Addendum - Approved Committee Minutes

Governing Body Public

27 June 2019 13:00 - 27 June 2019 17:15

INDEX

NHS
Devon
Clinical Commissioning Group

QUALITY ASSURANCE COMMITTEE
MINUTES

Date: Thursday 11 April 2019 Time: 09:30 – 13:00

Location: Orange Room, Newcourt Community Centre, Blakeslee Drive, Exeter, EX2 7FN

Item	Discussion	*Action*
1	**Welcome and Apologies** Introductions were made and apologies noted. CH welcomed everyone to the first meeting of the NHS Devon Clinical Commissioning Group (CCG) Quality Assurance Committee. **Declaration of Interests (DoI)** *The Chair reminded all committee members and attendees of their obligation to declare any interest they may have on any items on the agenda and for discussion/decision at this committee meeting which might conflict with the business of the CCG(s). No declarations were made in relation to agenda items.* Sonja Manton confirmed that she needed to update her DoI. The new terms of reference (ToRs) will be updated to reflect the new membership of this committee and the distribution list will be updated to reflect this.	SMan to update her DoI JT to update the distribution list to reflect the new membership of the QAC based on the ToR approved by Governing Body
2	**Approval of previous minutes** The minutes of the meeting held on 19 March 2019 were **agreed** by the Committee as a true and accurate record with the following amendment: **Item 12 Safeguarding Report.** Paragraph 2 to be amended to read: Concerns were raised regarding safeguarding training for the Governing Body. TB would be taking this forward as part of the handover and transition. **Action log** The action log was updated. It was **agreed** that actions QCiC 104, 109, 110 and 111 can be **closed.**	TB to ensure that GB members were compliant in their training requirements regarding safeguarding, the mental capacity act and PREVENT training.

3	**Patient Story: Linda: Dying Matters Week** SHo presented the patient story regarding the experiences of members of the public when a relation had passed away. The videos will be used as part of the dying matters week and will be shown at the County Show, uploaded on to NHS Devon CCG's and Hospiscare websites, shown on YouTube and used by the communications team. It was suggested that the videos should be made available across the whole community with hard to reach groups targeted. It was confirmed that the videos would be used at the Blue Light Day and at learning disability events. The focus of Dying Matters week will be advanced planning. Care plans are beginning to be discussed however this is still low key. It was **agreed** that SHo would do a further presentation after the County Show. CH reiterated that the patient story is an integral part of this committee.	SHo to do a further presentation on dying matters after the County Show.
4	**Quality Risk & Assurance Report including Risk Register** The commissioning directorate has reviewed all the risks that were requested to be removed from the corporate risk register. All risks are being reviewed by the risk owner and the senior leadership team will be advised of all recommendations. As this is an evolving situation, further clarity will be provided regarding why the 9 risks that sit on the corporate register have been requested for closure and confirmation given of where they will sit within the organisation. **Risks 100 & 101** – to remain open until further clarification is given. A question was raised as to why South Western Ambulance Service NHS Foundation Trust (SWASFT) have rated themselves as 25 in relation to call stacking and the CCG is 20. It was explained that SWASFT covers more than one STP area and their risk score is across the all areas. The CCG has reviewed all evidence and whilst there are some call stacking incidents that are contributing factors, there has been no causation of harm directly attributed to any incident within the Devon CCG footprint. SZ is the quality assurance lead and is working through Dorset as the lead commissioner, to try and reduce the current risk. The risk to remain open. **Risk 67** – was reviewed and is requested for closure as the risk will be monitored via an operational group.	This is an action for Sue Drew

	Risks 102 and 103 - the scores have been reduced. A question was raised as to why the scores have been reduced when the CCG have not seen a big step change in Devon Partnership Trust's (DPT) backlog reduction. It was confirmed that the score was reduced in February, but no further reduction has occurred. DPT to be contacted to see if they have reduced their risk level score. It was confirmed that this risk still remains on DPT's risk register so risks will be monitored against the actions. **Risk 95 –** A request was made to reduce the score for this risk. LW to meet with Carol Green. **Risks 25 and 87 –** have been recommended for closure as this is now 'business as usual' and the actions have been embedded. It was **agreed** that the risks are to remain open until the situation has been bottomed out. The risk to be brought back to next month's meeting for further discussion. **Risk 45** – has been recommended for closure as this is to be moved to the women's and children's team risk register. This risk needs to be checked against the special educational needs and disability (SEND) agenda re the current inspection undertaken jointly by CQC and Ofsted as some required improvements involved speech and language services. LW to check with SM whether the risk can be closed and an update to be provided at next month's meeting. **Risk 78 –** has been recommended for closure, this risk relates to performance. This was **agreed.** **In summary** The committee **agreed:** **Risks 100 and 101** to remain open until further clarification is forthcoming. **Risks 67 and 78** to be closed. **Risks 102 and 103 –** to remain open. **Risk 95** – to remain open but the score may be reduced after further discussion. **Risks 25 and 87 –** to remain open with further discussion at next month's meeting. **Risk 45** - can only be closed if SM confirms that it is safe to do so. The report was noted.	SPo to contact DPT to ascertain if they have reduced their risk level score regarding the number of overdue serious incident (SI) reports LW to meet with Carol Green to discuss Risk 95 with a view to reducing the score. LW to discuss the risk with SMatson as to whether the risk can be closed.
5	**Quality Assessment Framework (QAF)** SPo described the methodology that will be used going forward for the quality assessment framework. The committee **approved** the changes as described in the presentation. Key issues raised from the monthly flash reports were: **Northern Devon Healthcare Trust (NDHT)** – there has been an improvement in governance processes but further clarification is required regarding the embeddedness of these. There is also an anomaly re the quality of their monthly mortality data so further	

	assurance is sought to ascertain that patients are safe and this Is not a reflection of the care that is being provided. The anomaly may be due to how the incidents are coded and a more consistent approach across Devon will allow better comparison between providers. NDHT have undertaken an audit of their coding process and the procedure has been designated as robust. **SWASFT** Call stacking is a system issue and is not just a SWASFT related issue as there are significant handover delays across all organisations. Reviews are being undertaken regarding the effect of handover delays on patients and the findings will be reported via the A&E Deliver Board. **Children and Young People's Services mobilisation** This has gone well overall however a risk has been identified regarding quality improvement and workforce within the safeguarding teams. Concerns have been raised regarding the transfer of patient paper records. An action plan has been agreed on how to resolve this issue and it is anticipated that this will be resolved within the first 3 months of the contract. This has been assessed as a low risk. **Action: SW to follow up** **University Hospitals Plymouth NHS Trust (UHPT)** The Trust have ensured that an excellent process is in place whilst the building works are being undertaken at the emergency department (ED) at Derriford Hospital and that all patients have been kept safe. This remains a concern, but a regulatory process is in place to gain assurance that patients are being kept safe. There was a 2-day surge regarding capacity and Opel 4 was invoked with gold calls being put in place. An improvement was seen by the evening. **Torbay and South Devon NHS Foundation Trust (TSDFT)** There are on-going challenges in ED with daily gold calls taking place. Concerns were raised regarding the information that is being provided re the flow of patients and assurance on patient safety within ED. The NHS Intensive Support Team has visited the provider and have given a list of recommendations with regard to increasing the flow of patients. There have been five 12-hour trolley breaches, which are being reviewed. There is an action plan in place and the daily oversight gold calls provide assurance on the current position. TSDFT will not be using the National Early Warning Score (NEWS 2) or Paediatric Early Warning Score (PEWS 2) systems which have been piloted in 3 wards with limited success and has been deemed too costly. As this is part of a Commissioning for Quality and Innovation (CQUIN) it will be discussed at the exec to exec meetings. The committee **approved** the recommendations as set out in the March quality assurance framework report.	SW to follow up the risk regarding the safe transfer of patient paper records.

6	**Serious Incidents (SI) 60-day backlog in DPT** The DPT 60-day backlog has been raised at the recent regulatory annual assurance meeting. It is essential that all serious incidents are reviewed to gain assurance that the investigation has been completed appropriately and all actions have been acted upon. In some instances, there are delays in completing the reviews; ie records are not accessible for police reviews; families are unable to deal with the situation and there is a general lack of available reviewers. There is an agreed trajectory to reduce the outstanding DPT SIs to contractual level of 10 by June 2019. SP to present a report to the next Quality Assurance Committee (QAC) meeting regarding the position for the outstanding DPT SIs. The committee noted the report. There was a general discussion regarding the backlog of outstanding SIs at the CCG. To alleviate the problem of there not being enough reviewers in the CCG, 10 new reviewers are being trained with a buddy up process being put in place for each review. There is a challenge to get through the CCG backlog as quickly as possible and LCB will meet with the SI team to look at process to ensure that all SIs are completed in a timely manner.	SP to provide a report regarding the DPT outstanding SIs to the next QAC
7	**Healthcare Associated Infections / Infection Prevention Control** AH presented the report. It was noted that there will be a change in the way in which Clostridium difficile (C.Diff) algorithm for 2019/2020 is reported. Concerns were raised regarding the way in which the media has portrayed Devon's E coli position as being the second worst in the country. This is inaccurate as the number of cases were used rather than the percentage of number of cases against the population. Devon is not an outlier. **Action: AH to discuss with Nick Pearson** An infection management service has been implemented to deal with the gap in infection control provision in Devon within the community setting. Recruitment will be undertaken once the financial allocation has been confirmed. Flu inoculation uptake rates for 2/3 year olds has improved due to the Thumbs up to Coby campaign. Validated data will be presented next month.	AH to discuss with Nick Pearson the inaccurate media coverage of Devon's E coli position.

	Vomiting and diarrhoea figures are lower than previous years. It was suggested that a piece of work should be undertaken with NHS England to ascertain why the improvement has been made. The committee noted the report with the proviso that the position presented for Methicillin Resistant Staphylococcus Aureus (MRSA) in March may have changed.	
8	**Learning Disability Mortality Review (LeDeR)** SP provided an update. There is a national approach to responding to the findings that people with learning disabilities tend to die younger than those without learning disabilities. Referral to the LeDeR programme can be made by everyone ie family, individual practitioners etc. At the end of March, there have been 75 reviews in total which is lower than expected. There is a problem in completing reviews due to the length of time these take whilst gathering information and the lack in the number of available reviewers. It was confirmed that no themes have been identified regarding the cause of early deaths of patients with learning disabilities (LD). SP to provide an update to QAC. The paper to include any significant problems regarding the impact on current workforce challenges and what these are likely be in the future. LW to present a paper to the Quality Assurance Meeting (QAM) to indicate how many times LD people access the different systems and the impact on workload. The paper to be presented to the safeguarding boards, QAC and GB. The report was noted.	LW to present a paper outlining the TCP workforce programme. Quality Assurance Lead & Nurse Consultant Learning Disabilities is preparing this and will attend QAC to present
9	**Primary Care Delegated Commissioning Transition Plan** As concerns were raised at the NHS England (NHSE) workshop on 28 March which was held 1 working day before the official handover of delegated commissioning, it has been agreed that not all of the quality functions will be handed over on 1 April. Final handover will be delayed for 3 months with further meetings arranged. All significant events, SIs and quality functions will be agreed during the transition period. Sue Baldwin is undertaking a review of workforce re size of population as bringing the two CCGs together has reduced the collegiate requirements with regard to safeguarding requirements across the population.	

	Further information and advice is being sought from neighbouring CCGs with regard to delegated commissioning as they have already been through the process. The report was noted.	
10	**Written Statement of Action– Special Education Needs & Disability (SEND)** SM gave an update on the paper presented in the board pack. The report contains a draft statement of action which has been distributed in the public domain to gain feedback from schools, children, families, stakeholder groups etc. SM requested that if any colleagues have any feedback on the document that this is sent to her within the next two weeks. Due to time constraints the updated document may be tabled at QAC on the day for sign off. The paper is to be submitted with a clear indication of any amendments that have been made. The document is to be presented to the Integrated Commissioning Executive meeting (was Senior Leadership Committee). The report was noted along with the timescales for re-submission indicating any changes that have been made.	
11	**Equality, Diversity and Inclusion (EDI)** SPa gave an update. Salient points noted were: Work has been undertaken with the Devon wide quality co-operative to identify system wide understanding of the population. A group has been set up which will assist in the quality assessment process. There is a variability in the interpretation and language service across Devon. This has been linked with NHS England process re procurement and shared with the Devon Equality Co-operative. Unfortunately, this cannot be a Devon wide system at present due to timescales and joint procurement with all parties will be too complex. It was discussed that not procuring a service jointly going forward could be a risk that needs to be added to the risk register. This risk needs to highlight the additional problem with resource. NHSE need to be informed to ensure that we are working as a system to manage this. The risk to be presented at the next QAC meeting. LW to liaise with Mark Procter as the interpretation and language service procurement to be discussed at Primary Care committee The report was noted.	SPa to add to the register the risk in not procuring a joint interpretation and language service across Devon. The risk to highlight any problems related to resource. The risk to be presented to the next QAC meeting. LW to liaise with Mark Procter re the interpretation and language service as this needs to be discussed at Primary Care Committee.

12	**Handover Report from Quality Committees in Common including Terms of Reference (ToRs)** A report will be presented to Governing Body from Quality Committees in Common (QCiC) to include all relevant documentation.	
13	**Agenda for May Quality Assurance Committee** • SEND draft to be presented. • Handover document re committees in common to be presented. • SI report to be presented • SP, LW and Susan Harvey to present a report on quality checkers. • Horizon scanning session covering primary care. • Briefing re data set.	
14	**Any Other Business** There was no other business.	

Attendees (attended** / apologies [A])	
Name and initials	*Title and organisation*
Chris Hanvey (Chair) (CH)	Lay Member, NHS Devon CCG
Glynis Atherton (GA)	Non-executive lay member for Assuring Quality of Services, NHS Devon CCG
Tamsin Banks (TB)	Designated Nurse, Safeguarding Adults, NHS Devon CCG
Lorna Collingwood-Burke (LCB)	Chief Nursing Officer & Caldicott Guardian/ Interim Deputy Chief Officer, NHS Devon CCG
Susan Drew (SD)	Quality & Risk Assurance Officer, NHS Devon CCG
Emma Greenslade (EG)	Head of Quality Development & Patient Experience, Nursing and Quality, NHS Devon CCG
Alastair Harlow (AH)	PSQ Support Officer, NHS Devon CCG
Sam Holden(SH)	Quality Assurance & Patient Experience Lead, NHS Devon CCG
Nick Kennedy (Vice Chair) (NK)	Secondary Care Doctor, NHS Devon CCG
Sharon Matson (SMat)	Head of Commissioning for Women and Children, NHS Devon CCG
Sonja Manton (SMan)	Director of Commissioning, NHS Devon CCG
David Mehaffrey (DM)	PA Consulting
Simon Polak (SPo)	Associate Chief Nursing Officer, NHS Devon CCG
Dr Andy Sant (AS)	Clinical Lead for CYP & MH, Western Planning & Delivery Unit, NHS Devon CCG
Lorraine Webber (LW)	Associate Chief Nursing Officer, NHS Devon CCG
Sara Wright (SW)	Head of Nursing & Quality, NHS Devon CCG
Emily Youngman (EY)	Public Health Representative, Devon County Council
Sarah Zanoni (SZ)	Associate Director of Professional Practice & Workforce, NHS Devon CCG
Mandy Love (ML)	PA to the Chief Nursing Officer, NHS Devon CCG (minute taker)
Apologies:	
Nanette Amos-Tribble (NAT)	Governance & Clinical Governance Lead, Public Health Quality
Felix Burden (FB)	Non-Executive Director Secondary Care, NHS Devon CCG
Vanessa Crossey (VC)	Head of Nursing & Quality, NHS Devon CCG
Sian Faulkes (SF)	Head of Performance & Information, NHS Devon CCG
John Finn (JF)	Deputy Chief Operating Officer of Planned Care and Programmes, NHS Devon CCG
Cathy Hooper (CH)	Designated Nurse Safeguarding Children, NHS Devon CCG,
Simon Kerr (SK)	Chair, Eastern Locality, NHS Devon CCG
Shelagh McCormick (SMc)	Quality Lead / Chair Western Locality, NHS Devon CCG
Dr Paul Melling (PM)	Locality GP, NHS Devon CCG
Sally Parker (Spa)	Equality Diversity & Inclusion Lead, NHS Devon CCG
Claire Perkins (CP)	Administrator, Commissioning Women and Children, NHS Devon CCG
Tracey Polak (TP)	Assistant Director Public Health, Devon County Council
Gemma Smith (GS)	Patient Safety & Quality Support Officer – North and East, NHS Devon CCG
Ginny Snaith (GS)	Board Secretary, NHS Devon CCG
Simon Tapley (ST)	Interim Accountable Officer, NHS Devon CCG
June Taylor (JT)	Quality & Business Support Officer, NHS Devon CCG
Alison Wilkinson (AW)	Deputy Director of Contracting, NHS Devon CCG
John Womersley (JW)	Chair, Northern Locality, NHS Devon CCG

Minutes approved	Date:	Signed by chair:

Name of committee member	Total number of meetings held to date	Number of Attendances to date
Christopher Hanvey (Chair)	18	17
Nick Kennedy (Vice Chair)	18	11
Lorna Collingwood-Burke	18	13
Simon Kerr	18	11
Shelagh McCormick	18	11
Paul Melling	18	12
Simon Polak	18	17
Lorraine Webber	18	13
Susan Baldwin	18	3
Carol Green	18	4
Emma Greenslade	18	17
Tim Burke	18	10
Nanette Amos-Tribble	18	8
Felix Burden	18	17
Tracey Polak	18	11
Simon Tapley	18	2
June Taylor	18	16
Name of attendees		
Mandy Love	18	2
Alison Wilkinson	18	10
Sam Holden	18	11
Vanessa Crossey	18	8
Sara Wright	18	10
Mark Elster	18	4
Clare Doble	18	2
Sarah Zanoni	18	9
John Finn	18	9

Sue Drew	18	2
John Womersley	18	2
John Dowell	18	1
Cathy Hooper	18	1
Sally Parker	18	3
Adam Carrick	18	1
Tamsin Banks	18	1
Sharon Matson	18	1
Gemma Smith	18	1
Claire Perkins	18	1

NHS
Devon
Clinical Commissioning Group

Primary Care Committee
PUBLIC MINUTES

Date: Thursday 2nd May 2019 Time: 0900-1130

Location: MR3, Pomona House and via Sykpe

Item	Discussion	*Action**	*Decision taken by Organisation*
1.	**Welcome and Apologies** Judy Hargadon welcomed all attendees to the Primary Care Committee, Apologies were noted. Judy explained to the group that she would be chairing the Committee jointly with Dr Nick Kennedy during her transition to Chair. Nick Ball and Keri Ross joined via conference call.		
2.	**Declaration of Interests** The DoI register was reviewed by the group. Declarations of Interest were received as follows: Shelagh McCormick declared that her partner is GP at a GP Practice in Plymouth and member of the LMC. She also declared that she works as a GP at the Mayflower Group in Plymouth Judy Hargadon declared that she is currently still a Lay Member at University of Exeter and her brother is a GP in Cornwall		
3	**Approve previous minutes, update on action** The minutes from the last public meeting held on Thursday 4th April 2019 were approved as an accurate reflection of the meeting. The action log was updated as follows: **Action 100** – Good news stories – Paul confirmed that good news stories would be issued at the end of Q1. Keri Ross informed the group that we now have a new GP bulletin that goes to all GPs across the		

	whole of Devon and cascades all information via this. Action to remain open until first good news story has been published. **Action 102** – Practice locum claims – Due to Ben Chilcott's absence at today's meeting, Miles Earl agreed to ensure this action is in hand. To report to next meeting. **Action104** – Property voids – awaiting figures from month 1 and 2. Should see figures next month. **Action 107** – Workforce presentation. Deferred until June agenda due to sickness. Shelagh highlighted how critical this subject is and informed the group that workforce was discussed at Western Partnership Meeting. Shelagh highlighted the need for an STP wide plan and also a bespoke plan for the Western locality. Mark Procter assured the group that specific sub-group will work with Western Workforce Group. **Action 111** – Cranbrook on today's agenda **Action 112** – Estates report to be deferred to next meeting. Mark Procter reported good progress. Mark reported that meetings have taken place and we now have initial understanding of population growth. Jo Turl assured the group that additional capacity is being sought to support the estates work. **Action 114** – Funding options for Brixham Hospital. Mark informed the group that the original funding source was no longer available. Agreement now for Practice to fund conversion work in return for a rent-free period, so work can commence in the next few weeks – action closed. **Action 116** – CEPN on today's agenda **Action 19/1** – Primary Care Operational Group on today's agenda **Action 19/2** – Lorraine Webber confirmed that the final delegation MoU was received this week. Lorraine accuracy checking and will then circulate. **Action 19/3** – Chilcote boundary change. Paul Baker informed the group that discussion around QEIA process had not yet taken place. Lorraine suggested meeting with Vanessa Crossey **Action 19/4** – Paul Baker confirmed that extended access work is ongoing. **Action: Paul to delegate to one of the Primary Care Team to meeting Sam Holden** **Action 19/5 -** Work plan – in the pack today (highlight report)	**Closed** **Closed** **Closed** **Paul Baker** **Closed**	

4	**Risk Register** Paul Baker reported on this risk report: Key points were highlighted: 3.1 – Review of risk 97 - Mayflower procurement. Proposed risk elevation from 12 to 16 due to length of contract offer. Mark Procter confirmed ongoing conversations with national team. Jo Turl said that the length of contract offered was not ideal but said that she still expected interest at 7 plus 3. Judy Hargadon asked if CCG are procuring the contract, why are NHSE making decisions? Mark said that NHSE were initially leading on the procurement, as it was pre 1st April and a decision had been made part way through the process that it should be a joint commissioning process. Jo Turl reported a good working relationship with NHSE. Shelagh McCormick said that she thought Mayflower should have been divided into several lots, but Mark Procter said that this approach had failed in the past. Rachel Ali and Shelagh McCormick disagreed with this. **The group agreed on the elevated risk score**		**Agreed**
	Finance		
5	**PCC Finance Report** Miles Earl reported on Finance paper with no expected variance and no specific issues to raise. Miles highlighted the following points: - Reports include expenditure for CCG and NHSE had prior to 1st April. Miles outlined the main changes since last month - Additional allocation of £1.2 million in respect of indemnity. - QOF forecast deteriorated by £300k - Locum claims increased by £150k Overspend of £5.3 million outlined in paper Enhanced services on track at break-even position. Miles confirmed that CCG have agreement that cost pressure of £5.3 million will be inherited by NHSE on a non-recurrent basis.		

	Tracey Polak asked whether the onus is on the CCG to redesign services to remove this cost pressure. Jo Turl said cost pressure is largely due to the Mayflower contract and LIFT estate and that we would have to remove cost pressure going forward.		
Strategy			
6	**Dentistry Contract** Tess Fielding attended and briefed the group on dentistry contract. Tess highlighted recruitment issues in the South West and is working closely with GPFV Team to attract dentists to the South West Tess highlighted the following key things in terms of contracting: - Rebasing policy to manage claw back and reallocating funds - Innovation – buy contracts to suit local need. - Waiting lists – unique that we hold a waiting list, with Plymouth being the biggest area of concern. - Piloting a group in Plymouth to talk about NHS access in Plymouth Tess informed the group that the target is for 50-55% of the population to access NHS dental care, with some areas reaching 75% but Plymouth very low at 47.4% Tess asked the group for questions: Jo Turl – *Do figures reflect patients choosing not to access a NHS dentist?* Tess Fielding said that we do commission enough NHS activity, but workforce is an issue. If there were enough dentists taking on contracts, we would not have a waiting list. Shelagh McCormick – *what is commissioned for frail and elderly patients?* Tess Fielding explained that dentistry is divided into three categories, high street, special care or community and acute and community dentists would look after this group of patients. Tess told the group about an initiative called Mouthcare Matters, which targets this group of patients. Shelagh McCormick – *what is the wait time for these patients?* Tess Fielding confirmed that patients with an urgent need – patients would be able to access services in a timely way, but non-urgent treatment in a community setting an issue. Nick Kennedy – *is access through the acute trust for surgery?* Tess Fielding informed the group that there is a problem with lack of consultants in secondary care and a new model is being developed where a consultant works across two or more sites. Tracey Polak – *Do you profile against deprivation? What portion of the population would you expect to access NHS services?*		

	Tess Fielding said that population is not profiled, and services are currently just based on population numbers. Jo Turl – *how are patients with learning disability and mental illness supported?* Tess Fielding said that these patients would fit into community dental services. Tess said that a number of contracts are to be re procured across the South West to address issues. Shelagh McCormick – *Has discussion taken place about inclusion of dental services in wellbeing hubs.* Tess Fielding confirmed that a lot of work is ongoing in Plymouth already Judy Hargadon – *what do you need from the Committee to help develop services?* Tess Fielding asked the group to highlight any issues so that she can work on developing appropriate services. Tess informed the group about an initiative for children which will help achieve the target of every child having a dental check before the age of one. Health Visitors are being given training to give dental help and advice to parents to achieve this. Tracey Polak highlighted the pressure being put on this group of professionals to do additional work. The group discussed whether the CCG are aware of patients experiencing difficulty accessing services. Lorraine Webber said that any access issues will come in through PALS and Complaints Team.		
7	**GP Contract Summary** Paul Baker reported on the GP Contract Summary/Primary Care Networks with the following highlights from his slides: - Biggest change to GP services since at least 2004 - 30,000 - 50,000 is the optimal population for a Primary Care Network, but this figure is flexible at top and bottom level - Practices do not have to be part of a network - Membership organisations who make decisions about funding and workforce are allocated - CCGs approve networks, but they are practice driven - Network agreements are owned by Practices - Workforce investment – funding to bring pharmacists in to be part of team. Currently there are 50 wte pharmacist vacancies. - Clear that investment over coming years requires a practice to be part of a network - Services to be provided – extended hours to fill gaps from July. Changes happening at a fast pace - Timeline from May 2019 to meet re registration requirements - Indemnity changes remove a lot of barriers. GPs in the room agreed that changes would help and are very useful for AHPs.		

8	**Primary Care Networks** Paul Baker reported on the Primary Care Networks paper, with the following key points - Paper seeks approval for Executive authorisation process - Principal point in Western section where there are three practices that don't appear in Networks, but progression is being made on these practices being approved. Rachel Ali highlighted an error on App B/C of the paper with Pathfields list size **Action: Paul Baker to make corrections to paper** Nick Kennedy asked Paul Baker if he was happy that networks are all workable. Paul responded that the vast majority are going to work well. Paul reported a couple of unexpected partnerships. Jo Turl thanked the Primary Care Team for all their hard work on supporting the developing networks. The group discussed community services where networks cross boundaries and said that community services may need to think differently. Paul Johnson also highlighted the alignment with Primary Care Collaborative Boards and suggested we may need to be more fluid with our boundaries. Currently the model shows practice level, network level and collaborative board level, which will continue and it is important that networks do not lose sight of the model. May have to have conversations around which collaborative boards networks align to. Paul Johnson asked how we support development of clinical directors? Paul Baker reported a good working relationship with LMC who are taking a lead on development. The group discussed governance and what role this committee has in overseeing governance in networks. Paul Baker explained that networks will be making decisions on finance arrangements and an internal governance process. In difficult situations immediate and intense meetings would take place to resolve issues with CCG or LMC being involved if necessary. Rachel Ali said that it is predictable that the areas of difficulty are going to be where practices are most fragile. Worst case scenario is that GPC and NHSE get involved. **The group supported the proposal for Executive authorisation outlined in the paper** **Report next month on outcome from 15th May – Paul Baker**	**Paul Baker** **Paul Baker**	**Agreed**

9	**Estates Update**		
9.1	**Cranbrook GP Practice Interim Premises** Discussion had taken place last month, but no decision was made due to the lateness of information. Jenny McNeil said that the paper was presented late due to a Council meeting the day before which changed information in the paper. Nick Kennedy gave a brief review of the paper. Cranbrook on the edge of Exeter with a growing population and also adjacent to other growing developments on the edge of Exeter. The interim arrangement outlined in the paper gives an opportunity to prepare for longer term, as the population may change significantly in the future. Judy Hargadon asked whether funding was available for this scheme. Paul Baker confirmed that this was a cost pressure and highlighted that the issue was around funding, rather than the proposal. Jenny McNeil outlined two proposals for funding, 1. Funding directly from CCG contingency 2. A loan from East Devon District Council, borrowing against ring fenced business income with no interest. Repayments of £20-30,000 per annum for five years. Jo Turl asked what the risk was if we did not agree the proposal? Jenny McNeil said that the Practice had already applied to close their list and we would risk list closure. If we don't approve funding soon, work would be significantly delayed, as contractor spends a lot of summer working on schools Jo Turl asked whether surrounding practices are able to pick up any additional patients? Jenny McNeil said that most local practices would require additional investment if they were to pick up additional patients. Jenny also highlighted an impact on local dentists, as NHS England intending to put dental practice into the new building. Paul Johnson said that the knock-on effect on budget of not completing this work outweighed the spend. The group agreed the risks are considerable if funding is not approved. **The group agreed to provide funding. Finance colleagues to decide on the technicalities of how to fund. Decision to be made by Finance this week**		**Agreed**
Commissioning			
10	**Primary Care Operational Group** **ToR to be Ratified:** **Committee agreed revised Terms of Reference.**		**Agreed**

	The group reviewed the minutes for noting with no items for escalation to this group. The group noted a governance issue with bringing minutes to public committee before they are approved. Proposal to use proforma outlining key points in the future rather than include the minutes agreed in the same as as GB committees report to GB. **Review Primary Care Operational Group in September's PCC. AP to add to forward planner**	**Alison Pearce**	
11	**LMC Negotiation Meeting Outcome Report** Paul Baker reviewed the paper of the group with the following highlights: 3.1.5 – extension of shared care arrangements – good progress being made 3.1.8/9 – practice development sessions and approval/appeals process for them. Matters have now been finalised.		
12 12.1	**Update Reports:** **Primary Care Highlight Delivery Status** Paul Baker reported a drift from green to amber which reflects higher targets and aspirations. Mark confirmed that we are asking the Committee to approve the format of the report in terms of the measures that are recorded within it. Lorraine Webber reported that the plan is to include more quality indicators and a session is planned to decide how to measure quality across primary care. Primary Care performance and quality also needs to be included in the quality report. Mark confirmed that we have access information for the last 3 months and agreed for this to be included in quality report and highlight report. Paul Johnson said that workforce element needs to be expanded. Judy Hargadon asked how many of the targets were set by national requirements. Mark said that all targets were agreed as part of national requirements but sometimes stretched to meet a local target. Paul Johnson suggested mapping to income streams to provide more detail. **Actions:** - **More quality indicators to be included and quality information from last 3 months to be included**	Mark	

	- **Workforce element to be expanded**	Mark	
12.2	**Locality Flash Reports** The group noted the flash reports. The group discussed the RAG rating on Southern and Western reports and asked how RAG ratings are determined. Mark Procter confirmed that this was done by judgement. Rachel Ali highlighted Western being amber and the fact that our latest practice handback was not included.		
12.3	**CEPN Report** Mark Proctor reported on the CEPN report. Mark gave a brief overview of the CEPN being an organisation contracted to provide training to practice staff. Various levels of feedback had been received around how useful training had been and this report was commissioned to summarise feedback on training. Mark reported that feedback was better than expected but we recognise that there is more work to do. CCG, NHSE and CEPN to work together to provide detailed information going forward. Judy Hargadon asked Collaborative Board members present today whether this information is discussed in locality meetings? Shelagh said that it is touched on in Collaborative Boards and CEPN have a seat at these meetings. Shelagh highlighted that Individual practices find it difficult to free staff up to attend courses due to workforce issues. Courses are all funded but practices find it difficult to fill gaps when staff attend training. Lorraine Webber asked if we have the ability to influence future training requirements resulting from incidents and issues? Mark said that we are in a better position to influence training now.		
Contracting			
13	**Contracting Report** Mark Procter presented the Contracting report to the group and highlighted that this now only includes contracting changes and new CQC reports. **Temporary Closures** List of temporary closures included in the report. Shelagh McCormick asked whether any practices have had applications rejected? Mark said that rather than reject, discussion takes place to agree the terms of temporary closure. Alison Wilkinson said that national variation has been issued for all GP contracts, which came out on 29th March. Mark said that the team is		

	yet to receive the contracts from NHSE as part of the delegated commissioning hand over. **Monthly CQC Reports** Three CQC reports have been received since last committee and all three reported as 'good'. Congratulations to those practices.		
14	**Options Appraisal for Mannamead Surgery** Mark Procter presented a paper to the group outlining options for Mannamead Surgery post their 6 month notice period. Mark reported that the Practice is still operating and feeling supported. Four options have been outlined within the paper: 1. Dispersal – large number of patients to disperse and impact might be further contract hand backs from neighboring practices. 2. Enact Standalone procurement – 5-year APMS contract. 3. Enact the Emergency Framework to allow a longer timeframe to procure a 5-year APMS contract 4. Enact the Emergency Framework and include in the existing Mayflower procurement process Recommendation of the Primary Care Team is to approve option 4. Nick Kennedy asked how proposal links with Mayflower contract and whether this is viable? Mark Procter said that Mannamead Surgery aligns to Mayflower Procurement with commonality in the way Mannamead works and it's spread of workforce. They also work on the same computer system. Judy Hargadon asked members to disclose any conflict of interest in this discussion. Shelagh McCormick confirmed that she works at Collings Park Surgery on a self-employed basis. Rachel Ali declared that she is a partner at another practice in Plymouth. Shelagh McCormick provided the group with some local background information: - Changes have been very challenging for local practices. - Experience is that Mannamead are used to working in a very different way. - Caution that current GPs may not want to stay on in a very different environment. Mark Procter assured the group that discussions with existing GPs had taken place GPs had assured that they want to be part of the transition.		

	Rachel Ali gave some background information on the partners of the practices involved. - Three partners at Mannamead have over 60 years' experience. - GPs under phenomenal pressure and keen to find a solution. - Past experience (Ocean) shows that GPs who said they would stay on did not and we should be prepared for the possibility that they might not be there in 12 months. - Mannamead currently run personal lists which is not compatible with the way Access works. - Anxiety within neighboring practices. Paul Johnson said that he could find fault in all four options and none are ideal. Need to find the least bad option to stabilise in the short term. Lorraine Webber said that the Equality and Health Inequalities part of paper would normally be taken to QEIA panel. Lorraine questioned whether that should that sit separately in QEIA panel for the future. Paul Johnson asked whether we could approve option 3 and 4 and ask Mannamead to decide which would be preferable. Mark Procter said that this is not an option, as a decision will need to be made so that procurement process can begin. Recommendation of the group **The group approved option 4.** **Action: Nick Kennedy asked for a paper to come to the next committee with a paper to articulate the risks.**	**Paul Baker**	**Agreed**
	Planning		
15	**Committee Effectiveness Forward Planner** Forward planner reviewed by the group. Items to be added as required during the year Annual refresh of priorities – date needs to be included on the forward planner. **Action – AP to add**	**Alison Pearce**	
Meeting Close at 1115			

Attendees (attended** / apologies [A])	
Name and initials	*Title and organisation*
*Alison Pearce (AP)**	*(Minute Taker) Business Manager for Director of Primary Care*
*Alison Wilkinson (AW)**	*Associate Director of Contracting (NHS Devon CCG)*
Caroline Dimond [A]	*Director of Public Health (Torbay Council)*
John Dowell (JD) [A]	*Chief Finance Officer (NHS Devon CCG)*
John McCormick (JMc) [A]	*Chief Clinical Information Officer (NHS Devon CCG)*
*Judy Hargadon (JH)**	*Chair – Non-Executive Lay Member – Primary Care and Prevention*
Trudy Darby (TD) [A]	*Healthwatch Devon Representative*
Laila Pennington (LP)[A]	*Head of Primary Care (NHSE)*
Lorna Collingwood Burke (LCB) [A]	*Chief Nursing Officer (NHS Devon CCG)*
*Mark Proctor (MP)**	*Director of Primary Care (NHS Devon CCG)*
*Nick Ball (NB)**	*Non- Executive Director for Finance and Governance (NHS Devon CCG)*
*Nick Kennedy (DrNK)**	*Chair – Secondary Care Doctor on the Governing Body*
Nicola Bonas (NB)	*Head of Communications, NHS Devon CCG*
*Paul Baker (PB)**	*Deputy Director of Primary Care (NHS Devon CCG)*
*Paul Johnson (PJ)**	*Clinical Chair (NHS Devon CCG)*
Virginia Pearson (VP)[A]	*Director of Public Health (Devon County Council)*
Ruth Harrell (RH)[A]	*Public Health Consultant (Plymouth City Council)*
*Shelagh McCormick (SMc)**	
*Jo Turl (JT)**	*Director of Transformation (NHS Devon CCG)*
In Attendance	
*Miles Earl**	*Senior Accountant (on behalf of John Dowell)*
*Vanessa Crossey**	*Head of Nursing and Quality (NHS Devon CCG)*
*Tracey Polak (TP)**	*Assistant Director of Public Health (on behalf of PHE)*
*Lorraine Webber (LW)**	*Deputy Director of Quality and Assurance (on behalf of Lorna Collingwood-Burke*
Keri Ross (KR)	*Communications Manager (on behalf of Nicola Bonas)*
*Tess Fielding (attended to present item 7)**	*Contract Manager, Dental Services*

Minutes approved	Date:	Signed by chair:

NHS
Devon
Clinical Commissioning Group

QUALITY ASSURANCE COMMITTEE
MINUTES

Date: Thursday 9 May 2019 Time: 09:30 – 13:00

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

Item	Discussion	*Action*
1	**Welcome and Apologies** Introductions were made and apologies noted. **Declaration of Interests (DoI)** *The Chair reminded all committee members and attendees of their obligation to declare any interest they may have on any items on the agenda and for discussion/decision at this committee meeting which might conflict with the business of the Clinical Commissioning Group (CCG). No declarations were made in relation to agenda items.*	
2 3	**Approval of previous minutes** The minutes of the meeting held on 11 April 2019 were **agreed** by the Committee as a true and accurate record with the following amendments: • Item 4 - S Manton should read S Matson • Item 7 - N Pearce should read N Pearson • Item 10 - title should read Written Statement of Action Minutes amended during the meeting. **Action log** The action log was updated. QAC0001 A copy of SMan updated DoI received. **Action closed.** QAC0002 It was noted that the reference to NEW Devon on Terms of Reference (TOR) needs to be removed. QAC0003 SH confirmed this is on track and will be presented in June QAC0004 SP to contact Devon Partnership Trust (DPT) regarding overdue serious incidents (Sis); update further information following quality and data committee on 18 June 2019. The risk will not change until that meeting. On agenda for July 2019. QAC0005 LW / CG Risk 95 has been reduced from 15-12 and action updated, recommended for closure. **Action closed.** QAC0006 SM/LW – issue and risk part of Special Education Needs and Disability (SEND) inspection plan. **Action closed.**	

	QAC0007 – SW action updated and assurance around records provided to NHS Alliance noted. **Action closed.** QAC0008 – SP outstanding DPT SIs – update now have meetings booked with DPT on a monthly basis including Andy Sant and Safety Systems doing a weekly check of DPTs position. This is because they will remain backlogged for a considerable period. SW and SP reviewed a set of SIs around quality and found that they needed further detail around assurance. LCB asked for the impact of this to be checked over the next 4 weeks to ensure improvement. Action to remain open. QAC0009 – AH/NP – update that AH sent an email through to communications informing them of the recent negative media coverage. It was left with Communications to get back to AH if they had any queries but nothing received. **Action closed.** QAC0010 – action recorded incorrectly and request to close. The correct action is noted as per QAC0011. **Action 0010 closed.** QAC0011 – will be presented to QAC in June. QAC0012 – target date of June. First draft of the risk has been submitted, awaiting second draft prior to getting Director sign off. Risk will be included in the risk report at the June QAC. 0013 – LW/MP Speech and Language Therapy (SALT) has June target date. Awaiting update.	
4	**Patient Story:** SP gave an update on multi-agency serious incident currently being reviewed around the death of a young person. At the time of hospitalisation, the mother spoke with the team around the circumstances of his death. Primary care tried to contact the family and encountered a lot of difficulty engaging them in a conversation around the death of the patient. The CCG also had the same issue with no response from the family. It transpired that the mother has difficulty understanding the levels of information both verbal and written. The CCG arranged a meeting with the family and had a successful conversation, looking at the various ways to engage with the processes followed and the way in which information is provided. The learning from this particular case has led the CCG to look at the ways it provides information to patients and their families. The committee **noted** the story.	
5	**Quality Risk & Assurance Report including Risk Register** SD confirmed that the risks requested for closure by the commissioning directorate are to remain on the register and go through the usual process of monitoring. **In summary** The committee **agreed** the addition of Risk 104 to the risk register**.**	

	Risk 100 has been reviewed and is routinely monitored by South Western Ambulance NHS Foundation Trust (SWASFT). An update will be taken to the Devon Delivery Board in May 2019. **Action:** SZ to raise again with SWASFT at the South West Quality Surveillance Group whether a whole scale review needs to be implemented around the SWASFT call stacking and to ask ME to consider how we understand if lower level incident data tallies with outcomes to ensure we have sight of potential harm. **Action**: SZ to consider if we can learn from how Dorset CCG, Lead Commissioner, will drive the review of SWASFT lower level harm data and tally it with the outcome. Risk 102 update provided. Risks for Nursing and Quality are due for review by 16 May 2019 The new risk framework was approved at Audit and Assurance Committee and will now go to Governing Body in June for approval. SD gave a brief update around the duplication of risks with the merging of the two CCGs recently and the action being taken to bring these into single risks by removing the mirrored risk off the register. **Risks** The report was noted.	SZ SZ
6	**Quality Assessment Framework (QAF)** VC described the methodology that will be used going forward for the quality assessment framework. The recommendations made to the Committee are: 1. To note the Quality Assurance Framework, alongside the Flash reports within supporting appendices as an accurate reflection of patient safety and quality issues across the provider landscape. 2. To request any further assurance in relation to partially or not assured issues (3.3) 3. Confirm approval of the recommendations made. • **Northern Devon Healthcare NHS Trust: Governance and operational efficiency:** There is a continued need to seek assurance around full implementation and embeddedness of improvements to governance and other processes within the Trust. This includes mortality and morbidity processes; it has become apparent through NDHT's Mortality Review Committee that significant numbers of deaths remain un-coded. This could potentially lead to delay in learning, the identification of incidents and information for families. There is a significant HSMR anomaly and the CCG are liaising closely with NHSI to understand and monitor this. Actions include an enhanced surveillance call and meeting with the Director of Nursing, to understand actions NDHT plan to take to drive improvement at pace.	

NDHT are looking at a new audit tool for coding and a series of actions have been taken with their Director of Nursing. However, there is an anomoly in relation to one care home within that area which is actually more of a care home 'village'. The CCG is working with the community provider in the area and the safeguarding team is working with them.

- **Devon Partnership Trust: Learning from Incidents:**

There is continued lack of assurance in relation to Trust governance processes, including serious incident investigation and reporting. The associated risks include delayed team and whole organisation learning and providing timely information back to patients and families. Additionally, there is risk that delays impact on section 42 processes and closing safeguarding enquiries with local authorities. This issue remains on the CCG risk register.

- **Children & Young People- Mobilisation of incoming provider of services:**

Mobilisation actions have ensured a safe and effective transition of children's services to the new provider 1 April 2019. Risks included workforce within safeguarding teams and a briefing paper describing gaps in named safeguarding roles across the system is being presented and reviewed at the April 2019 Safeguarding Steering Group. In relation to serious incidents, both the previous and new provider are working to ensure serious incident investigations continue in a timely manner for patients and carers. VirginCare Ltd (VCL) are holding the incidents on their StEIS portal with operational review.

- **Torbay and South Devon Foundation Trust:**

Concerns exist in relation to quality standards across urgent care pathways and performance in ED. It has been agreed that the PSQ team will undertake a series of audits to assure that no harm is taking place despite poor performance. The Trust are reforming their emergency care structure framework moving into a home-first, emergency floor and ward location. Future reporting for this relating to the structure will come as a flash report to the SDT A&E delivery board. The CCG have early sight of the daily dashboard information and participate, support and seek assurance through the weekly Gold Calls with the Trust and are supporting the organisation with trialing the new ED breach forms. The CCG is undertaking a suite of audits to provide further assurance. No experience of harm noted.

- **Devon Doctors:**

There is a growing concern and some evidence that when DDOC move into OPEL 4 that their actions are impacting on the acute trusts ability to maintain their safety and performance. A number of quality meetings with this provider have also been cancelled at short notice. This will be escalated to the Director of Governance within DDOC to address these concerns and discuss as soon as possible.

- **Livewell:**

The EMDR waiting list has been a challenge within the IAPT service for some time. There is a continued high demand within Plymouth for trauma focussed therapy. Available trauma therapies within the service consists currently of EMDR and Trauma focussed Cognitive Behavioural Therapy (CBT). In order to demonstrate assurance that those patients were being kept safe whilst waiting for treatment Livewell made a commitment reviewing every patient. In total 96

	clients were reviewed, these were clients that had waited more than 18 weeks. Staff contacted these clients to review their current needs, establish ongoing requirement for therapy, and if appropriate reviewed for trauma-based CBT. There is good evidence that this further supports people to be therapy ready and reduces the amount of time required in therapy with positive results for the individual. In addition, Livewell have identified a number of veterans waiting for therapy and are working closely with the third sector military charities across the city. The CCG PSQ team is closely involved and initial conversations would suggest that this will help to ensure that both the health and voluntary sectors work together to support veterans whilst they wait. This is an innovative project and could provide substantial support for the veteran population. SW asked the committee to approve the recommendation for Children and Young People to return to a flash report. The committee **approved** the recommendations as set out in the quality assurance framework report.	
7	**Serious Incidents (SI) 60-day backlog in DPT** NHS England asked what the CCGs proposals were for reducing the backlog of serious incidents over 60 days. It was recognised that the CCG has a very robust system and NHS England deem this to be a good process. The CCG is now in a position where the safety systems team provide a weekly position statement to the Chief Nursing Officer. All providers have been written to requesting a weekly update on their individual backlog status. The committee **noted** the report.	
8	**Written Statement of Action (WSOA) – Special Education Needs & Disability (SEND)** *Sharon Matson and Kate Taylor attended for this item* SMat gave an update on the Written Statement of Action which was presented at the April Quality Assurance Committee. The CCG will be submitting the plan tomorrow and is at the committee today for a final check and challenge, and sign-off of actions. Any feedback from the public has been made and any last minute changes will be made prior to submission tomorrow. The two major changes are: 1. Section D – the CCG is predominently responsible for this section. Emboldened text has been removed. 2. Sections C3,4,5 – trajectories and milestones are challenging. Improvement work is being undertaken around the new provider. CB suggested film/patient experience case studies example from the SEND work as it's developing that for S Matson to look at. The committee **noted** the report and amendments as stated.	
9	**Developing Local Quality Surveillance Groups (QSG)** The CCG is in the process of setting up a Local Quality Surveillance Group to ensure system-wide quality commitment of all providers and improve quality and	

	support for managers to work together more effectively, setting out the areas that the public and service users feel are of most importance to them. The first planning workshop with Torbay is being held on 28 May 2019 with the Inaugural Quality Surveillance Group meeting on 1 July 2019.	
10	**Quality, Equality Impact Assessment (QEIA) update** SPo gave a brief update on the operational planning aspects. Plans are being revisited with respect to how the plans reflect a system review of intentions and what the costs are. A number of further meetings with providers are being arranged with a view to developing these plans. Part of the process is that the CCG will push trajectories and there will be a need to look at any proposals that extend the opportunity for savings. Where proposals come from these meetings, the Patient Safety and Quality (PSQ) team will look at any issues and will prepare and develop any QEIAs as appropriate. It was recommended that providers should submit their QEIAs to their relevant Quality Committees. The committee **noted** the update.	
11	**Handover Report from Quality Committees in Common including Terms of Reference (ToRs)** EG outlined the pack that was submitted to the April Quality Assurance Committee. The Terms of Reference were approved by Governing Body in April 2019 with the one amendment which was to remove the reference to NEW Devon CCG and highlights on selected text. TOR will be cross referenced to the forward planner.	
12	**Agenda for June Quality Assurance Committee** Draft agenda noted. Items to include are: • Quality, Equality Impact Assessment Annual Report • QEIA report to include STP System Operating Plans (Part 2) It was noted there will be a Confidential Part 2 session at the June meeting, to include a Safeguarding Report.	
13	**Any Other Business** There was no other business.	
14	**Papers for Information:** Joint Clinical Effectiveness Committee minutes – noted.	

Attendees (attended** / apologies [A])	
Name and initials	*Title and organisation*
Charlotte Burrows (CB)	Non-Executive Lay Member, Patient & Public Involvement (Acting Chair)
Lorna Collingwood-Burke (LCB)	Chief Nursing Officer & Caldicott Guardian/ Interim Deputy Chief Officer, NHS Devon CCG
Susan Drew (SD)	Quality & Risk Assurance Officer, NHS Devon CCG
Emma Greenslade (EG)	Head of Quality Development & Patient Experience, Nursing and Quality, NHS Devon CCG
Dr Nick Kennedy (NK)	Secondary Care Doctor, NHS Devon CCG
Simon Polak (SPo)	Associate Chief Nursing Officer, NHS Devon CCG
Vanessa Crossey (VC)	Head of Nursing & Quality, NHS Devon CCG
Sara Wright (SW)	Head of Nursing & Quality, NHS Devon CCG
John Finn (JF)	Deputy Chief Operating Officer of Planned Care and Programmes, NHS Devon CCG
Sharon Matson (SMat)	Head of Commissioning for Women and Children, NHS Devon CCG
Kate Taylor	Senior Commissioning Manager (Children's), NHS Devon CCG
Emily Youngman (EY)	Public Health Representative, Devon County Council
Ginny Snaith (GS)	Board Secretary, NHS Devon CCG
June Taylor (JT)	Quality & Business Support Officer, NHS Devon CCG (minute taker)
Shelagh McCormick (SMc)	GB GP Lead, NHS Devon CCG
Dr Paul Melling (PM)	GB GP Lead, NHS Devon CCG
Apologies:	
Glynis Atherton (GA)	Non-executive lay member for Assuring Quality of Services, NHS Devon CCG (Chair)
Lorraine Webber (LW)	Associate Chief Nursing Officer, NHS Devon CCG
Sonja Manton (SMan)	Director of Commissioning, NHS Devon CCG
Sarah Zanoni (SZ)	Associate Director of Professional Practice & Workforce, NHS Devon CCG
John Womersley (JW)	Chair, Northern Locality, NHS Devon CCG
Simon Kerr (SK)	Chair, Eastern Locality, NHS Devon CCG

Minutes approved	Date:	Signed by chair:

Name of committee member	**Total number of meetings held to date**	**Number of Attendances to date**
Glynis Atherton	2	0
Charlotte Burrows	2	1
Lorna Collingwood-Burke	2	2
Lorraine Webber	2	1
Simon Polak	2	2

Nick Kennedy	2	2
Shelagh McCormick	2	2
Carol Green	2	0
Paul Melling	2	1
Michelle Thomas	2	1
Emma Greenslade	2	2
Emily Youngman	2	2
Sonja Manton	2	1
Ginny Snaith	2	1
June Taylor	2	2
Name of attendees		
Vanessa Crossey	2	1
Sara Wright	2	1
Sarah Zanoni	2	1
John Finn	2	2
Sue Drew	2	2
Sharon Matson	2	2