive as commissioners. ST replied that in January there will be a deep dive into PCSS, and ST encouraged the clinical locality representatives to let him know of any priorities for their locality**.** **The Governing Body received and noted the contents of the Accountable Officer's Report.**		
7	**NHS Devon CCG Priorities** ST delivered a slide deck presentation and gave an overview of the CCG's current priorities and highlighted: • A&E - metrics have now been populated • 52-weeks wait tasks include development of single waiting list, outsourcing and development of standard operating procedure • Diagnostics – IT has impacted and has caused delays for diagnostic waits which was not immediately reported to Chief Operating Officers. LW confirmed that analysis work is underway to look back over the last twelve months and ST confirmed that the reporting process has now been changed • A&E – concerns raised around the trajectory for the Torbay and South Devon System and it was noted that the 111 clinical triaging system is the best performing in the regions however we remain in the lower decile for calls answered within 60 second and this remains a regional and national focus • CHC – this remains on track for the savings plan with QEIA and CHC part of QIPP. SP confirmed there were still risks associated with high cost cases for children's placements		

	• Medicines optimisation – lack of pharmacists in practices and it was acknowledged this remains a challenge and we are looking to mitigate actions and continue to review the workforce skill mix as to whether we could align with Primary Care Networks • Demand Management – ST asked that we reset the Western focus and how we can better support and put in other mechanisms in place to assist practices with high referral rates • Strategic Commissioning – a significant amount of work is being developed with our regulators, but it was recognised that this is not visible with our providers we need to improve how we articulate this • Local Care Partnerships – current resource is being mapped along with an assessment of capacity and capability • Quality Improvement – we must ensure that we send the right people on courses and identify the right areas of programmes of work for change management • Policy Shaping – we are being proactive to improve relationships with key influencers and we have an emerging issues process put in place and we will regularly share information with our Governing Body Members **The Governing Body received and welcomed this update on the CCG's priorities and the opportunity to see the work that is happening to achieve delivery. ST confirmed that there would be a further update at the Governing Body meeting held in February.** **ACTION** **NC to add CCG Priorities update to the Governing Body forward planner for February 2020. Post meeting update this action has been completed.**		
8	**Primary Care Committee Chair's Report** There was nothing further to add to the report included in the pack. **The Governing Body received and noted the contents of the Primary Care Committee Chair's Report.**		
9	**Primary Care Strategy** MP presented the draft strategy for general practice in Devon which set out our ambitions and vision for general practice over the nest five years. He did not propose to go through the strategy in detail but summarised the changes that have been made. One of which was bringing digital first and broadening of multi-disciplinary teams and both changes meet patient need without necessarily seeing the patient face to face. This might not be a GP but would be with a professional used appropriately. This will help with delivering benefits of working at scale and may see some mergers of practices, single large practices are not unusual in rural areas but a change in urban areas. MP mentioned fit for purpose premises whereby currently there are some Victorian small practices and there is a need for bigger more functional ones to deliver services and co-location. We are working through in-house primary care investment plans and there is also a need for us to get more sophisticated with capturing date and data sharing. Concerns were raised as to whether we believe the partnership model is right and does this strategy protect it as Devon does have a mixed economy. PJ felt that this isn't a definite steer but the Primary Care Committee recognises it as an important element of		

	Devon General Practice. JH recognised that strategy had been previously discussed at Primary Care and Quality Assurance Committee and urged the Governing Body to look at primary care issues alongside other areas of work rather than separately to make sure that everyone understands what the CCG is trying to achieve. SMc thought this was an excellent collaborative piece of work and that we do need to make sure we are mindful with parallel pieces of work. **Following discussion PJ asked the Governing Body to vote on approval of the Draft Primary Care Strategy and the Governing Body voted unanimously to approve**. *Caroline Dimond left the meeting.*		
10	**Quality Assurance Committee Chair's Report** No verbal update given and it was **agreed** that both the December 2019 and January 2020 reports would be presented at the meeting on 30 January 2020.		
11	**Quality and Performance Report** **SMa presented this latest quality and performance report for December 2019 highlighted the following areas:** <u>52 weeks wait</u> This target remains a key focus for the CCG and is a main area of risk. RDE has received a visit from the national team who are reviewing the plans: there was a particular focus on orthopaedics and cardiology. They are concentrating on sourcing additional capacity internally and externally. Additional funding has been identified for 52 week waits and diagnostics and the regional team are looking where to deploy resources, and this will be finalised in the first week of January 2020. <u>Orthopaedics</u> This remains a challenge across the system and we are seeking capacity from independent providers and with winter pressures this remains a risk. <u>Diagnostics</u> SMa was pleased to report that performance has improved, and we are forecasting to hit 7.4% target by year end. There has been new surveillance guidance for a cohort of patients which will positively impact on diagnostic demand: this is being implemented for new patients and Trusts are reviewing existing patients. Trusts will confirm process for reviewing these patients and impact of implementation of guidance on activity and performance in January 2020. <u>Emergency Department Performance</u> In year performance continues to fluctuate and as reported for December to date this remains at 84% and caution remains. The Hospital Ambulance Liaison Officer (HALO) service at UHP and TSDFT has now commenced and will run until the 21 February 2020. Early signs already show that this has had a positive impact on handover times and reduction therein in the Emergency Departments.		

	Torbay and South Devon performance remains fragile and additional assurance mechanisms will be put in place to gain confidence. LW confirmed that regular calls remain in place with the regional NHS E director around quality and safety impacts especially as we are progressing towards winter period demands and the CCG have been asked to share their emergency department quality review work with partner organisations and PJ was pleased to hear that Devon is sharing good practice. SMa reported that the System Performance Group closely looking into the detail around cancer referral growth to understand demand. SK mentioned that most of the Trusts have not been able to deliver the planned activity but there was a lack of capacity and wondered what the CCG were going to do if the situation got worse. SMa confirmed there was a joint piece of work around capacity planning for next year and that we are looking to fund demographic growth and acknowledged that it was important that we work with our partners and regulators to agree what the best possible performance can be within the agreed finances. **The Governing Body received and noted the contents of the Quality and Performance Report for December 2019 and the assurance given.**		
12	**Locality Updates** <u>Northern</u> The report was taken as read, but JWO noted that funding options are being explored with the CCG to support One Northern Devon. <u>Eastern</u> SK did not propose to go into detail of this report but highlighted the Integrated Care Model work plan and the refocus of GP member forums. He raised concern around the lack of support for rehabilitation, falls prevention and mental health provision. <u>Southern</u> DG reported that Coastal recently hosted a successful visit by NHS E/I Director of Strategy and Transformation to listen and talk through the models of care in Teignmouth and Dawlish. DG mentioned that A&E performance for TSDFT remains a concern and is being closely scrutinised. GT wondered about the minor injuries' units and closures and whether we have a sense of impacts on ED performance. SMa assured the Governing Body that the impacts of closures of MIUs is being reviewed. <u>Western</u> There was nothing further to add to this report. **The Governing Body received and noted the contents of the individual Locality Update Reports.**		
13	**Any other business** PJ expressed his thanks to SP for his contribution and challenge as a Governing Body member over the past 6 months and on behalf of the Governing Body he wished him all the best in his next adventure. SP responded to say that he had enjoyed his time being on the Governing Body and acknowledged that there were some low points, and that he will miss his CCG colleagues.		

	PJ took the opportunity to thank all Governing Body members for their hard work and contribution over the last twelve months and felt that the Governing Body is now stronger and untied and focused. He wished everyone a Merry Christmas and a rewarding and well-deserved break and looked forward to seeing everyone in January ready to meet the next challenges.		
14	The meeting closed at 17:30pm		

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
Anna Coles (AC) **	Director of Integrated Commissioning (interim) Devon PCC
Caroline Dimond – Dr (CD) **	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) [**]	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) **	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) ** [(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
Simon Polak (SP) **	Interim Director of Quality Assurance, Devon CCG

Minutes approved	Date: 30 January 2020	Signed by chair: Dr Paul Johnson