Devon CCG Governing Body meeting held in Public

Room 1a-c, The Courtenay Centre, Kingsteignton Road, Newton Abbot TQ12 2QA

25 April 2019 14:00 - 25 April 2019 17:00

AGENDA

#	Description	Owner	Time
1	Introduction		14:00
1.10	Welcome and Apologies from Simon Tapley, Dr Ruth Harrell, Dr Virginia Pearson Verbal	Chairman	
1.20	Register of Interests Paper NHS Devon CCG Governing Body Declarations of I... 7	Chairman	14:05
1.30	Introducing the new members Verbal	Chairman	14:10
2	Merger/Legacy		
2.10	Minutes of NHS NEW Devon and South Devon and Torbay CCG Committees in Common held on 28 March 2019 Paper 1 GB Cover 250419 minutes.docx 11 2 Draft minutes GB CiC in Public 28.03.2019 TB Co... 13	Chairman	14:20
2.20	Merger Closedown Report and Legacy Arrangements Paper 1 GB Cover 250419 Merger Closedown report.docx 27 2 GB Paper 250419 Merger Closedown report.docx 31	Board Secretary	14:25
2.30	Sign off Constitution, Governance Handbook and Terms of Reference Paper 1 GB Cover 250419 Constitution and Governance... 39 2 NHS Devon CCG draft constitution v09 01042019... 43 3 DRAFT NHS Devon CCG Governance Handbook... 133	Board Secretary	14:45

#	Description	Owner	Time
2.40	**Risk Register** Paper 1 NHS Devon CCG Risk and Assurance Report to... 223 2 Appendix A Risk Repot @ 16 April 2019.pdf 227	Board Secretary	15:10
2.50	**Break**		15:20
2.60	**Chairman's Report** Verbal	Chairman	15:35
2.70	**Chief Officer's Report** Paper Interim AO Report Governing Body PUBLIC NHS D... 261	Chief Finance Officer	15:45
2.80	**Feedback from Devon CCG Launch Events** Verbal 1 Cover sheet for GB paper - CCG launch April 201... 267 2 GB paper April 2019 - Launch of Devon CCG FIN... 269	Director of Communications and HR	15:55
2.90	**Locality Updates** Verbal	Locality Clinical Leads	16:15
3	**For information**		
3.10	**Quality and Performance Report** Paper 01 Quality and Performance cover sheet.docx 275 Quality and Performance report April.docx 277	Chief Nursing Officer	16:40
4	**Any Other Business & Close** Verbal	Chairman	16:50

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NHS Devon Clinical Commissioning Group Governing Body Declarations of Interests at 18 April 2019

Title	Surname	Firstname	Role or Position held with the CCG	Committees attended	Interests	Interests - Partner or Family	Date interest from	Date interest to	Date interest updated	Type of interest	Is the interest direct or indirect?	Action taken to mitigate risks	Employer Organisation
	Ball	Nick	Vice Chair/Non Executive Director - Finance and Governance. NHS Devon CCG Lay Member - Governance and Probity NHS Devon CCG Conflict of Interests Guardian for NHS Devon CCG	Member of Governing Body Member of Audit and Assurance Committee Member of Finance and Performance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Member of Primary Care Joint Commissioning Committee	Appointed Chair of Audit Committee for NEW Devon CCG (Dec 2016) Director of the B4 project Director of Community Interest Company: 11319536 ,Heavens Thunder C.I.C, Cornwall from 19 April 2018	Virgin Care (spouse/partner was a Portage Home Visitor to 2015)	22/09/2016		10/05/2018	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Bromidge	Robert	Governing Body Locality GP	Member of Governing Body Attendee of Audit and Assurance Committee Member of Engagement Committee	Full time partner - Compass House Surgery Work for Devon Doctors on Call Local Medical Advisor RNLI Medical advisor Novanordisk Provide medical cover for Brixham Hospital - ICO contract (01/10/2017), contract held by Compass House Medical Centre Occassional work as Chair for MSD & Astrzenica at Diabetes meetings		05/08/2015		16/10/2018	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG/ Compass House Surgery
Dr	Burden	AC known as Felix	Non Executive Director - Secondary Care	Member of Governing Body Member of Audit and Assurance Committee Member of Quality Assurance Committee Member of Strategic Human Resources (HR) and Remuneration Committee	Director of Burdens of Diseases Ltd (2008) - diabetes and long term condition education and Quality Assessment - IT clinical algorithms - specifically Blood glucose monitoring, commissioned by the Birmingham and Solihull CCGs but paid by Spirit health care, Abbott Diabetes Care and Glucomen (2013) Advice to Spirit Health care on clinical aspects of glucose monitoring (2013) External QA of Empower, a diabetes education programme (Aug 2015) Royal College of Physicians - Fellow (1988) Diabetes UK – previous vice chair, trustee, Chair professional sections and member of governance committee (1974) Labour party member (1974) Member of Heart International advisory board (dec 2015) Member of BMA (c1965)	My son is Consultant Physician in Respiratory disease at the RD and E (August 2018) My daughter in law works at the RDE as an Lead Nurse for Infection, Prevention & Control Son is an employee within the HR department of Devon Partnership Trust	Declared on appointment October 2016	31/03/2019 left SDT CCG	28/02/2019	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Burke	Tim	Clinical Chair	Member of Governing Body Attendee of Audit and Assurance Committee Attendee of Quality Assurance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Member of Primary Care Joint Commissioning Committee Member of SLC Member of Finance and Performance Committee QEIA Panel Transition Sub Committee (Chair)	GP Principal Wallingbrook Health Group - primary medical services (PMS) contract holder (ended 30/04/2018). Prescribed Specialised Advisory Group (PSSAG), Department of Health Member of Devon Health and Wellbeing Board GP Locum Devon Performers List from 01/05/2018	Spouse: Chief Nursing Officer and Caldicott Guardian - for NHS Devon CCG and NEW Devon CCG, Interim deputy accountable officer (NEW Devon) School Governor Ashleigh C 0f E School, Barnstaple and chair of the resources committee Member of and Nurse Lead for the national board for NHS Clinical Commissioners Chair of the Nurse Forum for NHS Clinical Commissioners Director role for DELT	06/02/2017	31/03/2019 left NEWD CCG	10/05/2018	Financial / Personal	Direct		NHS Devon CCG
	Champion	Gillian	Vice Chair - Eastern Locality Co-chair of Exeter Locality Members forum	Member of Governing Body Member of Engagement Committee Eastern Locality Board NEWD	Partner of the Foxhayes practice Foxhayes Practice is a member of Exeter Primary Care Ltd Shareholder in Devon Health 2 Shares in GSK and astra zenica Editorial board member of practice nurse journal Member of Exeter City Council Health and Wellbeing Board	Spouse: Trustee of Meet and Remember	14/02/2017		27/03/2019	Financial / Personal	Direct		NHS Devon CCG
	Christie	Sophia	Chief Executive Officer for Devon STP and Accountable Officer for NHS Devon CCG and SDT CCG 04 September 2018	Member of Governing Body Attendee of Audit and Assurance Committee Chief Officers Team Meeting	Pending ministerial approval, payment on an interim basis is through my company, UK Prime LTD (Financial) Long standing professional relationship with Julie Beedon as a trusted supplier of OD Services to the NHS (Indirect Interest) Committee member of Care and Wellbeing Investment Fund - reimbursement of expenses in an advisory capacity (Financial)		14/05/2018		02/10/2018	Financial Interest	Direct	Invoices are signed off by the Director of Finance and spreadsheet of time available Market test of rates, CV and reference review avaialble No current interface with CCG and Social Finance A declaration of interest has also been made to Care and Wellbeing Investment Fund	NHS Devon CCG

	Collingwood-Burke	Lorna	Chief Nursing Officer and Caldicott Guardian - for NHS Devon CCG Interim Deputy Chief Officer NHS Devon CCG	Member of Governing Body Attendee of Audit and Assurance Committee Member of Quality Assurance Committee Member of Primary Care Joint Commissioning Committee Chief Officers Team Meeting Member of Finance and Performance Committee QEIA Panel Senior Leadership Team meeting (Strategic Risk Committee) Member	Chief Nursing Officer for both NEW Devon and SD&T CCGs School Governor Ashleigh C 0f E School, Barnstaple and chair of the resources committee Member of and Nurse Lead for the national board for NHS Clinical Commissioners Chair of the Nurse Forum for NHS Clinical Commissioners Director role for DELT	Spouse is: GP Principal Wallingbrook Health Group - primary medical services (PMS) contract holder (ended 30/04/2018). Prescribed Specialised Advisory Group (PSSAG), Department of Health Member of Devon Health and Wellbeing Board GP Locum Devon Performers List from 01/05/2018	1 August 2017 - Joint post with NHS Devon CCG & New Devon CCG		17/04/2019	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Coombes	Nikki	Senior Executive Assistant, Clinical Chairs NHS Devon CCG	Attendee of Governing Body Attendee of Strategic Human Resources (HR) and Remuneration Committee	Mother to Jemma Moore, Head of Implementation, Devon Doctors Group Mother to Sophie Legg, Project Support Officer, PMO		12/08/2015		13/11/2018	Indirect interest	Indirect		NHS Devon CCG
	Dight	Carol	Nurse Non Executive	Member of Governing Body Member of Quality Assurance Committee Member of Strategic Human Resources (HR) and Remuneration Committee	Currently Care Home Manager of Gittisham Hill House Care Home, part of the Retirement Village Group		06/03/2017	01/05/2018 left the organisation	26/05/2017	Financial Interest	Direct	Where a discussion relates to a declared interest, the individual can input their knowledge with the permission of the Chair, but not participate in the final decision/vote.	NHS Devon CCG
	Dimond	Caroline	Co-opted member of Governing Body	Member of Governing Body Member of Primary Care Joint Commissioning Committee	Director Public Health, Torbay Council Contract CDT in Torbay		04/09/2015					Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay Council
	Dowell	John	Director of Finance NHS Devon CCG Devon STP system lead for Finance	Member of Governing Body Attendee of Audit and Assurance Committee Member of Finance and Performance Committee Member of Primary Care Joint Commissioning Committee Member of Integrated Commissioning Executive (ICE) Chief Officers Team Meeting Member of Finance and Performance Committee Senior Leadership Team meeting (Strategic Risk Committee) Member	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015		19/06/2018	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Dyer	Stephanie	Governing Body Locality GP	Member of Governing Body Member of Primary Care Joint Commissioning Committee	GP partner, Ashburton Surgery Shareholder of Devon Doctors employed by TSDFT on Acute medical unit 1 day/month	Spouse is Medical Director of Torbay and South Devon Foundation Trust (2016) (Indirect)	02/10/2017	31/03/2019 left the organisation	16/10/2018	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Ashburton Surgery
Dr	Fox	Matthew	Governing Body Locality GP NHS Devon CCG	Member of Governing Body	GP principle, Barton Surgery, Dawlish. Director, Dawlish Medical Group Associate Medical Director TSDFT from 1 April 2019 Barton Surgery have rented a room to Chime. University of Exeter Medical School, Academic tutor and student teacher	Spouse is a co-owner of Barton Surgery Pharmacy Building	22/09/2016		28/03/2019	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Greenwell	David	Governing Body Locality GP	Member of Governing Body Member of Finance and Performance Committee	GP partner at Southover medical practice Member of an independant cooperative that provides out of hours medical cover to Devon Prisons Shareholder in Devon Doctors on Call Member of Upton Vale Baptist Church (personal interest) Member of Clinical Cabinet	Spouse is freehold owner of Southover Pharmacy	20/08/2015		08/11/2018	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Hanvey	Chris	Lay Member - Safeguarding	Member of Governing Body Attendee of Audit and Assurance Committee Member of Quality Assurance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Transition Sub Committee	Care Quality Commission (CQC) Independent Assessor (excluding South West Region). Trustee of the Children's Charity – Starlight		10/02/2015		26/07/2018	Financial Interest	Direct		NHS Devon CCG
Dr	Harrell	Ruth	Director of Public Health Plymouth City Council	Member of Governing Body Member of Primary Care Joint Commissioning Committee	Member of NEW Devon CCG Governing Body		26/10/2016		26/10/2016	Non-Financial Personal Interest	Direct		NHS Devon CCG
Dr	Harris	Stephen	Vice Chair- Western Locality	Member of Governing Body Western Locality Board NEWD	GP Partner Beacon Medical Group Beacon Medical Group remain shareholders in Sentinel and DH2	My partner is an employee of LWSW (Health Visitor)	26/09/2017		03/01/2019	Financial / Personal	Direct		NHS Devon CCG

Dr	Johnson	Paul	Clinical Chair NHS Devon CCG	Member of Governing Body Attendee of Audit and Assurance Committee Attendee of Commissioning and Finance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Member of Primary Care Joint Commissioning Committee Transition Sub Committee	GP Partner, Cricketfield Surgery Locality Clinical Director at Torbay and South Devon NHS Foundation Trust (Nov 2016 to 28 March 2017) Clinical Chair NHS Devon CCG 1 March 2017 Church Warden Holy Trinity Church Spouse works in emergency department at RDE and for Exeter Medical School		21/08/2015		04/10/2018	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Kennedy	Nick	Secondary Care Consultant	Member of Governing Body Member of Quality Assurance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Member of Primary Care Joint Commissioning Committee QEIA Panel	Governing Body Independent Clinician BNSSG CCG Member South West Clinical Senate Council Advisor to Western Provident Association, Medical Insurer Partner, Staplegrove Anaesthetists LLP, Taunton Partner Blackdown Orthopaedic and Spinal Services, Taunton Consultant Anaesthetist, Taunton and Somerset NHS Trust Member of Data safety monitoring committee (DSMC), The GAP study (safety of gabapentin) United Hospitals Bristol Member of national Independent Funding Request Panel NHS England		26/09/2017		06/10/2018	Financial / Personal	Direct		NHS Devon CCG
Dr	Kerr	Simon	Governing Body Clinical Lead – Eastern.	Member of Governing Body Member of Quality Assurance Committee Member of Integrated Commissioning Executive (ICE) Eastern Locality Board NEWD Member of Audit and Assurance Committee	Chair of East Devon GP Members Forum Partner Coleridge Medical Centre Undertakes DDOC shifts 5. Shareholder in Devon Doctors Ltd Shareholder in Devon Health Member of East Devon Health Practice part of the East Devon Federation (March 2018) chair of East Devon Members forum.	Spouse works for Social Services	14/02/2017		17/04/2019	Financial / Personal	Direct		NHS Devon CCG
	Law	Michelle	Lay Member - Finance	Member of Governing Body Member of Strategic Human Resources (HR) and Remuneration Committee Transition Sub Committee	Member of Exeter Diabetes Patient Involvement Group at RD&E looking at research funding proposals			31/01/2019 left the organisation	16/08/2018	Non-Financial Interest Professional			NHS Devon CCG
	Lees	Sarah	Representative of Director of Public Health for Plymouth City Council	Member of Governing Body Western Locality Board NEWD	School Governor, College Road Primary School, Plymouth	Husband is an employee of Livewell Southwest	10/11/2017			Financial / Personal	Direct		NHS Devon CCG
	Mackness	Brian	Non Executive Director, Finance and Commerce	Member of Governing Body Member of Audit and Assurance Committee Member of Finance and Performance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Transition Sub Committee	Trustee and honorary secretary of ABBFEST, a community festival which makes grants to organisations which may include those providing health and social care. Member, County Organising Committee and County Publicity Officer, national gardens scheme which makes grants to inter alia, national charities working in the field of health and social care. Member, Parocial Church Council, St Mary' Abbotskerswell. The local Church may provide voluntary support and aid in the social care field. Chairman of patient group at Kingskerswell and Ipplepen Surgery,		July 2015		28/03/2019	Non-Financial Personal Interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Manton	Sonja	Director of Strategy NHS Devon CCG	Member of Governing Body Member of Integrated Commissioning Executive (ICE) Chief Officers Team Meeting Joint Staff Partnership Transition Sub Committee Senior Leadership Team meeting (Strategic Risk Committee) Member Member of Quality and Assurance Committee	Member of the Academic Health Science Network SW Board Spouse employed by South Central and West Commissioning Support unit from 1st Nov 2018		03/04/2017		09/10/2018	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	McCormick	Shelagh	Governing Body Clinical Lead – Western Locality	Member of Governing Body Member of Quality Assurance Committee Member of Primary Care Joint Commissioning Committee Clinical Cabinet Western Locality Board NEWD QEIA Panel STP Collaborative Board	Elected member, South West Regional Council of BMA Sessional GP (self-employed), Beaumont Villa Surgery, Plymouth (Pathfields Group) Stepped down August 2018 Sessional GP (self-employed) at Access Health Ltd , Plymouth. GP Appraiser (NHS England) South West Regional Clinical Governance Lead, IUC/111 NHS England (ceased 31 March 2017) locumi for Ocean GP practices in Plymouth. (March 2018)	Partner is Medical Secretary and Board member of Devon LMC Partner is GP Partner, Church View Surgery, Plymstock	26/09/2017		18/12.2018	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Melling	Paul	Governing Body Locality GP	Member of Governing Body Member of Quality Assurance Committee	Profit sharing partner GP of Kingskerwell and Ipplepen medical practice (Financial) Oct 2004 Board member of South Devon Collaberative Primary Care Group (formally Haytor Health) Oct 2017 (General)	Partner is a Profit sharing partner GP at Kingskerswell and Ipplepen Medical practice (Indirect) June 2006	17/10/2017	31/03/2019 left SDT CCG	08/11/2018	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Kingskerswell and Ipplepen Medical Practice

	Millward	Andrew	Devon System Director of Communications and Engagement. Director of Communications and HR functions NHS Devon CCG	Member of Governing Body Member of Engagement Committee Member of Integrated Commissioning Executive (ICE) Chief Officers Team Meeting Joint Staff Partnership Senior Leadership Team meeting (Strategic Risk Committee) Member	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University.		19/06/2018		26/02/2019	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Peach	Christopher	Non Executive Director, Patient and Public Involvement	Member of Governing Body Member of Audit and Assurance Committee Member of Finance and Performance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Member of Engagement Committee Member of Primary Care Joint Commissioning Committee	Appointed as Chairman the South & West Devon Magistrates' Bench (added 28 Nov 2016)		14/08/2015	31/03/2019 left SDT CCG	07/11/2018			Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Pearson	Virginia	Director of Public Health, Devon County Council Co-opted member of Governing Body	Member of Governing Body Member of Primary Care Joint Commissioning Committee	Member, Devon Health and Wellbeing Board Member, Exeter Health and Wellbeing Board Member, Devon Safeguarding Adults Board Member, Devon Safeguarding Children Board Attends Governing Body of NEW Devon CCG Council Member, Association of Director of Public Health Member, British Medical Association		02/02/2017		02/02/2017	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Devon County Council
	Polak	Tracey	Public Health Consultant (Devon Council) Honorary Clinical Associate Professor – University of Exeter Medical School	Member of Governing Body Member of Quality Assurance Committee Member of Primary Care Joint Commissioning Committee Northern Locality Board NEWD Eastern Locality Board NEWD	Honorary contract with Exeter University	Spouse:Deputy Chief Nursing Officer, Eastern and Western Devon CCG (NEW Devon CCG)	24/10/2017		21/01/2019	Indirect interest	Indirect		NHS Devon CCG
	Snaith	Ginny	Board Secretary	Attendee of Governing Body Member Audit and Assurance Committee	No interets declared		22/03/2019		09/04/2019				NHS Devon CCG
	Tapley	Simon	Interim Accountable Officer for NHS Devon CCG. Director of Commissioning for NHS Devon CCG Joint Adult Social Care Lead (South Devon), Devon County Council	Member of Governing Body Member of Quality Assurance Committee Member of Finance and Performance Committee Member of Engagement Committee Community Children's Health Service Re-commissioning Project Pre-procurement Group Member of Integrated Commissioning Executive (ICE) Chief Officers Team Meeting Senior Leadership Team meeting (Strategic Risk Committee) Member	Secondment agreement with Torbay Council (1 July 2017 for six months) Joint role with DCC as Adult Social care lead (south devon)	Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG	01/11/2016		20/12/2018	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Wilmott	Jennie	Lay Member (Patient & Public Engagement)	Member of Governing Body Member of Audit and Assurance Committee Member of Quality Assurance Committee Member of Strategic Human Resources (HR) and Remuneration Committee Member of Engagement Committee Member of Primary Care Joint Commissioning Committee Member of Finance and Performance Committee	Lay Member on the North and East Devon Advisory Sub Committee for the Lord Chancellors Advisory Committee on Justices of the Peace for Devon and Cornwall Member of Devon Healthwatch Trustee Barnstaple Sea Cadets (29/10/2018)		19/01/2017	31/03/2019 left NEWD CCG	18/10/2018	Non-Financial Personal Interest	Direct		NHS Devon CCG
Dr	Womersley	John	Governing Body Clinical Lead – Northern Locality	Member of Governing Body Member of Audit and Assurance Committee Member of Finance and Performance Committee Northern Locality Board NEWD	General Practitioner at Coombe Coastal Practice in Ilfracombe (ended 10/09/2017) Member of Royal College of General Practitioners Director of One Ilfracombe Our Place Programme Chair of One Northern Devon		14/02/2017		31/01/2019	Non-Financial Interest Professional	Direct		NHS Devon CCG

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Draft Minutes of NHS NEW Devon and SDT CCG Committee Meetings in Common held on 28 March 2019					
Date of committee: 25th April 2019 **Date report produced:17th April 2019**					
Author (s) Name and Title: **Nikki Coombes** **Senior Executive Assistant, Corporate Affairs** **ncoombes@nhs.net**			**Supporting Executive:** **Name and Title: Simon Tapley** **Interim Accountable Officer** **Contact Details: simon.tapley@nhs.net** **Report Approved by: Ginny Snaith** **Board Secretary** **Date 18 April 2019**		
Public or Private (Governing Body only):			**Public**	**X**	**Private**
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):					
Purpose and scope of report:	**Consultation**		**Approval**	✓	**Information**
Does this report place individuals at the centre?			**Yes**	✓	**No**

Executive Summary:

Following the merger of NHS NEW Devon CCG and NHS SDT CCG and as part of the transition into the single CCG for Devon the Governing Body is asked to note and receive the contents of the draft minutes of the Governing Body Committees in Common held on the 28 March 2019.

Assurance is given to the Governing Body that any open actions will taken forward as appropriate and the minutes and action logs will form part of the legacy documentation.

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

Key recommendations and actions requested:
The Governing Body is asked to note and receive the contents of the draft minutes of the NHS NEW Devon and Governing Body Committees in Common held on the 28 March 2019.
Reference to other documents or accompanying papers:
N/A
Have the legal implications been considered?
Yes
Equality Impact Assessment:

Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	No
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?	✓	
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will there be a positive benefit to the patients or workforce as a result of the proposed work?	✓	
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 4) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**. If a quality and equality impact assessment is not thought to be required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS NEW Devon and South Devon and Torbay Governing Body meetings in common
DRAFT MINUTES of the meeting held in PUBLIC

1.00pm – 4.00pm 28 March 2019, Clinton Room, Committee Suites, County Hall Topsham Road, Exeter, Devon EX2 4QD

Item	Discussion	*Action*	*Decision taken by Org (SDT and/or NEWD)*
1	**Welcome and apologies** TB welcomed everyone to the final meeting of NEW Devon and SD&T CCGs before the merger of the two organisations takes place on 1st April. The Governing Body will today hand over to the new shadow Governing Body of Devon CCG. **Apologies noted from:** Dr Caroline Dimond, Dr Felix Burden, Dr Paul Melling, Dr Rob Bromige, Dr Ruth Harrell, Dr Simon Kerr, Dr Virginia Pearson. **Deputies in attendance:** • Dr Gillian Champion, Vice-Chair for Eastern Locality, NEW Devon CCG • Jo Turl, Deputy Director of Commissioning, SD&T CCG • Tracey Polak, Assistant Director/Consultant of Public Health, DCC		
1.1	**Questions submitted in advance** TB advised that no questions had been submitted in advance by members of the public.		
2	**Register of interests** The register of interests was reviewed and the following amendments were declared: • Dr Matt Fox advised that from 1st April he will no longer be a Clinical Director of Localities with Torbay and South Devon Healthcare Trust but will be taking up a post as an Associate Medical Director at Torbay Hospital. • Brian Mackness advised that he has taken up a position as Chairman of the patient group at his local GP practice and declared a potential conflict of interest with one of the items on the agenda today.		
3	**Minutes and action log of the meetings held on 31 January** TB led a page by page review of the minutes of the meeting held on 31 January 2019 and they were agreed as a true and accurate record of the meeting. The actions were reviewed and updated as follows: Action 1: The report on Integrated Models of Care is on the agenda today.		
4	**Matters Arising** There were no matters arising.		

5	**Celebrations – What has the CCG achieved for you?** Members watched a short film produced by the CCGs Communications team and gave their reflections on the achievements of both CCGs over the last 6 years. TB advised that it is too easy to lose sight of the positives and good work done and that it is important to celebrate success despite the challenges. The Governing Body expressed their thanks to the Communications team for producing it. It will be used at the CCG launch events on 1st April, with partner organisations and the public. ST advised that the CCGs had had to make challenging decisions over the last 6 years which have not always been popular and should take time to evaluate the decisions made and the many positives that have come as a result.		
6	**Joint Clinical Chairs Report** TB presented this final report in his role as Chairman of NEW Devon CCG, but on behalf of both CCG's reflecting this was a "meeting in common". TB reflected back over the last 6 years including some of the challenges such as the Success Regime and some key successes such as the Integrated Community Services model; Children's Services procurement; the collaborative approach with partners which has continued to develop. TB was pleased to reference the Pen CLAHRC and the SW AHSN for their specialist support for research, particularly in application science, and noted the strengthening relationships between the NHS and wider academic institutions such as the two universities in Devon . TB drew attention to the good work carried out by GP practices across Devon and that despite the challenges all practices have been rated as "good" or "outstanding" by the Care Quality Commission. TB advised that today sees he last formal business of the two CCGs being carried out and expressed his thanks to the executive team, non-executives and lay members for their time and tireless effort to improve health services for the people of Devon and maintain business as usual through the merger process; they have all had an important part to play in the journey of the CCGs. **The Governing Body noted the Joint Clinical Chairs Report.**		
7	**Accountable Officer Report** ST presented the Accountable Officer Report and drew attention to the following highlights from his report: <u>Delegated Commissioning</u> ST advised the Governing Bodies that the CCGs are currently working on a final transition plan with NHS England. A full progress report will come back to a future meeting of the Governing Body. <u>Senior Leadership Appointments</u>		

	Jo Turl has been appointed as Director of Transformation, Western Locality and an appointment has been made to the new post of Board Secretary. These posts will commence on 1st April. Staff Survey 80% of staff responded which was above the national average and the CCGs were average in terms of feedback however we want to aim to be in the top decile. The executive team will be undertaking some work with the Staff Partnership Forum in relation to the staff survey. Operational Plan ST reminded the Governing Body that our submission is due next week. Brexit ST advised that via SMa's oversight the CCGs are ensuring that we are complying with national duties and that provider colleagues are also complying. Devon Long Term Plan ST advised that this is in production led by Phil Norrey, Interim Chief Executive for Devon STP, and is being supported by SMa and AM. The CCGs are clearly setting out objectives and building on the current work. With regard to the supply of medicines and vaccines in general practice, MF advised that we are already seeing an impact on supply in GP practices as a result of Brexit. SMa advised that daily tactical calls are taking place but that we have seen stock piling which is affecting the supply chain. This issue is addressed as part of a nationally coordinated solution and the NHS is having to identify new suppliers where possible. Local experience is being fed up the line but the issues are part of a national picture and response. The issues around the short shelf life of some medicines is also being prepared for nationally. SMa assured the Governing Body that planning is taking place nationally and locally such that the NHS is not stepping down its' preparation. SMa advised that she will ensure that the availability issue is fed in to the tactical calls. **The Governing Body noted the Accountable Officers' Report.**		
8	**Finance Report – Month 11** JD was pleased to report that the CCGs are on target to deliver the financial plan for 2018/19 as agreed with NHS England. This has enabled the CCGs to access the CSF fund of £25m as a result which will enable both of the CCGs to reach a breakeven position. This is a fantastic achievement and the position is representative of the tireless work done across the organisation, in particular, around Continuing Healthcare, Prescribing and running and administration costs, which have all made a big contribution to delivering the position. In total the CCGs have delivered £70m of savings,cost avoidance and efficiencies to get to this position, however prescribing continues to be difficult to manage likely as a result of the issues highlighted above. CP noted that community services appear to be under spent. JD advised that element of the report also includes packages of care and placements,		

	as well as community nursing and services, and that the savings are not more than expected. **The Governing Body noted the update on the financial position.**		
9	**Quality and Performance Report** ST advised that Jo Turl who has recently been recruited to the position of Transformation Director, Western Locality for Devon CCG has been invited to attend to present the performance and community services reports. JT advised that the main challenge remains in UHP and Torbay emergency departments and gave the Governing Body the following highlights from the report: <u>Urgent Care</u> Regular and frequent gold calls are carried out to monitor performance, however performance has been variable across providers. Notably 4 hour performance in UHP and SD&T has been a concern with the issues mostly relating to demand, workforce and internal processes and these are being reviewed. Discharges and DTOC have held up well over the winter and providers are all achieving their standards. Ambulance response times are also performing well. <u>Planned Care</u> RTT stands at 81-82% across the STP with issues around staffing and capacity. 52 week waits is the key target and will continue to be into next year however real improvements have been made. <u>Cancer</u> Performance has been variable. In terms of the 62 day standard target the system won't end the year where we want to be in terms of performance but the backlog has been reduced. <u>Mental Health</u> Mental health continues to be achieving well against a range of standards including IAPT. Out of area placements for mental health are more challenging but plans are in place to address this with a new in- patient facility in Taunton and additional beds in Torbay. Crisis Cafes are being introduced and funded with local authorities also supporting the local crisis support offer and the evidence is that this should result in a reduction in inpatient need. JWi advised that SWAST had been recently in the press in relation to their variable performance. JT advised that data is not received in relation to this down to locality level however work is being done to address response times and work is being done to expose any significant local variations and the CCGs are working with the provider to improve this. However, we are not the only area with issues of rurality although we are a bigger area as two CCG's than most commissioners. PJ queried whether providers are addressing the issues affecting ED performance. JT advised that UHP have made a systematic approach to		

this from the back door, to wards and then the front door and now the CCG needs to work with other providers to do the same.

CH queried where the evidence is for the Crisis Café work. JT advised that this is in the Long Term Plan as best practice and has been shown to work elsewhere e.g. Cambridgeshire have seen a 30% reduction in mental health admissions.

DG noted that diagnostic 6 week waits appear to have deteriorated over 3-4 consecutive months. JT advised that improvements have been seen in NDHT and now providers are working more as a system to support each other and the use of mobile scanning units has been introduced. The focus continues to be on cancer patients, but is anticipated it will take until the end of the year to reach the national target. ST advised that as an STP in February there was a reduction from 15.3% down to 11.9%. UHP is now at 6.8%. NDHT are still at 17.9% but were over 25%. This demonstrates that we are seeing change but there is some recent drift out at the RD&E and Torbay against the general downward trend.

The Governing Body noted the big impact that that the closure of the SD&T operating theatres had had on waiting times and the 52 week wait position in Torbay. It was noted that the theatres are due back up to capacity in July although there are concerns around their longer term use and sustainability.

<u>Quality</u>
LCB reported that the relevant processes are in place to support and manage provider performance in terms of quality. The CCG is working with regulators and providers and have agreed not to submit multiple requests for information to providers. A single monthly meeting is now held with providers with more meetings if needed.

LCB advised that a recent audit and observation of the care of patients presenting in A&E at UHP had been carried out by a member of the PS & Q team who has a paramedic background. This revealed some compromise in privacy and dignity but observations did not raise any concerns over the quality of care. Some options for alternative dispositions for some patients have been identified and will be fed into the local urgent care work program.

LCB reported that UHP saw 12 hour breaches in January and that this was the first time we've seen it. The journey of this patient was reviewed to ensure that the wait had not compromised them in any way. SWAST have a quality surveliance group and there are lot of audits and assurance processes being carried out. LCB advised that these are just a few examples and that there are lots of other examples of this type of work going on in the system.

With regard to planned care, clinical audits and reviews are taking place on a regular basis for those waiting a long time for care. Delays in reports from DPT around Serious Incident Reviews have been addressed and there is now a plan to get back on track by the first quarter of the 19-20 year. A successful business case has been put forward for a community infection prevention and control service.

	SD queried what the process is for learning and how this is shared. LCB advised that there is a blueprint and the CCGs' expectation for providers is rolled out via Gold calls in addition to learning being shared and this is all in progress. **The Governing Body noted the Quality and Performance Report.**		
9	**Progress Report on Reconfiguration of Community Services** JT presented the Progress Report on the Reconfiguration of Community Services for South Devon and Torbay CCG and Report on Your Future Care implementation for NEW Devon CCG. JT advised that the report gives a review of the changes to community services in South and East Devon. In summary the CCGs have done most of what they set out to do. Services are up and running and the criteria have been met. Services in South Devon are working together including MIUs and rapid response etc. There are some areas of further work to complete such as the radiology cover for MIUs in South Devon but this is due to a national workforce issue. Some new services are yet to move to their new buildings. However the focus is on consistency and extending this out to the rest of Devon. Technology is moving on and we need to take steps for patients to self-care and implement primary care networks etc. The Governing Body were invited to comment on the report. TB advised that this was one of the most significant pieces of work completed as CCGs as it has set up the criteria for monitoring and implementing processes, it is a strong piece of work. CP commented that it was a detailed report and a good stocktake as well as one of the biggest transformational pieces of work to happen. Also that it's part of a continuing journey and the next steps are important as well as the need for simplicity in terminology in future. SMa advised that the work aligns with Overview and Scrutiny Committees and Health and Well-Being Boards and that we now have the blueprint and need to implement it across Devon. The CCGs have a lot of information and data and the key aim this year is to get implementation right. CP advised that the CCG also needs to look at whether it has achieved the required savings with this work. JWi advised that the work had started in North Devon where NDHT closed community beds and the CCG needs to look at whether this is working in North Devon. JWi queried what the result would mean if the response service operational hours were extended to beyond the current 9.00am-5.00pm. JT advised that a gap analysis against the ICS Blueprint is being carried out and that we need to look at getting the same outcomes and there is a real opportunity to do this now. ***ACTION: JT advised that she would check with SK regarding the operational hours of the response service.***	JT	

	ST advised that the figures demonstrate a real difference in SD&T and that members saw in the video the number of people treated at home, the figures prove that this system works well. JWo advised that there is more work to be done in North Devon and that we need to focus on equity and outcomes across Devon. TB queried how DRSS can manage the level of complexity with the number of clinics being held in community locations and that the CCG needs to ensure it makes the best use of them. JWo advised that the size of the Hubs will need to increase to deliver more services outside of the hospital. ST noted that the CCGs also need to look at digital solutions and care in people's homes. SM advised that this work is part of business as usual in 2019/20 and TB noted it will be subject to regular review. The Chair invited questions from members of the pubic who were in attendance. **Question from a member of the public:** **Can the Governing Body explain more about the Devon ICS plans?** SMa advised that the plan is that every STP will become an ICS in the next two years and that our CCGs have been part of the Aspiring ICS Programme this year. **Question from a member of the public:** **How are decisions being made between North and Eastern Devon and can the reference Dr Womersley made to Holsworthy be explained?** JWo advised that the reference to Holsworthy was due to the local temporary closure of beds and that there will be a central Devon strategic plan looking at providing equity of outcomes across the region by the developing local care partnership (LCP). The LCP will also look at other factors such as the environment, exercise and wider determinants of health and have a bespoke answer for the local communities but with equity of outcomes across Devon. JWo advised that the geography of Devon will always be challenging and local needs and views will always be reflected in plans wherever possible. **The Governing Body noted the Progress Report on the Reconfiguration of Community Services for South Devon and Torbay CCG and Report on Your Future Care for NEW Devon CCG and the excellent work completed to date.** *(JT left the meeting)*		
10	**Strategic Leadership Committee Chair's Report** ST expressed his thanks to the Strategic Leadership Committee and advised that this group will now be moving to form the Integrated Commissioning Executive in the new organisation. ST advised that lot of the decisions made by the Strategic Leadership Committee featured on the earlier video and that they had provided many of the recommendations that have been presented to the Governing Body.		

	BM reminded ST that Governing Body members need to see the Terms of Reference for the new Integrated Commissioning Executive group for oversight and clarity and to be clear about where decisions are being made within the new organisation. ST advised that he will task the new Board Secretary with this. **The Governing Body noted the Strategic Leadership Committee Chair's Report.**		
11	**Locality Updates** <u>Northern Locality</u> JWo presented the Northern Locality Chair's Report and advised that there is the feeling of moving towards something better in terms of service design and commissioning with the merger of the two CCGs. Of particular note in this report was the implementation of out of hospital services. JWo advised that he is very much looking forward to North Devon becoming an LCP. TB advised that the clinical locality reports are a good snapshot of local activity and todays reports provided an interesting look back. <u>Eastern Locality</u> GC presented the Clinical Chair's report for the Eastern locality on behalf of Dr Simon Kerr. Of particular note is the transition of the Eastern Delivery Group emerging from the new GP networks and that partners are looking at how to fully implement the ICM Blueprint in Eastern Devon. A gap analysis on the blueprint is being carried out and is being shared with partners. Partners in the Eastern area are keen to work together to deliver the ICM Blueprint. Work continues with the GP Members Forum, with the next one focusing on children and young people, early intervention and help, emotional health and well-being and long term conditions. <u>Western Locality</u> SMc presented the Western Locality Clinical Chairs report and advised that despite the challenges such as ED backlogs, primary care capacity etc partners are committed to working together. Of particular note was the opening of the fourth Health and Well-Being Hub last week which is the first specialist Hub. This was attended by the local MP and partners are looking forward to the rollout of further Hubs and reaching out to other patients who don't usually access services. SMc advised that the Hubs offer a range of general, health and social care support and that the new Hub also has specialist services, social prescribing, counselling and befriending and offers more interface between health and social care. SMa advised that mobilising these at scale will make a real difference to patients. SMc invited Dr Paul Johnson, as Chairman elect of the new organization, NHS Devon CCG, to visit the new Hub. PJ advised that he would be delighted to accept the invitation and would encourage other Governing Body members to take the opportunity to visit the Hub where possible. <u>Southern Locality</u>		

	MF presented the Clinical Chairs report for South Devon and advised that there had been good engagement with GP colleagues in South Devon and across the rest of Devon. BM advised that plans need to be firmed up for LCPs and that firm proposals need to be presented to the Governing Body. It was noted that the organisation needs to be consistent with the terminology it uses. **The Governing Body noted the Locality Clinical Chairs' Reports.** *(MF left the meeting)*		
12	**Committee Reports** **Primary Care Committees in Common** NK presented the Primary Care Committee report and advised that the Devon CCG will take on delegated commissioning of primary care services in Devon from 1st April. NK advised that a lot of preparatory work has taken place and that there is a good transition plan for this. The CCG's have been assured by NHS England that full funding will follow the commissioning responsibility. NK advised that under the new organisation there will be a new committee chair and membership and expressed his thanks to the committee in particular to Dr. Jenny Early and advised that he will also be will be stepping down from the committee. The committee reviewed its' own effectiveness and NK noted it will be seeking to have a more strategic rather than operational focus. The Governing Body discussed the issues arising from the new Cranbrook development around the size of the GP premises and size of the list and that the community is expanding significantly. TB thanked NK for his effective leadership of the committee and his valued input to the Governing Body. NK advised of a correction to the report on item 7.1 and clarified that Brunnel surgery is not a branch surgery of Park Hill. NK advised that he would amend this in the report's final version. Members discussed the recent refusal of two GP practice list closures. JWo and NK outlined the detail behind the decisions made by the committee. They advised that support has been put in and mitigations highlighted to be considered rather than moving to list closure which would have the potential to generate knock-on effects for other practices without addressing the underlying issues. ST advised that the system also needs to look at digital and off-site consultations to help alleviate pressure. It was noted that a full review process for such instances would be advisable for the future. **Audit and Assurance Committees in Common** NB presented the Audit and Assurance Committee report and advised that the committee had conducted an annual review of the committee's effectiveness. NB acknowledged that the committee is more effective with clinical colleagues as members and that he had been very grateful for their support.		

Quality Committees in Common
CH presented the Quality Committee report, the main points of which were highlighted as follows:

1. The committee received and reviewed the Terms of Reference for the NHS Devon Quality Assurance committee these were sent to the Transition sub-committee for consideration.
2. The committee received a report on Devon's SEND inspection which was a joint Ofsted and CQC inspection and there were four areas where improvement is needed. These actions will undergo further scrutiny by the Quality Committee.
3. The committee received a number of reports regarding the transfer of children and young people's services to a new provider. The Quality Committee endorsed that the process is being managed effectively and passed on their commendation.
4. CH requested that the Governing Body identifies a suitable early opportunity for the membership to complete their corporate safeguarding training at a future session.

Engagement Committees in Common
JWi presented the last report of the Engagement Committee. The last meeting was held in February and the committee will be replaced by the Engagement Panel discussion group. The committee reflected on the learning over the last 2 years and the value gained from public, patient and Health Watch input as well as community representatives. JWi advised that a lot of engagement takes place that is not always visible by the Governing Body or the public.

JWi advised of the need to think about how to monitor engagement in future without this committee in place and what the engagement mechanism will be at a local level since both of the CCGs scored amber in patient and public engagement last year in a regulator review.

JWi advised that the committee received an Engagement Gateway and Long Term Plan (LTP) discussion summary and update as well as updates on the Dartmouth, Holsworthy and Teignmouth current engagements.

CP advised that the Primary Care Committee will be the focus for a lot of patient and public engagement in future. TB expressed his thanks to JWi for development of the Engagement Committee and noted the messages from her update.

AM expressed his thanks to CP and JWi for their input to the committee and advised that a lot of unseen work is carried out behind the scenes. AM advised that he would like to assure the Governing Body on the engagement carried out, the main points of which were as follows:

- The CCG has created an Engagement Panel including patient representatives and lay member representatives and the Governing Body will be sighted on this work.
- Locality engagement will be crucial and the CCG will be working closer with local authorities on this.
- AM advised that he is also meeting with local PPG networks and looking at how to support their work.

	• AM advised that it is likely that the CCG will be awarded a green badge this year from NHSE for its' engagement. BM noted that there is still work to be done on developing new local engagement links and this is partly due to the emerging management arrangements but that engagement needs to be local. **Finance Committees in Common** BM expressed his thanks to all of the CCGs staff who have worked hard to get the organisations back to financial balance and a stable position which allows the new organisation to look forward on this basis. This has been a great financial achievement. **The Governing Body noted the Committee Chairs' Reports.**		
13	**STP Update** AM advised that an STP briefing is produced each month for STP partners and Boards for consistency, the main points of note this month are: • The Peninsula Clinical Services Strategy joint work with Cornwall which is looking at hospital services for the future and the report outlines the scope of the work. SMa is the lead director for this. • Progressing the LTP for Devon. This involves engaging with key bodies, Health and Well-Bing Boards and OSC and more engagement will take place after the elections in the summer (June to September) including engaging with local groups, councillors, MPs, NHS and social care staff, patients, service users and local groups, key voluntary groups e.g. PPG. Devon is also aiming to align the work with Cornwall. AM advised that this programme of engagement will build our LTP. ***ACTION: CP requested that the Governing Body have sight of the ICM Blueprint implementation plan.*** **The Governing Body noted the STP Update Report.**	SM	
14	**Merger Transition Sub-Committee Terms of Reference and minutes** The Minutes and Terms of Reference for the Merger Transition Sub-Committee have been brought to the Governing Body for completeness and visibility. TB advised that the Merger Transition Sub Committee will continue to function until the end of June to close down the merger transition business however it is likely that it will be concluded prior to that. The agreed minutes of 4 of the 6 meetings held to date are included in the papers. Ginny Snaith has been involved in the CCGs merger process and has reported on our progress and assurance in her NHS England role. She will pick up other items when she takes up her Board Secretary post with the CCG from April 1st. TB advised that the legacy handover pack that has been developed will be ratified at the first meeting of the Governing Body of the new organisation NHS Devon CCG.		

	The Governing Body noted the Terms of Reference and Minutes of the Merger Transition Sub-Committee.		
17	**Handover from NEW Devon and SDT CCGs** TB advised that quoracy for the meetings has been achieved for the three organisations, NEW Devon CCG, SD&T CCG and NHS Devon CCG (in shadow form). TB confirmed that the Constitution, Governance Handbook and Standing Financial Instructions are in place for the new organisation. In addition, new policies will be effective from 1st April and the new organisation has all of the tools it needs to be operating from 1st April 2019. TB thanked the Governing Body, both lay members and Executive team members for their hard work and unfailing support during his time as Chairman. TB reminded the Governing Body of the huge achievements and progress made in the delivery of services in Devon over the last 6 years. TB closed the meetings for NEW Devon CCG and SD&T CCG. **NHS Devon CCG Governing Body in Shadow Form** The following Governing Body members for NHS Devon CCG (in shadow form) were in attendance: • Dr Paul Johnson, Chairman • Andrew Millward, CCG Director of Communications and HR & System Director of Communication and Engagement • Dr David Greenwell, Clinical Chair, South Devon • John Dowell, Chief Finance Officer • Dr John Womersley, Clinical Chair, North Devon • Lorna Collingwood-Burke, Chief Nursing Officer • Nick Ball, Lay Member, Governance & Probity • Dr Nick Kennedy, Lay-Member, Secondary Care Consultant • Dr Shelagh McCormick, Clinical Chair, Western Locality • Simon Tapley, Interim Chief Executive & Accountable Officer • Dr Sonja Manton, Director of Strategy • Chris Hanvey, Lay-member, Quality PJ accepted the handover from TB and confirmed receipt of the handover documents. PJ thanked TB for his calm, resolute leadership. PJ expressed his thanks to all of the Governing Body members and was pleased to note that the new organisation will have some consistency in leadership. PJ advised that he had received formal confirmation from NHS England that ST will be continuing in the Accountable Officer role until 31st October. PJ made the following pledges as Chairman of Devon CCG: • To keep patients at the centre of what we do • To keep the organisation clinically led		

	• That the Governing Body will be expected to lead by example, living the CCGs vision and values • To be system focused leaders and not just the next phase of an NHS re-organisation • To do things at the right place, at the right level and expressed his intention to lead in a brave way to make the right decisions for the people of Devon. PJ closed the meeting (in shadow form) of the NHS Devon CCG Governing Body at 4.00pm.		

Attendees (apologies [A])	
Name and initials	*Title and organisation*
Andrew Millward (AM)	System Director Communications and Engagement
Brian Mackness (BM)	Non-Executive Director, SDTCCG
Caroline Dimond – Dr (CD) Apologies	Director of Public Health, Torbay Council
Chris Hanvey (CH)	Lay Member, Safeguarding, NEW Devon CCG
Chris Peach (CP)	Non-Executive Director, SDTCCG
David Greenwell - Dr (DG)	Clinical Lead for Integration, SDTCCG
Felix Burden - Dr (FB) Apologies	Non Executive Director, SDTCCG
Jennie Willmott (Jwi)	Lay Member, Patient Public Engagement, NEW Devon CCG
John Dowell (JD)	Chief Finance Officer, SDTCCG
John Womersley – Dr (JWo)	Clinical Chair, Northern Locality, NEW Devon CCG
Lorna Collingwood-Burke (LCB)	Joint Chief Nursing Officer – NEW Devon and SDT CCGs
Matthew Fox – Dr (MF)	Chair of Localities Group, SDTCCG
Nick Ball (NB)	Lay Member, Governance & Probity, NEW Devon CCG / NED, SDTCCG
Nick Kennedy – Dr (NK)	Secondary Care Doctor, NEW Devon CCG
Paul Johnson – Dr (PJ)	Clinical Chair, SDTCCG
Paul Melling - Dr(PM) Apologies	Locality GB/ GP Lead, SDTCCG
Rob Bromige – Dr (RB) Apologies	Locality GB/GP Lead, SDTCCG
Ruth Harrell – Dr (RH) Apologies	Director of Public Health, Plymouth City Council
Shelagh McCormick- Dr (SMc)	Clinical Chair, Western Locality, NEW Devon CCG
Simon Kerr – Dr (SK) Apologies	Clinical Chair, Eastern Locality, NEW Devon CCG
Simon Tapley (ST)	Interim Accountable Officer, NEW Devon and SDTCCG
Sonja Manton – Dr (SMa)	Director of Strategy, NEW Devon and SDT CCGs
Steph Dyer - Dr (SD)	Locality GB/GP Lead, SDTCCG
Tim Burke – Dr (TB)	Clinical Chair, NEW Devon CCG **(Chair)**
Virginia Pearson – Dr (VP) Apologies	Director of Public Health, Devon County Council
In Attendance	
Annette Wathen (AW)	Executive Assistant, NEW Devon CCG
Gilly Champion – Dr (GC)	Clinical Vice-Chair, Eastern Locality, NEW Devon CCG
Tracey Polak (TP)	Assistant Director/Consultant of Public Health (DCC)
Jo Turl (JT)	Deputy Director of Commissioning, SD&T CCG

Minutes approved	Date:	Signed by chair:

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Merger Closedown and Legacy Documentation					
Date of committee: 25th April 2019 **Date report produced:17th April 2019**					
Author (s) Name and Title: **Ginny Snaith** **Board Secretary** **Contact Details:** **g.snaith@nhs.net**			**Supporting Executive:** **Name and Title: Simon Tapley** **Interim Accountable Officer** **Contact Details: simon.tapley@nhs.net** **Report Approved by:** **Name and Title:** **Date**		
Public or Private (Governing Body only):			**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):					
Purpose and scope of report:	**Consultation**		**Approval**		**Information**	✓
Does this report place individuals at the centre?			**Yes**	✓	**No**	

Executive Summary

In July 2018, following previous discussions with NHS England South West, NHS Northern, Eastern and Western Devon CCG and NHS South Devon and Torbay CCG submitted a statement of intent to merge to form NHS Devon CCG to the NHS England South West Regional Director. They jointly submitted a formal merger application on 24 August 2018.

The NHSE Commissioning Committee received a paper at its meeting on 24 October 2018 outlining the application of the above CCGs to merge. The Committee noted the progress on the merger application and agreed that, subject to confirmation of a positive vote by the membership of South Devon and Torbay CCG, the merger would be approved by action of the Chair of the Commissioning Committee, with an update being brought to the Committee meeting as soon as practicable thereafter

There was a further period of engagement, and in a second vote which concluded at the end of November 2018, the South Devon and Torbay CCG membership supported the merger with NEW Devon CCG.

On 13th December 2018, the Regional Director's recommendation was endorsed by the Chair of NHS England Commissioning Committee. However, NHS England Commissioning Committee's 'approval in principle' for the merger was subject to the following three conditions:

- The development of a constitution for the new CCG that sets out how it will comply with legislation and is otherwise appropriate including confirming its governing body composition, its approach to governance and engagement arrangements, with its membership support for the new constitution documented.
- The roles of Clinical Chair, Accountable Officer, Chief Finance Officer, Secondary Care Doctor, Registered Nurse and lay members and remaining Governing Body roles to be filled, with NHSE retaining a degree of oversight over these appointments.
- A robust financial recovery plan agreed with NHSE that addresses current deficits and plans to repay the cumulative deficit position across the existing CCGs

The CCGs established robust mechanisms for programme management with dedicated PMO support. NHSE attended the regular merger project groups as well as the Transition Sub-committee which provided assurance on progress towards achievement of conditions and ensured that necessary actions to support the merger process where undertaken.

NHS England's Clinical Commissioning Group (CCG) Mergers Process Guidance and Templates and Technical Guidance – Chapter 20: Mergers, Splits and Boundary Changes provided the framework for the merger process and NHS England's assurance.

On 8th March 2019 the CCGs received confirmation from NHSE that the conditions for merger had been met and the Grant of Merger was awarded.

This document provides an overview of the processes for merger project management and assurance. It includes a review of the lessons learnt and will be shared with NHSE and other organisations to ensure that this learning can be used in other merger processes.

The document also includes an outline of the legacy documentation which has been collated and stored for future reference. This includes the committee handover documentation which ensures that there is a smooth transition from old to new arrangements.

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

Key recommendations and actions requested:

The Governing Body is asked to

1. **Note the closedown of the merger transition programme**
2. **Note the arrangements for legacy documentation and handover**

Reference to other documents or accompanying papers:

Have the legal implications been considered?
Yes

Equality Impact Assessment:				
Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	**No**
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?	✓	
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will there be a positive benefit to the patients or workforce as a result of the proposed	✓	
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 4) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**. If a quality and equality impact assessment is not thought to be required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS
Devon
Clinical Commissioning Group

NHS Devon Clinical Commissioning Group Transition Programme Closedown Report – April 2019

Introduction

The purpose of this report is to:

- Outline the Transition Programme arrangements established to govern and deliver the Merger of South Devon and Torbay Clinical Commissioning Group and Northern, Eastern and Western Devon Clinical Commissioning Group initiated in July 2018 and which culminated in the establishment of NHS Devon CCG on the 1 April 2019;
- Advise of changes made to the governance arrangements
- Report the key achievements, lessons learned and outstanding actions and risks from the Transition Programme;
- Formally record the closure of the Transition Programme and identify handover of outstanding actions and risks to the responsibility of the Executive Team.

Aim of the Transition Programme

The aim of the Transition programme was to ensure establishment of NHS Devon Clinical Commissioning Group on 1 April 2019 ensuring all legal, staffing and organisational actions had been undertaken in line with national guidance and local requirements to bring together the two CCGs serving the Devon community.
Key issues and actions were identified through a variety of mechanisms which included National guidance.

Transition Programme Governance Framework

The following principles and guidelines were agreed at the establishment of the Transition Programme to guide the approach to managing the transition period:

- Executive lead in place
- Dedicated programme support
- Work area leads - A lead and deputy nominated for each working area of the CCG.
- Area workplans and risk logs in place – 12 work areas
- Transition Working Group created
- Regular updates on workplans and risks via attendance at the working group
- Regular reporting to Audit and Assurance Committee
- Regular contact with NHS England
- Staff involvement in creating the new organisation
- Stakeholder involvement in shaping the future

The initial governance arrangements established to manage and oversee the transition programme included:

- The Transition Working Group – This group was established to lead the transition process and was responsible for managing delivery of a range of project outputs through a number of work areas. Any issues raised here were escalated to the Audit and Assurance Committee. Membership included the Executive Lead; Programme support Manager and the individual work area leads as well as oversight from NHS England, the Head of Governance and the Staff Forum. This group has been meeting since July 2018.

Amendments to the Programme Governance Framework

It became apparent that additional oversight was required to support the transition programme the following groups were created:

- Policy review group – The purpose of the Policy Review Group is to assist the Governance team in facilitating the development of a joint policy portfolio which contains those policies that are either required statutorily or to ensure that the organisations have in place those key policies to ensure systems of internal control and strategic management. The Policy Group is chaired by Director of Strategy and has representatives from each CCG directorate. The meetings have been held fortnightly since 17 January.
- GB Transition Sub-committee – This committee was established under authority of both sovereign clinical commissioning groups. The core purpose of the Transition Sub-Committee was to support and oversee the transition workplans and assist the two sovereign CCGs in ensuring that statutory functions and key regulator requirements are considered and developed in line with national guidance to assist in the formation of a merged Clinical Commissioning Group. The Sub-committee is chaired by NEW Devon CCG Chair and consists of the Director of Strategy, Head of Governance and 3 lay members. Other attendees are invited. These meetings have been held fortnightly since 15 January.

Programme Support

Executive responsible for transition – Director of Strategy

Head of Governance completed the original application/intent to merge and Case for change application.

Programme support was appointed to support the transition programme on a part-time basis from July 2018 and full-time from November 2018.

A lead was identified for each of the following work areas:

Governance/Policy review
Business Intelligence
Communications
Contracting
Digital
Finance

HR
Information Governance
Organisational Design
Quality
Estates
Commissioning/Primary Care

Programme Management

A comprehensive programme management structure was first developed in August 2018. This recognised all work areas and resulted in developing workplans which identified all the actions required to be undertaken. Because we were still working across two separate organisations we used SharePoint to facilitate this, so all work area leads could access and upload information.

Information stored on SharePoint included:

- Contact information for all involved parties
- Application documentation
- Meeting/forward planner
- Risk log
- Agenda's and minutes from the working group
- QEIA
- Timeline and milestones
- Workplans

Risk log

The programme board agreed that each work area lead would review their workplans regularly and declare any risks that may occur. Each risk was RAG rated to ensure consistency across the workstreams.

- Red – High risk – High likelihood of occurring and/or high impact (detrimental to the merger)
- Amber – Medium risk – Medium likelihood of occurring and/or medium impact
- Green – Low risk – Low likelihood of occurring and/or low impact.

The risk log was regularly reviewed by the working group and the GB Transition sub-committee. The risk log has now been passed to the Executive team to ensure any outstanding risks are reviewed.

Key achievements

The key achievement of the Transition Programme was that NHS Devon Clinical Commissioning Group was able to be created on 1 April 2019 with all business critical tasks undertaken to deliver a legal organisation.

The work plans across the 12 work areas were extensive and encompassed actions far wider than the mission critical actions required to create NHS Devon Clinical Commissioning Group. The full range of work area actions were outlined in the work plans.

A summary of key achievements is outlined below:

Overall	• Management of the work programme and delivery of requirements • Risk Log and work area plans maintained and updated • Identification and implementation of business critical issues • Management and completion of key critical tasks by 1 April 2019 • Establishment of new HQ • Establishment of NHS Devon Clinical Commissioning Group on 1st April 2019
Governance	• New model Constitution written and in place • Governance Handbook created and in place • Aligned governance arrangements in place including the Scheme of reservation and delegation and SFIs • Committee structure agreed and in place with approved Terms of reference • Risk management and risk register aligned • Corporate calendar created for 2019/20
Policy review	• Task and finish group created to review and ensure process to sign off all policies • Publication of all mandatory policies on the website.
Business Intelligence	• New organisational code issued • Data mapping of historic codes to new organisation code to enable historical access to systems • Data warehouse aligned • New licensing agreements managed and in place • Safe Haven policy and process for new organisation in place • Established constitutional reporting arrangements
Communications	• Communicated with all stakeholders throughout the transition process and issues statement at point of merger • New website created • Linked with HR and OD to carry out a series of staff meetings to establish vision and values • Planned and implemented two well attended launch events • All new branding, corporate identity details and logo for the new organisation has been approved and circulated to all staff • Consolidation and activation of social media accounts • Worked with HR to develop a staff induction pack
Contracting	• Novation of all contracts where required • Notification of changes to organisation to all debtors and suppliers completed by 1st April 2019 • Non- clinical contracts review and management process in place • Issue new collaboration commissioning agreement to all associated CCGs
Digital	• ODS code mapping requirements identified early in process to allow for implementation of changes • Email mapping of all SD&T and NEW Devon address • Smartcard user and access management

	• Migration of all staff to one IT provider
Finance	• New Ledger created and implementation date of 1st April 2019, supported by a detailed migration plan • Communication with all stakeholders to ensure details of new organisation are shared • Cash management plan created • All bank account names changed, and banking arrangements agreed • VAT arrangements and VAT numbers agreed with HMRC • Complete various system name changes • Close down plan for the old ledgers • Stakeholders involved in ascertaining reporting requirements for the new organisation
HR	• TUPE consultation and delivery carried out within the timescales necessary to ensure all staff transfer to NHS Devon CCG on 1st April 2019 • Alignment of payroll systems • Recruitment to GB, including creation of all job descriptions
Information Governance	• New IG toolkit created • Data-flow mapping merged • Archiving of outgoing CCG records – both digital and paper • Key appointments confirmed for new organisation – SIRO, Caldicott Guardian, Data protection officer, IG lead
Organisational design	• Staff events and meetings held with the comms team to establish the new vision and values for the new organisation
Quality	• QEIA completed and approved • Complaint processes aligned • Serious Incident management aligned
Estates	• New signage is being created and installed at all CCG premises – to be completed by 31st May 2019
Commissioning	• CCG Membership Votes carried out with LMC support • Delegated commissioning process carried out alongside transition

Lessons learned

A key part of any programme is to identify and disseminate the experiences and lessons learned, not only to those directly involved in the programme but also to other parts of the organisation.
What went well and what did not go so well. The following are the key lessons learned from the transition programme:

- Start the work as soon as possible

- Ensure a robust management and reporting framework at the outset
- Be clear with the scope and expectations of the programme from the outset
- Ensure resources are fully allocated at the outset to deliver key outputs
- Ensure stakeholders are engaged and communicated with early in and throughout the process
- Do not make assumptions on outcomes
- Ensure all work area leads work together to identify interdependencies, duplication and areas missed
- Be aware of BAU workloads and staffing levels to carry out additional tasks
- Delays in National/regional decisions impacted heavily on timescales at a local level
- Work plans contained many actions which subsequently needed to be reviewed to identify only those actions that were mission critical to establishing a new organisation
- Maintaining engagement with work area leads proved difficult at times
- Use of SharePoint was seen as additional work or 'too difficult' by some however some leads really appreciated the structure of SharePoint
- Attendance at the working group and Policy group were patchy at times
- Workplans were a useful mechanism to ensure agreed actions were undertaken but failure to update workplans at timely intervals meant they became less effective
- Communication was not as open as it should have been with many key messages not being shared
- Lack of project management skills and experience across the organisation
- The importance of releasing information in a timely manner has become evident throughout the programme
- There was a failure of some key staff involved in the programme to engage and communicate with the programme
- Communication between third parties has proved difficult due to national teams being difficult to contact
- If carrying out multiple programmes/changes at the same time be clear on the overlap and impact on individuals involved
- Support from line managers varied massively
- The programme has been impacted by unexpected staff shortages. Contingency plans should have been put in place sooner
- Work area leads appreciated the programme support role
- Lack of ownership of key areas when requiring quick turnaround of actions
- Flexibility of staff to support additional areas and go the 'extra mile' to get the job done has been very clear
- Senior oversight of programme seemed minimal

<u>Outstanding actions/risks</u>

Throughout the duration of the Transition Programme, it was evident that not all actions being progressed in the work areas would be achieved by 1st April 2019.

To support the closure and handover of the Transition Programme, each work area was asked to complete a close down report which included successes, lessons learnt and open actions to be carried into the new organisation.

A list of all outstanding actions has been collated.

A list of all outstanding risks has been collated.

A set of legacy documentation was agreed and this has been collated and stored for future reference if required. This includes a handover between the committees to ensure a smooth and complete transition – Appendix A summarises the legacy documentation.

There is wide acceptance that whilst the Transition Programme has reached a conclusion, outstanding actions and risks identified must not be lost in operational work and handed over to Director/Directorate work programmes to complete delivery and transformational change.

Conclusion and recommendation

Confirmation of the Transition Programme handover will be communicated to all work area leads at the final working group on the 11th April 2019 with agreement that all outstanding actions are to be completed and any further actions for 2019/20 are to be included within ongoing workplans.

Recognition of the commitment, challenges and achievement of significant progress across work areas and Transition Programme has been formally conveyed at the GB Transition Sub-Committee meetings by the Chair.

Appendix A - Legacy Document Pack

Annual Reports	Completed in line with national guidance Reviewed by transition sub-committee and Audit Committee and recommended to new GB for approval
Lessons Learnt document	Review of lessons learnt from merger process
Committee handover document from each GB Committee	• Minutes of the last meeting • Outstanding action log indicating where actions will be taken forward • Conflicts of Interest Register • Handover Report including ➢ Key Achievements ➢ Outstanding issues ➢ Key areas of concern ➢ Barriers to success ➢ Suggested priority areas for action ➢ Expected external reports for 2019/20 ➢ Details of any sub-committees/working groups
Assurance Framework	As at 31.3.19
Risk Registers	As at 31.3.19
Merger Transition action log	Indicating who will take forward any outstanding actions
Letter to all SLT requesting them to highlight any issues which are not being managed through the GB or one of the committees	To include but not limited to: ➢ Significant service/pathway changes (planned and underway) ➢ Consultations (planned and underway) ➢ Temporary services changes (e.g. closures/restrictions) ➢ Legal cases ➢ Areas of significant public/patient concern ➢ Estate issues ➢ Arrangements for Partnership/Joint Commissioning ➢ Staff survey/feedback (nil return required if no issues to log)
Records management	Location of archived records

NHS
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Clinical Commissioning Group

GOVERNING BODY

Report title: Constitution and Governance Handbook					
Date of committee: 25th April 2019 **Date report produced:17th April 2019**					
Author (s) Name and Title: **Ginny Snaith** **Board Secretary** **Contact Details:** **g.snaith@nhs.net**			**Supporting Executive:** **Name and Title: Simon Tapley** **Interim Accountable Officer** **Contact Details: simon.tapley@nhs.net** **Report Approved by:** **Name and Title:** **Date**		
Public or Private (Governing Body only):			**Public**	**X**	**Private**
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):					
Purpose and scope of report:	**Consultation**		**Approval**	✓	**Information**
Does this report place individuals at the centre?			**Yes**	✓	**No**

Executive Summary:

As part of their preparation for merger, NHS NEW Devon CCG and NHS SDT CCG were required to develop a new Constitution for the merged organisation. NHS England published an updated model constitution for CCGs on 13 September 2018. This is considerably shorter than the original version published in 2012 and identifies the minimum requirements to be included. The model sets out the rules and procedures that the CCGs should use to ensure probity and accountability and to ensure that decisions are taken in an open and transparent way. Additionally the guidance sets out requirements for a CCG Governance Handbook which should be read in conjunction with the Constitution.

A draft constitution was produced in line with the guidance and the following processes/checks were utilised to produce the final version

- Reviewed by the Merger Transition sub -committee on 15/1/19, 25/1/19, 13/2/19, 27/2/19, 15/3/19, 25/3/19, 11/4/19
- Presented to Audit and Assurance committee – Nov 18 , Jan 19, Mar 19.
- Circulated to all GPs on 28/1/19 requesting feedback
- Programme of GP events to promote discussion and feedback
- Internal Audit Review in February 2019
- Ongoing NHSE oversight and review with final version sent on 28/2

- Reviewed in Governing Body private session on 28/3

The Terms of Reference for CCGs Statutory Committees are included within the Constitution. These are:

- Audit and Assurance Committee
- Primary Care Commissioning Committee
- Remuneration Committee

The Governance Handbook includes the Terms of Reference of the Statutory Committees and the other committees of the Governing Body. These are:

- Finance and Performance Committee
- Quality Assurance Committee

The Handbook meets the requirements set out by NHSE. However, it is planned to develop the handbook to become a more useful resource for staff and others working with the CCG.

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

See above

Key recommendations and actions requested:

The Governing Body is asked to

1. **Approve the Constitution for NHS Devon Clinical Commissioning Group**
2. **Approve the Governance Handbook and note plans for ongoing development**
3. **Specifically approve the Terms of Reference which are included within these documents**

Reference to other documents or accompanying papers:

Have the legal implications been considered?

Yes

The Constitution and Governance Handbook have been reviewed and approved by the governance and legal teams in NHS as part of the merger process

Equality Impact Assessment:				
Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	No
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?	✓	
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will there be a positive benefit to the patients or workforce as a result of the proposed work?	✓	
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 4) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**. If a quality and equality impact assessment is not thought to be required briefly explain why and provide evidence for the decision.

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NHS
Devon
Clinical Commissioning Group

Draft Pending approval by NHS Devon CCG Governing Body on 25th April 2019

NHS Devon
CLINICAL COMMISSIONING GROUP

CONSTITUTION

Version	Effective Date	Changes
Template	31 October 2018	Standard model for newly established CCG organisation – pending approval by NHS England
Draft V0.1	18 December 2018	Amendments from transition working group as mandated by Governing Body's in common (NHS NEW Devon CCG and NHS SDT CCG)
Draft V0.2	16 January 2019	Amendments from NHSE
Draft V0.3	23 January 2019	Amendments and additional information following NHSE review.
Draft V0.4	25 January 2019	Amendments and additional information following NHSE review.
Draft V0.5	28 January 2019	Amendments and additional information following NHSE review.
Draft V0.6	18 February 2019	Amendments and additional information following NHSE and Internal audit review – Track changes
Draft V0.7	28 February 2019	Clean version for final review by NHSE following GB Sub-committee review.
Draft V0.8	13 March 2019	Formatted version
Draft V0.9	19 March 2019	Logo included. Map updated. Updated PCCC ToR.

This model Constitution has been prepared on behalf of NHS England by thiNKnow LTD with the support of Browne Jacobson LLP

CONTENTS

1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Devon Clinical Commissioning Group ("the CCG").

1.2 Statutory Framework

1.2.1 CCGs are established under the NHS Act 2006 ("the 2006 Act"), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

1.2.2 When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
c) Financial duties (under sections 223G-K of the 2006 Act);
d) Child safeguarding (under the Children Acts 2004,1989);
e) Equality, including the public-sector equality duty (under the Equality Act 2010); and
f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679 and the Freedom of Information Act 2000).

1.2.3 Our status as a CCG is determined by NHS England. All CCGs are required to have a Constitution and to publish it.

1.2.4 The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing or has failed to discharge any of our functions, or that there is a significant risk that it will fail to do so.

1.2.5 CCGs are clinically-led Membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership which are set out in this Constitution.

1.3 Status of this Constitution

1.3.1 This Constitution is made between the Members of the CCG and has effect from 01 April 2019, when the CCG was established by NHS England.

1.3.2 Changes to this Constitution are effective from the date of approval by NHS England.

1.3.3 The Constitution will be published on the CCGs website www.DevonCCG.nhs.uk or can be obtained by writing to NHS Devon CCG, The Annexe, County Hall, Topsham Road, Exeter, Devon. EX2 4QD or by sending an email to

D-CCG.CorporateServices@nhs.net

1.4 Amendment and Variation of this Constitution

1.4.1 This Constitution can only be varied in two circumstances:

a) where the CCG applies to NHS England and that application is granted; and

b) where in the circumstances set out in legislation NHS England varies the Constitution other than on application by the CCG.

1.4.2 The Accountable Officer may periodically propose minor amendments to the Constitution and propose changes at the request of any Member representative or GB Member which is brought to their attention. These requests shall be considered and approved by the Governing Body.

In the following circumstances decisions shall be considered by the full Membership:

a. Changes are thought to have a material impact (this may include, but is not limited to composition of the Governing Body or change in geographical area)
b. Changes are proposed to the reserved powers of the Members (as outlined in the Scheme of Reservation and Delegation);
c. At least half (50%) of all the Governing Body Members formally request that the amendments be put before the Membership for approval.

1.5 Related documents

This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

a) Standing Orders – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).

b) The Scheme of Reservation and Delegation – sets out those decisions that are reserved for the Membership as a whole and those decisions that

have been delegated by the CCG or the Governing Body

c) Prime Financial Policies – which set out the arrangements for managing the CCG's financial affairs.

d) The CCG Governance Handbook – which is available as described in section 1.3.3 above and includes, but is not limited to:

- Committee structure – operating model
- Committee terms of reference (excluding statutory committee terms of reference which are held in the Constitution Appendix 2)
- Scheme of Reservation and Delegation
- Standard Operating procedure for the arrangements for the election, selection and recruitment of senior officers of the Governing Body
- Governing Body Member roles and responsibilities
- Financial policies
- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest
- Risk Management Framework Policy – which includes details of risk matrix and risk appetite for the CCG
- Health and Safety Policy – which includes details of incident management across the CCG in relation to any health and safety issues

1.6 Accountability and Transparency

1.6.1 The CCG will demonstrate its accountability to its Members, local people, the public, stakeholders and NHS England in a number of ways; we will meet our statutory requirements to:

a) publish our Constitution and other key documents including the CCGs Governance Handbook which can be found here www.DevonCCG.nhs.uk
b) appoint independent lay Members and non-GP clinicians to our Governing Body;
c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this Constitution);
d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
g) involve the public; in accordance with its duties under section 14Z2 of the 2006 Act; to ensure in all aspects of the CCGs business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG

h) When discharging its duties under section 14Z2, the CCG will ensure that it adheres to the Nolan Principles of Public Life and Standards for NHS Board Members which include:

Principle	Description
Selflessness / Responsibility	Holders of public office should act solely in terms of the public interest
Integrity	Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
Objectivity / Respect	Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
Accountability / Professionalism	Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
Openness	Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
Honesty	Holders of public office should be truthful.
Leadership	Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour whenever it occurs.

i) comply with local authority health overview and scrutiny requirements;
j) meet annually in public to present an annual report which is then published;
k) produce annual accounts which are externally audited;
l) publish a clear complaints process;
m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
n) provide information to NHS England as required; and
o) be an active Member of the local Health and Wellbeing Board.

1.6.2 In addition to these statutory requirements, the CCG will demonstrate its accountability by:

a) holding regular ongoing engagement and involvement with our Member practices;
b) providing information to the public at large about the work of the CCG through our website and other means as appropriate

1.6.3 The Governing Body will ensure that the CCG continues to reflect the principles of good governance and is meeting its statutory obligations

1.7 Liability and Indemnity

1.7.1 CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG, resides with the CCG as a public statutory body and not with its Member practices.

1.7.2 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.

1.7.3 No Member or former Member, nor any person who is at any time a proprietor, officer or employee shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

1.7.4 The CCG will indemnify any Member practice representative, or other officer or individual exercising powers or duties on behalf of the CCG, in respect of any civil liability incurred in the exercise of the CCG business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

2 Area Covered by the CCG

2.1 The area covered by the CCG is shown in the map below.

2.2 The CCG population is approximately 1.2 million and is made up of registered patients of Member practices, served by eight District Councils as shown in the map above, who are led by three Local Authorities (two unitary and one county council) which are all fully coterminous and are supported by the registered primary care practice populations in Devon. The CCG has four main acute hospital sites which are Barnstaple, Exeter, Torquay and Plymouth. There is acknowledgement there are cross boundary patient flows and flexible cross border populations. The three local authorities include:

- Devon County Council;
- Torbay City Council (Unitary)and;
- Plymouth City Council (Unitary)

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a Membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for Membership of this CCG.

3.1.3 The list of 131 practices which make up the Membership of the CCG is maintained and held by the corporate office and is available on our website and referenced in our governance handbook through the CCG website www.DevonCCG.nhs.uk.

Practice Name	Address	Geography of Devon
Abbey Surgery	Abbey Surgery, 28 Plymouth Road, Tavistock, Devon. PL19 8BU	West Devon
Adelaide Street Surgery	Adelaide Street Surgery, 20 Adelaide Street, Plymouth. Devon PL1 3JF	West Devon
Albany Surgery	Albany Surgery, Grace House, Scott Close, Newton Abbot, Devon. TQ12 1GF	South Devon
Amicus Health	Amicus Health, Newport Street, Tiverton, Devon. EX16 6NJ	East Devon
Armada Surgery	Armada Surgery, 28 Oxford Place, Western Approach, Plymouth, Devon, PL1 5AJ	West Devon
Ashburton Surgery	Ashburton Surgery, Eastern Road, Ashburton, Newton Abbot, Devon TQ13 7AP	South Devon
Axminster Medical Practice	Axminster Medical Practice, St Thomas Court, Church Street, Axminster. Devon EX13 5AG	East Devon
Barnfield Hill Surgery	Barnfield Hill Surgery, 12 Barnfield Hill, Exeter. Devon EX1 1SR	East Devon
Barton Surgery (Plymstock)	Barton Surgery, Horn Lane, Plymstock, Plymouth. Devon PL9 9BR	West Devon
Barton Surgery (Dawlish)	Barton Surgery, Barton Terrace, Dawlish. Devon EX7 9QH	South Devon
Beacon Medical Group	Beacon Medical Group, Plympton Health Centre, Mudge Way, Plymouth. Devon PL7 1AD	West Devon
Beaumont Villa Surgery	Beaumont Villa Surgery, 23 Beaumont Road, Plymouth. Devon PL4 9BL	West Devon

Bideford Medical Centre	Bideford Medical Centre, Abbotsham Road, Bideford. Devon EX39 3AF	North Devon
Black Torrington Surgery	Blake House, Black Torrington, Beaworthy. Devon EX21 5QE	North Devon
Blackdown Practice	Blackdown Practice, Station Road, Hemyock, Cullompton. Devon EX15 3SF	East Devon
Bovey Tracey and Chudleigh Practice	Bovey Tracey and Chudleigh Practice, Le Molay-Littry Way, Bovey Tracey, Devon. TQ13 9QP	South Devon
Bow Medical Practice	Bow Medical Practice, Iter Cross, Junction Road, Bow, Near Crediton. Devon EX17 6FB	East Devon
Bradworthy Surgery	Bradworthy Surgery, The Square, Bradworthy. Devon EX22 7SY	North Devon
Bramblehaies Surgery	Bramblehaies Surgery, College Road, Cullompton. Devon EX15 1TZ	East Devon
Brannams Medical Centre	Brannams Medical Centre, Kiln Lane, Barnstaple. Devon EX32 8GP	North Devon
Brunel Medical Practice	Brunel Medical Practice, St Albans Road, Babbacombe, Torquay. Devon TQ1 3SL	South Devon
Buckfastleigh Medical Centre	Buckfastleigh Medical Centre, Bossell Road, Buckfastleigh, Devon. TQ11 0DE	South Devon
Buckland Surgery	Buckland Surgery, 1 Raleigh Road, Newton Abbot. Devon TQ12 4HG	South Devon
Budleigh Salterton Medical Practice	Budleigh Salterton Medical Practice, 1 The Lawn, Budleigh Salterton. Devon EX9 6LS	East Devon
Budshead Medical Practice	Budshead Medical Practice, 433 Budshead Road, Plymouth. Devon PL5 4DU	West Devon

Caen Medical Centre	Caen Medical Centre, Caen Street, Braunton, North Devon. Devon EX33 1LR	North Devon
Castle Gardens Surgery	Castle Gardens Surgery, Castle Hill Gardens, Great Torrington, Torrington. Devon EX38 8EU	North Devon
Castle Place Practice	Castle Place Practice, Kennedy Way, Tiverton. Devon EX16 6NP	East Devon
Catherine House Surgery	Catherine House Surgery, The Plains, Totnes. Devon TQ9 5HA	South Devon
Chagford Health Centre	Chagford Health Centre, Chagford, Newton Abbot. Devon TQ13 8BW	East Devon
Channel View Surgery	Channel View Surgery, 3 Courtenay Place, Teignmouth. Devon TQ14 8AY	South Devon
Chelston Hall Surgery	Chelston Hall Surgery, Old Mill Road, Torquay. Devon TQ2 6HW	South Devon
Cheriton Bishop Surgery	The Surgery, Cheriton Bishop, Devon. EX6 6JA	East Devon
Chiddenbrook Surgery	Chiddenbrook Surgery, Threshers, Crediton. Devon EX17 3JJ	East Devon
Chilcote Surgery	Chilcote Surgery, Hampton Avenue, Torquay. Devon TQ1 3LA	South Devon
Chillington Health Centre	Chillington Health Centre, 8 Orchard Way, Chillington, Kingsbridge. Devon TQ7 2LB	South Devon
Church View Surgery	Church View Surgery, 30 Holland Road, Plymouth. Devon PL9 9BN	West Devon
Claremont Medical Practice	Claremont Medical Practice, Claremont Grove, Exmouth. Devon EX8 2JF	East Devon
Clock Tower Surgery	Access Health, Wat Tyler House, King William Street, Exeter, Devon. EX4 6PD	East Devon

Coleridge Medical Centre	Coleridge Medical Centre, Canaan Way, Ottery Saint Mary. Devon EX11 1EQ	East Devon
College Surgery Partnership	College Surgery Partnership, Willand Road, Cullompton. Devon EX15 1FE	East Devon
Combe Coastal Practice	Combe Coastal Practice, 18 St Brannock's Road, Ilfracombe. Devon EX34 8EG,	North Devon
Compass House Medical Centre	Compass House Medical Centre, King Street, Brixham. Devon TQ5 9TF	South Devon
Corner Place Surgery	Corner Place Surgery, 46 A Dartmouth Road, Paignton. Devon TQ4 5AH	South Devon
Cranbrook Medical Practice	Access Health, 169 Younghayes Road, Cranbrook, Exeter. Devon EX5 7DR	East Devon
Cricketfield Surgery	Cricketfield Surgery, Cricketfield Road, Newton Abbot. Devon TQ12 2AS	South Devon
Croft Hall Medical Practice	Croft Hall Medical Practice, 19 Croft Road, Torquay. Devon TQ2 5UA	South Devon
Crownhill Surgery	Crownhill Surgery, 103 Crownhill Road, Plymouth. Devon PL5 3BP	West Devon
Dartmouth Medical Practice	Dartmouth Medical Practice, 35 Victoria Road, Dartmouth. Devon TQ6 9RT	South Devon
Dean Cross Surgery	Dean Cross Surgery, 21 Radford Park Road, Plymouth. Devon PL9 9DL	West Devon
Devon Square Surgery	Devon Square Surgery, 44 Devon Square, Newton Abbot. Devon TQ12 2HH	South Devon
Devonport Health Centre	Devonport Health Centre, 53 Damerel Close, Devonport, Plymouth. Devon PL1 4JZ	West Devon
Elm Surgery	Elm Surgery, 123 Leypark Walk, Plymouth. Devon PL6 8UF	West Devon
Estover Surgery	Estover Surgery, Leypark Walk, Plymouth. Devon PL6 8UE	West Devon

Foxhayes Practice	Foxhayes Practice, 117 Exwick Road, Exeter. Devon EX4 2BH	East Devon
Fremington Medical Centre	Fremington Medical Centre, 11/13 Beards Road, Fremington, Barnstaple. Devon EX31 2PG	North Devon
Friary House Surgery	Friary House Surgery, Friary House, Beaumont Road, Plymouth. Devon PL4 9BH	West Devon
Haldon House Surgery	Haldon House Surgery, 37-41 Imperial Road, Exmouth. Devon EX8 1DQ	East Devon
Hartland Surgery	Hartland Surgery, 66 The Square, Hartland, Bideford. Devon EX39 6BL	North Devon
Heavitree Practice	Heavitree Practice, South Lawn Terrace, Exeter. Devon EX1 2RX	East Devon
Hill Barton Surgery	Hill Barton Surgery, 1 Lower Hill Barton Road, Exeter. Devon EX1 3EN	East Devon
Honiton Surgery	Honiton Surgery, Marlpits Lane, Honiton. Devon EX14 2NY	East Devon
Ide Lane Surgery	Ide Lane Surgery, 25 Ide Lane, Exeter. Devon EX2 8UP	East Devon
Imperial Surgery	Imperial Surgery, 47-49 Imperial Road, Exmouth. Devon EX8 1DQ	East Devon
Isca Medical Practice	Isca Medical Practice, 38 Polsloe Road, Exeter. Devon EX1 2DW	East Devon
Kingskerswell and Ipplepen Medical Practice	Kingskerswell and Ipplepen Medical Practice, School Road, Kingskerswell. Devon TQ12 5DJ	South Devon
Kingsteignton Medical Practice	Kingsteignton Medical Practice, 4 Whiteway Road, Kingsteignton, Newton Abbot. Devon TQ12 3HN	South Devon
Knowle House Surgery	Knowle House Surgery, 4 Meavy Way, Plymouth. Devon PL5 3JB	West Devon

Leatside Surgery	Leatside Surgery, Babbage Road, Totnes. Devon TQ9 5JA	South Devon
Lisson Grove Medical Centre	Lisson Grove Medical Centre, 3-5 Lisson Grove, Plymouth. Devon PL4 7DL	West Devon
Litchdon Medical Centre	Litchdon Medical Centre, Landkey Road, Barnstaple. Devon EX32 9LL	North Devon
Lynton Health Centre	Lynton Health Centre, Burvill Street, Lynton. Devon EX35 6HA	North Devon
Mannamead Surgery	Mannamead Surgery, 22 Eggbuckland Road, Plymouth. Devon PL3 5HE	West Devon
Mayfield Medical Centre	Mayfield Medical Centre, 37 Totnes Road, Paignton. Devon TQ4 5LA	South Devon
Mayflower Medical Group	Access Health, Ernesettle Green, Plymouth. Devon PL5 2ST	West Devon
Mid Devon Medical Practice	Mid Devon Medical Practice, Cannington Road, Witheridge, Tiverton. Devon EX16 8EZ	East Devon
Modbury Health Centre	Modbury Health Centre, Poundwell Meadow, Modbury, Ivybridge. Devon PL21 0QL	West Devon
Moretonhampstead Health Centre	Moretonhampstead Health Centre, Embleford Crescent, Moretonhampstead, Newton Abbot. Devon TQ13 8LW	East Devon
Mount Pleasant Health Centre	Mount Pleasant Health Centre, Mount Pleasant Road, Exeter. Devon EX4 7BW	East Devon
New Valley Practice	New Valley Practice, Newcombes, Crediton. Devon EX17 2AR	East Devon
North Road West Medical Centre	North Road West Medical Centre, 167 North Road West, Plymouth, Devon. PL1 5BZ	West Devon
Northam Surgery	Northam Surgery, Bay View Road, Northam, Bideford. Devon EX39 1AZ	North Devon

Norton Brook Medical Centre	Norton Brook Medical Centre, Cookworthy Road, Kingsbridge. Devon TQ7 1AE	West Devon
Oakside Surgery	Oakside Surgery, Guy Miles Way, Plymouth. Devon PL5 3PY	West Devon
Okehampton Medical Centre	Okehampton Medical Centre, East Street, Okehampton. Devon EX20 1AY	East Devon
Old Farm Surgery	Old Farm Surgery, 67 Foxhole Road, Paignton. Devon TQ3 3TB	South Devon
Park View Surgery	Park View Surgery, 34 Ford Park Road, Mutley, Plymouth. Devon PL4 6NU	West Devon
Parkhill Medical Practice	Parkhill Medical Practice, Parkhill Road, Torquay. Devon TQ1 2AR	South Devon
Pathfields Practice	Pathfields Practice, Mudge Way, Plymouth. Devon PL7 1AD	West Devon
Pembroke House Surgery	Pembroke House Surgery, 266 Torquay Road, Paignton. Devon TQ3 2EZ	South Devon
Peverell Park Surgery	Peverell Park Surgery, Outland Road, Plymouth. Devon PL2 3PX	West Devon
Pinhoe Surgery	Pinhoe Surgery, Pinn Lane, Pinhoe, Exeter. Devon EX1 3SY	East Devon
Queens Medical Centre	Queens Medical Centre, 6 Queen Street, Barnstaple. Devon EX32 8HY	North Devon
Raleigh Surgery	Raleigh Surgery, 33 Pines Road, Exmouth. Devon EX8 5NH	East Devon
Redfern Health Centre	Redfern Health Centre, Shadycombe Road, Salcombe. Devon TQ8 8DJ	West Devon
Roborough Surgery	Roborough Surgery, 1 Eastcote Close, Roborough, Plymouth. Devon PL6 6PH	West Devon

Rolle Medical Partnership	Rolle Medical Partnership, Claremont Grove, Exmouth. Devon EX8 2JF	East Devon
Ruby Country Medical Group	Holsworthy Medical Centre, Dobles Lane, Holsworthy, Devon. Devon EX22 6GH	North Devon
Sampford Peverell Surgery	Sampford Peverell Surgery, 29 Lower Town, Sampford Peverell, Tiverton. Devon EX16 7BJ	East Devon
Seaton and Colyton Medical Practice	Seaton and Colyton Medical Practice, 148 Harepath Road, Seaton, Devon. EX12 2DU	East Devon
Sid Valley Practice	Sid Valley Practice, Blackmore Drive, Sidmouth. Devon EX10 8ET	East Devon
South Brent Health Centre	South Brent Health Centre, Plymouth Road, South Brent. Devon TQ10 9HT	West Devon
South Lawn Medical Practice	South Lawn Medical Practice, South Lawn Terrace, Exeter. Devon EX1 2RX	East Devon
South Molton Medical Centre	South Molton Medical Centre, East Street, South Molton. Devon EX36 3BZ	North Devon
Southernhay House Surgery	Southernhay House Surgery, 30 Barnfield Road, Exeter. Devon EX1 1RX	East Devon
Southover Medical Practice	Southover Medical Practice, Bronshill Road, Torquay, Devon. TQ1 3HD	South Devon
Southway Surgery	Southway Surgery, 33 Rockfield Avenue, Plymouth. Devon PL6 6DX	West Devon
St Leonards Practice	St Leonards Practice, Athelstan Road, St Leonards, Exeter. Devon EX1 1SB	East Devon
St Levan Surgery	St Levan Surgery, 350 St Levan Road, Plymouth. Devon PL2 1JR	West Devon
St Lukes Medical Centre	St Lukes Medical Centre, 17 New Road, Brixham. Devon TQ5 8NA	South Devon

St Neots Surgery	St Neots Surgery, 1 North Prospect Road, Plymouth. Devon PL2 3HY	West Devon
St Thomas Medical Group	St Thomas Medical Group, Cowick Street, Exeter. Devon EX4 1HJ	East Devon
Stoke Surgery	Stoke Surgery, Belmont Villas, Plymouth. Devon PL3 4DP	West Devon
Tavyside Health Centre	Tavyside Health Centre, Abbey Rise, Tavistock. Devon PL19 9FD	West Devon
Teign Estuary Medical Group	Teign Estuary Medical Group, 3 Carlton Place, Teignmouth. Devon TQ14 8AB	South Devon
Teignmouth Medical Practice	Teignmouth Medical Practice, 2 Den Crescent, Teignmouth. Devon TQ14 8BG	South Devon
Topsham Surgery	Topsham Surgery, Holman Way, Topsham, Exeter. Devon EX3 0EN	East Devon
Torrington Health Centre	Torrington Health Centre, New Road, Great Torrington, Torrington. Devon EX38 8EL	North Devon
Townsend House Medical Centre	Townsend House Medical Centre, 49 Harepath Road, Seaton. Devon EX12 2RY	East Devon
Wallingbrook Health Centre	Wallingbrook Health Centre, Back Lane, Chumleigh. Devon EX18 7DL	North Devon
Wembury Surgery	Wembury Surgery, 51 Hawthorn Drive, Wembury, Plymouth. Devon PL9 0BE	West Devon
West Hoe Surgery	West Hoe Surgery, 2 Cliff Road, Plymouth. Devon PL1 3BP	West Devon
Westbank Practice	The Limes Surgery, Church Stile, Exminster. Devon EX6 8DF	East Devon
Whipton Surgery	Whipton Surgery, 378 Pinhoe Road, Exeter. Devon EX4 8EG	East Devon

Wonford Green Surgery	Wonford Green Surgery, 129A Burnthouse Lane, Exeter. Devon EX2 6NF	East Devon
Wooda Surgery	Wooda Surgery, Clarence Wharf, Barnstaple Street, Bideford. Devon EX39 4AU	North Devon
Woodbury Surgery	Woodbury Surgery, Fulford Way, Woodbury, Exeter. Devon EX5 1NZ	East Devon
Wycliffe Surgery	Wycliffe Surgery, 8 Cattedown Road, Plymouth. Devon PL4 0BZ	West Devon
Wyndham House Surgery	Wyndham House Surgery, 32 Fore Street, Silverton, Exeter. Devon EX5 4HZ	East Devon
Yealm Medical Centre	Yealm Medical Centre, Market Street, Yealmpton, Plymouth. Devon PL8 2EA	West Devon
Yelverton Surgery	Yelverton Surgery, Westella Road, Yelverton. Devon PL20 6AS	West Devon

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership; including the Governing Body, remain accountable to the Membership.

The CCG has established a system of local place based governance, through which the Membership can provide input and influence on commissioning. These arrangements are set out in more detail in the CCG Governance Handbook.

3.3 Speaking, Writing or Acting in the Name of the CCG

3.3.1 Members are not restricted from giving personal views on any matter. However, Members should make it clear that personal views are not necessarily the view of the CCG.

3.4 Members' Rights

3.4.1 Members' rights are described further either in the Standing Orders which are detailed in Appendix 3 of this Constitution and/or the CCG Governance Handbook and include:

- calling and attending a general meeting of the Members;
- submitting a proposal for amendment of the Constitution
- putting themselves forward for election to the Governing Body
- Approving the process of recruitment of the Chair (and/or other Members) of the Governing Body
- Removing the Chair (and/or other elected Members) of the Governing Body
- participating in the development of the CCGs corporate governance documents, including the CCG Governance Handbook.

3.4.2 The CCG has elected no less than four clinical Members to reside on the Governing Body each clinical Member has a vote on the Governing Body and will act as a conduit to the Governing Body for each nominated practice Member representative of the CCG. Member practice representatives are listed in the CCG Governance Handbook.

3.5 Members' Meetings

3.5.1 Meetings of the Members shall be held at such times and in such manner as is outlined in the Standing Orders and in the CCG Governance Handbook.

3.6 Practice Representatives

3.6.1 Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG. This individual will be known as the Member practice representative.

3.6.2 CCGs are clinically led Membership organisations made up of general practices. The CCG is therefore, constituted and empowered by its Membership.

4. Arrangements for the Exercise of our Functions.

4.1 Good Governance

4.1.1 The CCG will, at all times, observe generally accepted principles of good governance. These include:

a) Adoption of public and private governance to ensure best practice;

b) Undertaking regular governance reviews;

c) Adoption of standards and procedures that facilitate speaking out and the raising of concerns;

e) The Good Governance Standard for Public Services;

f) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';

g) The seven key principles of the NHS Constitution;

h) Listening and responding to constructive formally appointed Non-Executive Lay Members views to ensure healthy dialogue at all levels of management in the CCG.

i) Relevant legislation including such as the Equality Act 2010; and

j) The standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

4.2 General

4.2.1 The CCG will:

a) Comply with all relevant laws, including regulations;
b) Comply with directions issued by the Secretary of State for Health or NHS England;
c) Have regard to statutory guidance including that issued by NHS England; and
d) Take account, as appropriate, of other documents, advice and guidance.

4.2.2 The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in this Constitution, its Scheme of Reservation and Delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

4.3.1 The CCG is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

a) Any of its Members or employees;
b) Its Governing Body;
c) A Committee or Sub-Committee of the CCG;

4.4 Authority to Act: The Governing Body

4.4.1 The Governing Body may grant authority to act on its behalf to:

a) Any Member of the Governing Body;
b) A Committee or Sub-Committee of the Governing Body;
c) A Member of the CCG who is an individual (but not a Member of the Governing Body); and
d) Any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a Scheme of Reservation and Delegation (SoRD) which is published in full in the CCG Governance Handbook and is available as described in section 1.3.3 of this Constitution and on the CCG website www.DevonCCG.nhs.uk.

5.1.2 The CCG's SoRD sets out:

a) Those decisions that are reserved for the Membership as a whole;
b) Those decisions that have been delegated by the CCG, the Governing Body or other individuals.

5.1.3 The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the Members for the exercise of their delegated functions.

5.2 Standing Orders

5.2.1 The CCG has agreed a set of Standing Orders which describe the processes that are employed to undertake its business. They include procedures for:

a) Conducting the business of the CCG;
b) The appointments to key roles including Governing Body Members;
c) The procedures to be followed during meetings; and
d) The process to delegate powers.

5.2.2 A full copy of the Standing Orders is included in appendix 3. The Standing Orders form part of this Constitution.

5.3 Standing Financial Instructions (SFIs)

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD which is held outside of the Constitution in the CCG Governance Handbook.

5.3.2 A copy of the SFIs is included at Appendix 4 and forms part of this Constitution. Financial limits and delegations are held in the CCG Governance Handbook.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

a) Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for
b) Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.4.2 The detailed procedures for the Governing Body, including voting arrangements, are set out in the Standing Orders.

5.5 Composition of the Governing Body

5.5.1 This part of the Constitution describes the make-up of the Governing Body roles. The CCG has designated 17 voting Members to its Governing Body. The Governing Body is supported by Non-Executive Lay Members who represent the voice of the public. Further information about the individuals who fulfil these roles can be found on our website www.DevonCCG.nhs.uk

5.5.2 The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out a minimum Membership requirement of the Governing Body of:

a	The Clinical Chair	Statutory requirement – voting Member
b	The Accountable Officer	Statutory requirement – voting Member
c	The Chief Finance Officer (also known as the Director of Finance)	Statutory requirement – voting Member
d	A Secondary Care Specialist	Statutory requirement – voting Member
e	A Registered Nurse (also known as the Chief Nursing Officer)	Statutory requirement – voting Member
f	Two Lay Members (also known as Non-Executive Lay Members)	Statutory requirement – voting Member

5.5.3 The CCG has agreed the following additional Members:

g	A third Non-Executive Lay Member, who is the Chair or Vice Chair of the Primary Care Commissioning Committee	Additional voting Member
h	A fourth Non-Executive Lay Member, who will provide support for quality and safety as required to the Governing Body.	Additional voting Member

i	No less than four additional Locality Clinical Representatives from within the CCG geographical area	Additional voting Member
j	No more than four additional Clinical or Non-Clinical Executive Directors appointed by the Governing Body	Additional voting Members

5.5.4 One of the formally appointed Non-Executive Lay Members, shall be nominated as Vice Chair of the Governing Body and this will be visible on the CCG website www.DevonCCG.nhs.uk

5.5.5 If the CCG chooses to appoint a clinician for the role of the Accountable Officer, then they will be known as the Clinical Leader. If the Accountable Officer is not a clinician a Clinical Chair will be selected/elected and will be known as the Clinical Leader.

5.5.6 Details of the roles and responsibilities of Governing Body Members are outlined in the CCG Governance Handbook.

5.6 Additional Attendees at the Governing Body Meetings

5.6.1 The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the chair to speak and participate in debate but may not vote.

5.6.2 The CCG Governing Body will regularly invite the following individuals to attend any or all of its meetings as attendees who are non-voting:

a) Local authority representatives, specifically Public Health in accordance with Section 14W of the NHS Act within the CCG local geography. This representation would be from Devon County Council, Plymouth City Council and Torbay Council as described in section 2.1.2 of this Constitution.

5.7 Appointments to the Governing Body

5.7.1 The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the Standing Orders within the Governance Handbook.

5.7.2 Also set out in Standing Orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

5.8 Committees and Sub-Committees

5.8.1 The CCG may establish Committees and Sub-Committees of the CCG.

5.8.2 The Governing Body may establish Committees and Sub-Committees of the CCG

5.8.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and Membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

5.8.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.

5.8.5 All Members of the Remuneration Committee will be Members of the CCG Governing Body.

5.9 Committees of the Governing Body

5.9.1 The Governing Body will maintain the following statutory or mandated Committees:

5.9.1.1 **Audit Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and Members of the Audit Committee may include people who are not Governing Body Members.

5.9.1.2 **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

The Remuneration Committee will be chaired by a lay Member other than the Audit chair and only Members of the Governing Body may be Members of the Remuneration Committee.

5.9.1.3 **Primary Care Commissioning Committee:** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a Lay Member Chair and a Lay Vice Chair.

None of the above Committees may operate on a joint committee basis with another CCG.

The terms of reference for each of the above committees are included in Appendix 2 to this Constitution and form part of the Constitution.

The Governing Body may from time to time establish a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published on the CCG website www.DevonCCG.nhs.uk and available in the CCG Governance Handbook.

5.10 Collaborative Commissioning Arrangements

5.10.1 The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.

5.10.2 In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

5.10.3 The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

a) Reporting arrangements to the Governing Body, at appropriate intervals;
b) Engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
c) Progress reporting against identified objectives.

5.10.4 When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:

a) Identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;
b) Specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;
c) Set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;
d) Specify under which of the CCG's supporting policies the collaborative working arrangements will operate;
e) Specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;
f) Set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;

g) Identify how disputes will be resolved and the steps required to safely terminate the working arrangements;
h) Specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

5.11.1 The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care for its entire population.

5.11.2 Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under Section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

a) Delegating specified commissioning functions to the Local Authority;
b) Exercising specified commissioning functions jointly with the Local Authority;
c) Exercising any specified health-related functions on behalf of the Local Authority.

5.11.3 For purposes of the arrangements described in 5.11.2, the Governing Body may:

a) Agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
b) Make the services of its employees or any other resources available to the Local Authority; and
c) Receive the services of the employees or the resources from the Local Authority.
d) Where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties, and the legal basis for such arrangements;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
- The liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

5.11.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.2 above.

5.12 Joint Commissioning Arrangements – Other CCGs

5.12.1 The CCG may work together with other CCGs in the exercise of its Commissioning Functions.

5.12.2 The CCG delegates its powers and duties under 5.12 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.12.3 The CCG may make arrangements with one or more other CCGs in respect of:

a) Delegating any of the CCG's commissioning functions to another CCG;
b) Exercising any of the Commissioning Functions of another CCG; or
c) Exercising jointly the Commissioning Functions of the CCG and another CCG.

5.12.4 For the purposes of the arrangements described at 5.12.3, the CCG may:

a) Make payments to another CCG;
b) Receive payments from another CCG; or
c) Make the services of its employees or any other resources available to another CCG; or
d) Receive the services of the employees or the resources available to another CCG.

5.12.5 Where the CCG make arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

5.12.6 For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.12.7 Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:

a) How the parties will work together to carry out their commissioning functions;
b) The duties and responsibilities of the parties, and the legal basis for such arrangements;
c) How risk will be managed and apportioned between the parties;
d) Financial arrangements, including payments towards a pooled fund and management of that fund;

e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.12.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

5.12.9 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

5.12.10 Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.

5.12.11 The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:

a) Make a quarterly written report to the Governing Body;
b) Hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
c) Publish an annual report on progress made against objectives.

5.12.12 Should a joint commissioning arrangement prove to be unsatisfactory, the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

5.13 Joint Commissioning Arrangements with NHS England

5.13.1 The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.

5.13.2 The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.13.3 In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.

5.13.4 The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a Local Authority.

5.13.5 Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

5.13.6 Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

a) How the parties will work together to carry out their commissioning functions;
b) The duties and responsibilities of the parties, and the legal basis for such arrangements;
c) How risk will be managed and apportioned between the parties;
d) Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
e) Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.13.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

5.13.9 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

5.13.10 Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.

5.13.11 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make:

a) Make a quarterly written report to the Governing Body;
b) Hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
c) Publish an annual report on progress made against objectives.

5.13.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6 Provisions for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

6.1.1 As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.

6.1.2 The CCG has agreed policies and procedures for the identification and management of conflicts of interest.

6.1.3 Employees, Members, Committee and Sub-Committee Members of the CCG and Members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict and is subject to the provisions of this Constitution and the Standards of Business Conduct Policy.

6.1.4 The CCG has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:

a) Act as a conduit for GP practice staff, Members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and Members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
e) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

6.2.1 The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

6.2.3 All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must

declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.2.4 The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.

6.2.5 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.

6.2.6 Activities funded in whole or in part by third parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

6.3.1 The CCG ensures that relevant staff and all Governing Body Members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England Mandatory training.

6.4 Standards of Business Conduct

6.4.1 Employees, Members, Committee and Sub-Committee Members of the CCG and Members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should: Act in good faith and in the interests of the CCG;

a) Follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
b) Comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of N HS Boards and Clinical Commissioning Group Governing Bodies in England; and*
c) Comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website www.DevonCCG.nhs.uk and will be made available on request.

6.4.2 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be

written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: Complies with its obligations under: Sections 14Q and 14R of the 2006 Act, Sections 223H to 223J of the 2006 Act, Paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and Any other provision of the 2006 Act specified in a document published by the Board for that purpose; Exercises its functions in a way which provides good value for money.
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this Constitution
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP Member or a Lay Member of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a Member of the Governing Body.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the Membership of the CCG or the Governing Body.
Committees in Common	If a Committee meets at the same time, in the same location, as another CCG's committee, it is referred to legally as meeting as 'Committees in Common'. Such Committees in Common maintain a common agenda, but maintain their own attendance, minutes, action and decision logs allowing each

	Committee to retain transparent records of their own governance arrangements and outcomes.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: The General Medical Council (GMC) The General Dental Council (GDC) The General Optical Council; The General Osteopathic Council The General Chiropractic Council The General Pharmaceutical Council The Pharmaceutical Society of Northern Ireland The Nursing and Midwifery Council The Health and Care Professions Council Any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making. This is different from Committees in Common
Lay Member	A Lay Member of the CCG Governing Body, appointed by the CCG. A Lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law. For purposes of NHS Devon CCG, Lay Members are known formally by title as Non-Executive Lay Members.

Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The legislation refers to the NHS Commissioning Board and this is the legal name for NHS England. The NHS Commissioning Board has changed its operational name to 'NHS England'.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which helps Parliament monitor and improve the protection of the public. Published *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England* in 2013
Registers of Interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: • the Members of the group; • the Members of its CCG Governing Body; • The Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and its employees.
SFI	Standing Financial Instructions (Appendix 4)
SO	Standing Orders (Appendix 3)
SoRD	Scheme of Reservation and Delegation – held outside of the Constitution in the CCG Governance Handbook
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a "Sustainability and Transformation Plan".
Sub-Committee	A Committee created by and reporting to a Committee.

Appendix 2: Committee Terms of Reference

NHS Devon Clinical Commissioning Group
Audit Committee
Terms of Reference
(Effective April 2019 pending GB approval)

1. Constitutional Obligations

1.1 The Clinical Commissioning Group's Governing Body hereby resolve to establish a Committee of the Governing Body known as the Audit Committee. The Committee is established in accordance with Devon Clinical Commissioning Group's Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation.

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's Constitution and standing orders.

1.3 The Audit Committee is an assurance Committee of the Governing Body and has the ability to execute any powers assigned to it by the Governing Body and those specifically delegated in these terms of reference and/or through the CCGs Constitutional Scheme of Reservation and Delegation.

1.4 The Local Audit and Accountability Act 2014 (the Act) requires every 'relevant authority' to appoint an 'Auditor Panel' to exercise functions set out in the Act (part 3, section 9). The Governing Body has resolved to nominate its Audit Committee to act as its Auditor Panel in line with schedule 4, Paragraph 1 of the 2014 Act and details of the Auditor Panel responsibilities and purpose are encompassed within the Audit Committee's terms of reference in line with the Act.

2. Purpose

2.1 The purpose of the Audit Committee is to assist the CCG in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide evidence-based assurance to the Governing Body that an appropriate system of internal control is in place to ensure that:

- Business is conducted in accordance with the law and proper standards
- Public money is safeguarded and properly accounted for
- Financial statements are prepared in a timely fashion, and give a true and fair view of the financial position of the CCG for the period in question
- Affairs are managed to secure economic, efficient and effective use of resources
- Reasonable steps are taken to prevent and detect fraud and other irregularities Governing bodies can – if they choose – nominate a 'subset' of the Audit Committee to act as the Auditor Panel. If a subset is used, there must be at least three

Members with a majority who are independent and non-executive Members of the Governing Body. (HFMA briefing December 2015)

2.2 It is the responsibility of the Committee to make recommendations to the Governing Body on determinations about the assurances received surrounding any internal or external audit findings and probity issues on behalf of the CCG.

2.3 It shall support the objectives of the CCGs Governing Body as outlined in the Operational Plan and provide assurances to the Governing Body that these are being met and considered.

2.4 It will promote a whole system culture of continuous improvement, ensuring that assurance and probity sits at the heart of health and social care locally, whether provided by NHS or non-NHS providers.

2.5 It will seek assurance that the CCG is fulfilling its statutory duties through continuous monitoring and this will be detailed in the organisation's annual governance statement and annual report, under the relevant Acts, and current national guidance.

2.6 The Committee is authorised by the CCG Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee, and all employees are directed to cooperate with any request made by the Committee.

2.7 The Committee is authorised by the CCG Governing Body to obtain external legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

2.8 The Committee is responsible for the approval of the Annual Financial Statements and Annual Governance Statement prior to submission to the CCG Governing Body.

3. Responsibilities

The responsibilities of the Committee can be categorised as follows:

3.1 Governance, Internal Control and Risk Management

The Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical) that supports the achievement of the organisation's core objectives.

3.1.1 In particular, the Committee will review the adequacy and effectiveness of:

a) All risk and control related disclosure statements (in particular the Annual Governance Statement and any declarations of external compliance), together with any accompanying Head of Internal Audit Opinion, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the CCG Governing Body

b) The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

c) The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.

d) The policies and procedures for all work related to counter fraud and security as required by NHS Protect.

3.1.2 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective risk assurance framework to guide its work and that of the audit and assurance functions that report to it. To enable this, the Audit Committee will have sight of the full risk assurance framework no less than four times a year to enable it to report on its assurances of internal control and the process of risk management throughout the organisation to the Governing Body.

3.1.3 The Audit Committee shall review the findings of other significant assurance functions through effective relationships with other key Committees so that it understands processes and linkages and will receive assurance that these Committees are working effectively through the annual Committee effectiveness reviews. However, these other Committees must not usurp the Committee's role.

3.1.4 The Committee will review the Finance and Performance reporting and Quality reporting to the Governing Body at each meeting. The Committee will challenge the content of the report and seek assurance that it is based on sound systems of control and that there are appropriate action plans in place to mitigate the risk areas. This will provide the opportunity for detailed scrutiny of the performance of the CCG prior to this being presented to the Governing Body.

3.1.5 Where timeliness is of the essence in managing a significant risk or issue, the Chair of the Committee will be informed of an issue by the quickest possible means (e.g. verbally) and this will be acted upon in accordance with the risk management strategy and risk escalation processes of the CCG.

3.2 Auditor Panel

3.2.1 The Auditor Panel for NHS Devon CCG forms a subset of the Audit Committee and shall comprise of the core Membership of the Audit Committee. This Membership consists of at least 3 Members with a majority who are independent and recognised as non-executive lay Members of the Governing Body.

3.2.2 The Auditor Panel is a non-executive lay Member Committee and has no executive powers other than those specifically delegated in these terms of reference. In line with the requirements of the Local Audit (Health Service Bodies Auditor Panel and Independence) Regulations 2015 (regulation 6) each Members independence must be reviewed against the criteria laid down in the regulations[2].

3.2.3 The Auditor Panel chairperson and/or Members of the panel can be removed in line with rules agreed by the Governing Body.

2 If a specially established panel is nominated with new Members (i.e. not from the existing Audit Committee, a full recruitment process must be followed in line with Regulation 3. This means that any prospective Members who are not on the Governing Body must be appointed in response to an advertised vacancy and after submitting an application.

3.2.4 The Auditor Panel's chairperson shall formally state at the start of each meeting that the Auditor Panel is meeting in that capacity and NOT as the Audit Committee.

3.2.5 Auditor Panel business shall be identified clearly and separately on the agenda and Audit Committee Members shall deal with these matters as Auditor Panel Members NOT as Audit Committee Members.

3.2.6 The Auditor Panel's functions are to:

a) Advise the CCG's Governing Body on the selection and appointment of the external auditor. This includes:
b) Agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules;
c) Making a recommendation to the Governing Body as to whom should be appointed;
d) Ensuring that any conflicts of interest are dealt with effectively;
e) Advise the CCG's Governing Body on the maintenance of an independent relationship with the appointed external auditor
f) Advise (if asked) the CCG's Governing Body on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable;
g) Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor;
h) Advise the CCG's Governing Body on any decision about the removal or resignation of the external auditor.

3.3 External Audit

3.3.1 The Committee shall review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors and consider the implications and management responses to their work. This will be achieved by:

a) Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Governing Body when appropriate)
b) Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan
c) Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee
d) Reviewing all external audit reports, including the report to those charged with governance (before its submission to the Governing Body) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses
e) Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

3.4 Internal Audit

3.4.1 The Committee shall ensure that there is an effective internal audit function established by management that meets the Public sector internal audit standards,

2017 and provides appropriate independent assurance to the Committee, Accountable Officer and CCG Governing Body.

This will be achieved by:

a) Consideration of the provision of the Internal Audit service and costs involved,
b) Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
c) Considering the major findings of internal audit work (and managements response) and ensuring coordination between the internal and external auditors to optimise the use of audit resources;
d) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
e) Monitoring the effectiveness of internal audit and carrying out an annual review

3.5 Counter Fraud and Bribery

3.5.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meet NHS Protect's standards and shall review the outcomes of work in these areas.

3.5.2 The Committee shall also ensure that there is a counter fraud specialist within the CCG and that policies and procedures for all work related to fraud are in place while also ensuring that procedures are in place which ensure that it cannot be guilty of any bribery or corruption. The Committee will receive reports from the Local Counter Fraud Specialist on current investigations.

3.6 Financial Reporting

3.6.1 The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

3.6.2 The Committee should ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

3.6.3 The Committee shall review the annual report and financial statements before submission to the Governing Body, focusing particularly on:

a) The wording in the annual governance statement and other disclosures relevant to the Terms of reference of the Committee;
b) Changes in, and compliance with, accounting policies, practices and estimation techniques;
c) Unadjusted mis-statements in the financial statements;
d) Significant judgements in preparation of the financial statements
e) Significant adjustments resulting from the audit
f) Letters of representation
g) Explanations for significant variances

3.7 Whistleblowing

The Committee shall review the effectiveness of the arrangements in place for allowing

staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

3.8 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

4. Membership

The core Membership of the Audit Committee shall be:

The following Members have voting rights:

- (Chair) Non-Executive Lay Member – who has qualifications expertise or experience to enable them to lead on finance, probity, governance and audit matters enabling them to express an informed view about discharge of the CCG functions
- Two additional Non-Executive Lay Member representatives
- Registered Nurse
- Secondary Care Consultant

The following attendees do not have voting rights:

GB locality clinical representative

Under the NHS (CCG Groups) Regulations 2012, (14) Audit Committee (3) The following are disqualified from Membership of a CCG's Audit Committee:

(a) the Chair of the CCG's Governing Body

(b) the CCG's Chief Finance Officer

Attendees do not have voting rights and include:

The Chief Finance Officer/Director of Finance, Governance representative, Head of Internal Audit, the local counter fraud specialist (LCFS) and representatives from external audit shall normally attend meetings. At least once a year the Committee Members should meet privately with the external and Internal Auditors without any senior officer present.

The Accountable Officer and CCG Chair can attend any Committee meeting but cannot be the Chair of the Audit Committee.

The Accountable Officer/Chief Officer should be invited to attend and discuss at least annually with the Audit Committee the process for assurance that supports the CCGs input into the annual governance statement. He or she should also attend when the Committee considers the CCG input into the draft Internal Audit plan and Annual Accounts.

The Chair of the Committee may co-opt any non-voting Clinicians, Executive or

Managing Directors, nominated deputies and lead managers as appropriate and particularly, when the Committee is discussing areas of risk or operation that are the responsibility of that attendee.
Note: When a Committee Member is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

5. Quorum

5.1 A quorum of the Audit Committee and the Auditor Panel shall be two of the Non-Executive Lay Members and one clinical Member.

5.2 A decision put to a vote at the meeting shall be determined by a majority of the votes of independent Members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

5.3 People invited to attend, or those in attendance to the Committee do not have the right to vote.

5.4 If the Committee Chair is absent then the Members of the Committee will select a chair for that meeting from the voting Members present – this will be overseen by the most senior officer responsible for governance as the Chair needs to be an independent representative of the CCG.

6. Register of Interests

6.1 The Register of Interest will be reviewed at each Audit Committee meeting in line with the NHS Audit Committee Handbook.

6.2 Members will be asked by the Chair of the Audit Committee to declare any interests at the beginning of each meeting. If a Member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

6.3 **Auditor Panel**. Conflicts of interest must be declared and recorded at the start of each meeting of the Auditor Panel. Auditor Panel register of interest must be maintained by the panels chairperson and submitted to the Governing Body in accordance with the CCGs standards of business conduct policy. If a conflict of interest arises, the chairperson may require the affected Auditor Panel Member to withdraw at the relevant discussion or voting point.

7. Frequency of Meetings

7.1 The Audit Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. A benchmark of five meetings per annum at appropriate times in the reporting and audit cycle which must be documented in the corporate calendar and aligned to provide

assurance in a timely manner to Governing Body. The Governing Body, Accountable Officer, External Auditors or Head of Internal Audit may request an additional meeting if they consider that one is necessary.

7.2 The Head of Internal Audit, representative or external audit and counter fraud specialist have a right of direct access to the Chair of the committee.

7.3 The Auditor Panel will meet on the same day as the Audit Committee, either before or after dependent upon availability of Members and governance arrangements. The Auditor Panel's chairperson may invite executive directors and others to attend depending on the requirements of each meeting's agenda. These invitees are not Members of the Auditor Panel.

7.4 The Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Administrator for purposes of transparency and recording. Where a discussion is required, all Members must respond, and the administrator will oversee this to ensure that all Members are accounted for.

8. Reporting arrangements

8.1 The Committee Chair shall report formally to the CCGs Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the CCGs Governing Body. The Committee shall make recommendations to the CCGs Governing Body on any area within its remit where action or improvement is needed.

8.2 The Committee is authorised by the CCG Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

8.3 The Committee may require the attendance at its meetings of any officer of the CCG and the production of any document.

8.4 The Committee is authorised by the CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

8.5 The Auditor Panel is a sub group of the Audit Committee and is authorised by the Governing Body to carry out the functions specified at 3.2.6 and can seek any information it requires from any employees or relevant third parties. All employees are directed to co-operate with any request made by the Auditor Panel.

8.6 The Auditor Panel is authorised by the Governing Body to obtain outside legal or other independent professional advice (for example, procurement specialists) and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Any such 'outside advice' must be obtained in line with the organisations existing rules (e.g. legal framework policy).

8.7 Minutes and reports of the meetings will be produced and held by the Administrator of the Committee, accessible to the Chair, core Membership and the Director responsible for the corporate function. Extracts from Minutes will be made public as appropriate under the freedom of information act.

9. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

9.1 The Governing Body has delegated the following authorities to Audit Committee:

• Authority to establish sub-committees
• Provision of an independent and objective view of the CCG's systems of internal control, information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance, risk, quality and performance management systems underpinned by the assurance framework
• Appoint Internal Auditors
• Approve the internal audit plan
• Review financial policies
• Approval of the CCGs risk management framework and risk assurance framework

9.2 The Committee will undertake an annual review of the performance and effectiveness of the CCG Governing Body associated sub-committees to ensure that the Committee structure and work plans reflect the current and future needs of the CCG Governing Body.

9.3 In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. These may include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (e.g. Public Sector Audit Appointments Ltd, National Audit Office, Financial Reporting Council) or professional bodies with responsibility for the performance of staff or functions (e.g. Royal College, accreditation bodies).

9.4 The reviews will be spread throughout the year with an Annual Report produced by the Committee for the Governing Body.

10. Administration

10.1 The Committee and its sub group shall be supported administratively by its Administrator his or her duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation and circulation of papers in good time
- Ensuring that those invited to each meeting attend
- Taking the minutes and helping the Chair to prepare reports to the Governing Body
- Keeping a record of matters arising and issues to be carried forward
- Arranging meetings for the Chair – for example, with the internal/external auditors, Auditor Panel or local counter fraud specialists
- Maintaining records of Members appointments and renewal dates

- Advising the Committee on pertinent issues/areas of interest/policy developments
- Advising the Auditor Panel on pertinent issues/areas of interest/policy developments
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.
- Ensuring that panel Members receive the development and training they need
- Providing appropriate support to the Chairperson and Panel Members

10.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members.
- Maintain a decisions log of reporting arrangements into each formal meeting of the Committee from sub-committees and follow up with chairs of sub-committees as appropriate.
- Maintain a log of summary written reports provided to Governing Body from formal meetings.

11. Review

An annual effectiveness review will be undertaken by the Head of Governance as good governance practice and to ensure compliance with the Annual Governance Statement.

These Terms of Reference will be reviewed on an annual basis or sooner if required through the Head of Governance with recommendations made to the CCGs Governing Body for approval via the Audit Chair.

END

NHS Devon Clinical Commissioning Group
Remuneration Committee
Terms of Reference
(To be approved by GB following establishment of CCG)

1. Constitutional Obligations

1.1 The Remuneration Committee of NHS Devon Clinical Commissioning Group is established in accordance with its Constitution, standing financial instructions, standing orders and scheme of delegation.

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee.

1.3 The Remuneration Committee of 'the CCG' is a Non-executive Committee of the Governing Body and has no executive powers other than those specifically delegated in this Terms of Reference or through the Constitutional scheme of delegation.

2. Purpose

2.1 The purpose of the Remuneration Committee is to provide assurance and oversight of all aspects of strategic people management and organisational development; recommending the appointments, determinations regarding matters of remuneration to the Governing Body, fees and other allowances for employees and for people who provide services to the CCG, and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS Pension Scheme. The Remuneration Committee has clear delegations for decision making which are set out in the Scheme of Reservation and Delegation.

3. Responsibilities

3.1 The Remuneration Committee will apply best practice in the decision making processes, for example, when considering individual remuneration the committee will:

- Comply with current disclosure requirements for remuneration;
- On occasion seek independent advice about remuneration for individuals, and
- Ensure that decisions are based on clear and transparent criteria.
- Advise 'the CCG' Governing Body of the approval process for recruiting and appointing Governing Body and other Executive Team Members, including any interim or off- payroll arrangements.
- Ensure all arrangements are in line with NHS England/DH/SoS/HMRC directions e.g. 02.06.15 Financial Controls Letter, CCG Remuneration Gateway Publication 03656 etc.
- Make recommendations to Governing Body on any proposed remuneration and terms of service for clinical and non-clinical Governing Body Members, taking into account any national or local guidance as necessary, so as to ensure that the individual is fairly rewarded for their

individual contribution to the CCG, whilst having proper regard to 'the CCG' circumstances and performance. This shall include all aspects of salary (including any performance related elements or bonuses), provisions for other benefits and any other contractual terms.

- Advise 'the CCG' Governing Body on pay policy and any annual award for all employees of 'the CCG' including, pensions, remuneration, fees, travelling or other allowances payable to employees and to other persons providing services to 'the CCG'. This includes overseeing the implementation of appropriate contractual arrangements for staff and clinicians, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as is appropriate.
- Monitor and advise on succession planning for the Executives residing on Governing Body and VSM senior team Members, to ensure there is a process for identifying and developing internal staff and clinicians with the potential to fill key leadership positions in 'the CCG' in accordance with NHSE Guidance, 'the CCG' Constitution, standing orders and any associated documentation, whilst taking into account the challenges and opportunities facing 'the CCG', and what skills and expertise are therefore needed in the future.
- Ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled.
- Consider any payments, in addition to salary, for very senior managers (VSM) and where appropriate ensure that any approvals are sought such as seeking HM Treasury approval as appropriate and bringing these to the attention of the governing body for approval.
- At the request of the accountable officer, to advise on exceptional payments to staff outside of the Governing Body.
- Authority to establish Sub-Committees.
- The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil the remit outlined above.
- Performance management of the Accountable Officer.
- The committee will not discuss Non-Executive Lay Member remuneration or succession planning of these positions. This will be discussed at a meeting convened by the NHS Devon CCG Chair and most appropriate senior officer(s), guided by the national framework and with support from HR and Governance. The Business Manager for REMCO will formally note the minutes and any actions in accordance with section 11 of these terms of reference.

4. Membership

The core Membership of the Remuneration Committee shall be:

- Four Non-Executive Lay Members*
- CCG Chair (Non-voting)

*The Chair of Remuneration Committee cannot be either the CCG Chair or the Audit Chair.

Agenda and minutes will be shared with all Non-Executive Lay Members to enable them to offer comment and consideration, ahead of the committee meeting, to support the Chair and the core Members of the Committee in their decision making.
Senior representation from Human Resources or from Governance may be in attendance in an advisory role to support the Remuneration Committee in its work but do not form part of the Membership. The attendance of such staff Members will be subject to invitation from the Chair of the Remuneration Committee.
Additionally, the following individuals may be invited to attend for all or part of the meeting, providing their own remuneration or terms of service are not being discussed: •Accountable/Chief Officer •Chief Operating Officer •Chief Finance Officer In addition, external advisors can be called upon as required by the Chair of the Committee.
The Chair may request any external advisors clinical or senior officer to attend should their presence be required to assist the Members of the Committee. Any such invited attendees will be asked to verbally declare any interests to ensure no conflict of interest exists upon their attendance.

5. Quorum

5.1 A minimum of three Non-Executive Lay Members will constitute a quorum.

5.2 A decision put to a vote at the meeting shall be determined by a majority of the votes of Members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

5.3 People invited to attend the Committee do not have the right to vote.

5.4 If the Chair is absent then the Members of the Committee will select a chair for that meeting from the Non –Executive Lay Members present, this cannot be the CCGs Audit Chair or CCG Chair – this will be overseen by governance to ensure that no conflicts arise, and that the Committee remains quorate

6. Register of Interests

6.1 Members and attendees will be asked by the Chair of the Remuneration Committee to declare any interests at the beginning of each meeting. If a Member or attendee feels compromised by any agenda item they should declare a conflict of in leave for that agenda item.

7. Frequency of Meetings

7.1 The Remuneration Committee will meet at least once a year to discharge its duties with extraordinary meetings held as required and in line with the corporate calendar.

7.2 The Remuneration Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Administrator for purposes of transparency and recording. Where a discussion is required, all Members must respond, and the administrator will oversee this to ensure that all Members are accounted for.

8. Reporting Arrangements

8.1 The Remuneration Committee Chair shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the confidential meeting of 'the Governing Body. The Remuneration Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

8.2 Minutes and reports of the meetings will be confidential. The committee minutes may be shared with voting Members of the Governing Body, the senior officer of governance and the Associate Director of HR & OD, for NHS Devon CCG.

8.3 Extracts from minutes will be made public as appropriate.

9. Risk Reporting

9.1 Where timeliness is of the essence in managing a significant risk or issue, the Chair of the Remuneration Committee will be informed of an issue by the quickest possible means (e.g. verbally) and this will be acted upon in accordance with the CCGs risk management framework.

10. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

10.1 The Remuneration Committee shall act in accordance with the scheme of reservation and delegation to ensure Constitutional compliance. Any deviation from this must be brought to the attention of the most senior officer of Governance.

11. Administration

11.1 The Committee will be formally minuted by a designated administrator. Agendas and papers will be available three working days before the meeting is scheduled to take place. A formal attendance and action and decisions log will be held and reported to each meeting.

12. Review

12.1 An annual effectiveness review will be undertaken by the Head of Governance as good governance practice and to ensure compliance with the Annual Governance Statement of internal control.

12.2 These Terms of Reference will be reviewed on an annual basis or sooner if required through the Head of Governance with recommendations made to the Governing Body for approval by the Chair of the Remuneration Committee.

END

NHS Devon Clinical Commissioning Group
Primary Care Commissioning Committee
Terms of Reference
(Draft Pending approval by NHSE and establishment of NHS Devon CCG)

1. Introduction

1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Devon CCG. The delegation is set out in Schedule 1.

1.3 The CCG has established the NHS Devon CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

It is a Committee comprising representatives of the following organisations:

- NHS Devon CCG
- Devon County Council
- Plymouth City Council
- Torbay Council
- HealthWatch

2. Statutory Framework

2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

a) Management of conflicts of interest (section 14O);
b) Duty to promote the NHS Constitution (section 14P);
c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
d) Duty as to improvement in quality of services (section 14R);
e) Duty in relation to quality of primary medical services (section 14S);
f) Duties as to reducing inequalities (section 14T);
g) Duty to promote the involvement of each patient (section 14U);
h) Duty as to patient choice (section 14V);
i) Duty as to promoting integration (section 14Z1);
j) Public involvement and consultation (section 14Z2)

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

2.5 The Committee is established as a committee of the Governing Body of each named CCG in accordance with Schedule 1A of the "NHS Act".

2.6 The Members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the Members to make decisions on the review, planning and procurement of primary care services in Devon, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Devon CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.5 The specific obligations of the CCG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include:

a) Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including:

- the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes);
- 'Discretionary' payments (e.g., returner/retainer schemes);
- Commissioning urgent care for out of area registered patients.

b) Planning the primary medical services provider landscape in Devon, including considering and taking decisions in relation to:

- The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices;
- Approving practice mergers;
- Managing GP practices providing inadequate standards of patient care;
- The procurement of new Primary Medical Services Contracts;
- Dispersing the lists of GP practices;
- Agreeing variations to the boundaries of GP practices; and
- Co-ordinating and carrying out the process of list cleansing in relation to GP practices.

c) Decisions in relation to the management of poorly performing GP Practices including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

d) Decisions in relation to the Premises Costs Directions Functions.

3.6 The CCG will also carry out the following activities:

a) To plan, including needs assessment, primary care services in Devon;
b) To undertake reviews of primary care services in Devon;
c) To co-ordinate a common approach to the commissioning of primary care services generally;
d) To manage the budget for commissioning of primary care services in Devon.

3.7 The Primary Care Operational Group will review operational contractual issues impacting on primary care delivery working within approved frameworks and decision-making authority from the Primary Care Commissioning Committee.

4.Geographical Coverage

4.1 The Committee will comprise the NHS Devon CCG area.

5. Membership

5.1 The Committee shall consist of the following voting members:

- Non-Executive Lay Member
- Non-Executive Lay Member
- Clinical Lead for Patient Safety and Quality
- Chief Finance Officer/Director of Finance or nominated deputy
- Director of Primary Care or nominated deputy
- Director of Quality Assurance or nominated deputy
- Director of Public Health or nominated representative on behalf of the 3 councils.
- GP from outside CCG area

5.2 The Chair of the Committee shall be Non-Executive Lay Member.

5.3 The Vice Chair of the Committee shall be Non-Executive Lay Member.

5.4 Non-voting Membership will be:

- Governing Body GP representation
- CCG Clinical Chair
- 1 Patient representative who has an active PPG role
- Healthwatch representative (Devon area)
- Deputy Director of Primary Care

NB: HealthWatch and Health and Wellbeing Boards are under no obligation to nominate a representative, but there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

5.5 The CCG will notify NHS England of all primary medical services commissioning committee meetings at least seven (7) days in advance of such meetings and NHS England will be entitled to attend such meetings at its discretion.

6. Meetings and Voting

6.1 The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each Member representative no later than 3 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.2 Each voting Member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of Members present but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

7. Quorum

7.1 The committee is quorate when at least four voting Members are present, including the Chair or the Vice Chair.

7.2 If a committee Chair and Vice Chair are absent, then the Members of the Committee will select a Chair for that meeting from the Members present – this will be agreed in advance by the residing Chair and Director responsible for corporate governance.

7.3 Where agreed with the Chair, Members of the Committee may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting using these methods shall be deemed to constitute presence in person at the meeting.

7.4 Anyone deputising for a voting Member will have the voting Members right to vote.

7.5 Invited Members, or those in attendance to the Committee do not have the right to vote.

8. Meetings

8.1 The Committee will meet as required to conduct its business, and will meet, normally monthly, in line with the corporate calendar.

8.2 The Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the Committee can be conducted by e-mail and the actions/decision will be recorded by the Secretary for purposes of transparency and recording. Where a discussion is required, all Members must respond, and the administrator will oversee this to ensure that all Members are accounted for.

8.3 Meetings of the Committee shall:

a) be held in public, subject to the application of 23(b);
b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.4 Members and attendees will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a Member or attendee feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

8.5 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

8.6 The Committee may delegate tasks to such individuals, sub-committees or individual Members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

8.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

8.8 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Governance Handbook.

8.9 The Committee will present its minutes to NHS England and the Governing Body of NHS Devon CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.

8.10 The CCG will also comply with any reporting requirements set out in its Constitution.

8.11 These Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Accountability of the Committee

9.1 For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders or Standing Financial Instructions of any of the Members, the Delegation will prevail.

10. Procurement of Agreed Services

10.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the delegation agreement. In doing so the CCG will comply with public procurement regulations and with statutory guidance on conflicts of interest.

11. Decisions

11.1 The Committee will make decisions within the bounds of its remit.

11.2 The decisions of the Committee shall be binding on NHS England and NHS Devon CCG.

11.3 The Committee will produce an executive summary report which will be presented to NHS England and the governing body of NHS Devon of the CCG each year for information.

END

Appendix 3: Standing Orders

1. STATUTORY FRAMEWORK AND STATUS

1.1 Introduction

1.1.1 These Standing Orders have been drawn up to regulate the proceedings of the NHS Devon Clinical Commissioning Group so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the CCG is established.

1.1.2 The Standing Orders, together with the CCG's Scheme of Reservation and Delegation[52] and the CCG's Prime Financial Policies/SFIs[53], provide a procedural framework within which the CCG discharges its business. They set out:

a) The arrangements for conducting the business of the CCG;

b) The appointment of Member practice representatives;

c) The procedure to be followed at meetings of the CCG, the Governing Body and any Committees or sub-committees of the CCG or the Governing Body;

d) The process to delegate powers; and

e) The declaration of interests and standards of business conduct.

1.1.3 These arrangements must comply and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate[54] of any relevant guidance.

1.1.4 The Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs have effect as if incorporated into the CCG's Constitution. CCG Members, employees, Members of the Governing Body, Members of the Governing Body's Committees and sub-committees, Members of the CCG's Committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs may be regarded as a disciplinary matter that could result in dismissal.

1.2 Schedule of matters reserved to the Clinical Commissioning Group and the Scheme of Reservation and Delegation

1.2.1 The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as Committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions

52 See CCG Governance Handbook

53 See Appendix 4 entitled Standing Financial Instructions

54 Under some legislative provisions the Group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

and also those delegated are contained in the CCG's Scheme of Reservation and Delegation which is held in the CCGs Governance Handbook and can be obtained by the relevant contacts outlined in Section 1.3.3 of this Constitution.

2. THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS

2.1 Composition of Membership

2.1.1 Section 3 of the CCG's Constitution provides details of the Membership of the CCG and the Member practice role.

2.1.2 Section 5 of the CCG's Constitution provides details of the governing structure used in the CCG's decision-making processes as well as outlining certain key roles and responsibilities within the CCG and its Governing Body.

2.2 Key Roles

2.2.1 These Standing Orders set out how the CCG will appoint the voting individuals of the Governing Body.

2.2.2 Section 5.4 of the CCG's Constitution sets out the key role of the Governing Body whilst section 5.5 outlines the composition of the CCG's Governing Body. These Standing Orders set out how the CCG appoints individuals to these key roles and are further supported by a standard operating procedure held by our HR Department and published here www.DevonCCG.nhs.uk

All Governing Body individuals are to be appointed in accordance with the 'Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills' October 2012 https://www.england.nhs.uk/wp-content/uploads/2012/09/ccg-Members-roles.pdf

2.3 Nomination, Eligibility, Appointment, Re-appointments and Terms of Reference

2.3.1 People who are ineligible for nomination to any of the Governing Body roles include anyone who is:

- MPs, MEPs, Members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
- Members including shareholders of, or partners in, or employees of commissioning support organisations;
- A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—

  a) in the United Kingdom of any offence,

  b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence

in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;

- a person subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986(33), sections 56A to 56K of the Bankruptcy (Scotland) Act 1985(34) or Schedule 2A to the Insolvency (Northern Ireland) Order 1989(35) (which relate to bankruptcy restrictions orders and undertakings);
- a person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care Trusts, Special health and social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority;
- A healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the person‘s fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted;
- a person disqualified from being a company director; and
- a person who has been removed from the office of charity trustee, or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement.

2.3.2 In addition, the key roles are subject to the following appointment process and further eligibility requirements:

2.3.3 The **Member Practice Representative**, as listed in Section 3 of the CCG’s Constitution, is subject to the following appointment process by each Member practice:

Nominations – Nomination by individual Member practice;

a) **Eligibility –** An individual appointed by a practice (who is a Member of NHS Devon CCG) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006

Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the

2006 Act (as inserted by section 49 of the 2012 Act);

b) **Appointment process –** Internal process for each Member Practice;

c) **Term of office –** As defined by the practice;

d) **Eligibility for reappointment –** As defined by the practice;

e) **Grounds for removal from office –** In the event that any of the provisions within section 2.3.1 arise.

f) **Notice period –** As defined by the practice.

2.3.4 **Locality Clinical Representatives**, as listed in Section 5.5.3 of the CCG's Constitution, these individual's representation is to influence strategy and policy of the CCG and is subject to the following appointment process:

a) **Nominations –** As per LMC nomination or independently run process;

b) **Eligibility –**

i. all GPs on the Performers' list, declaring themselves to be working in the geography of the CCG; or

ii. Members of a profession regulated by a body mentioned in section25(3) of the National Health Service Reform and Health Care Professions Act 2002, working within a Member practice, who are signatories to a primary medical services contract (GMS, PMS or APMS) under which services are provided in the geographic area of the CCG.

c) **Appointment/Election process –** As per LMC or independent appointment/election process and CCG recruitment Standard Operating Procedure for Governing Body Members;

d) **Term of office –** As defined in the Standard Operating Procedure held outside of this Constitution but available on the CCG website;

e) **Eligibility for reappointment –** As defined in the Standard Operating Procedure;

f) **Grounds for removal from office –** In the event that any of the provisions within section 2.3.1 arise, grounds of removal will be assessed in line with the CCG human resource policies held on the CCGs website; and

g) **Notice period –** As defined in the contract of employment.

2.3.5 The **Chair**, as listed in Section 5 of the CCG's Constitution, is subject to the following appointment process:

a) **Nomination and election –** The CCG, will appoint a Chair. The Chair

will be a Member of the Governing Body and of any committee of the Governing Body as outlined in the CCG Governance Handbook.

b) **Eligibility –** Providers of primary medical services (on the Devon performers list as defined by NHS England, and may be a salaried GP) to a registered list of patients, the majority of whom reside in the CCG's area, under a General Medical Services,

Personal Medical Services or Alternative Provider Medical Services contract in Devon. The Accountable Officer of the CCG is disqualified from being the Chair;

c) **Appointment process –** The CCG will make the appointment in accordance with the standard operating procedure for election/re-election of the chair of the CCG which is held outside of this Constitution but is available on the CCG website.

d) **Term of office –** Up to three years, with an option to be re-elected for a further three years. As defined in the contract of employment;

e) **Eligibility for reappointment –** The Chair is eligible for reappointment, subject to satisfaction of the eligibility criteria listed at 2.3.1;

f) **Grounds for removal from office –** Gross misconduct; losing clinical registration, where applicable; the Governing Body determines that the Membership has lost the confidence in him/her (where 1/3 of Member practices ask for a vote of Member practices and there is a majority vote of no-confidence); where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the 'Code of Conduct for NHS Managers' and other key guidance and codes. In the event that any of the provisions within section 2.3.1 arise, or in line with the CCG human resource policies; and

g) **Notice period** – Three months from employee, in writing to the Accountable Officer and to the Governing Body. The CCG will provide notice in line with contract.

2.3.6 The **Vice Chair**, as listed in Section 5 of the CCG's Constitution, is subject to the following appointment process and further details outlined in the standard operating procedure held by HR:

a) **Nominations –** The candidate will be locally appointed and will be a Member of the Governing Body;

b) **Eligibility –** If the Chair of the Governing Body is a health care

professional within the meaning of section 14N of the 2006 Act, all Members of the Governing Body other than Lay persons are disqualified from being Vice Chair.

c) **Appointment process –** Governing Body election process as outlined in the CCGs standard operating procedure held outside of this Constitution but available on the CCG website.

d) **Term of office –** Up to three years;

e) **Eligibility for reappointment –** The Vice Chair is eligible for reappointment, subject to satisfaction of the eligibility criteria listed at 2.3.1 and Governing Body re-election;

f) **Grounds for removal from office –** Gross misconduct; where a pecuniary interest constitutes a conflict of such significance to warrant removal from office; failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the 'Code of Conduct for NHS Managers' and other key guidance and codes. In the event that any of the provisions within section 2.3.1 arise, or in line with the CCG human resource policies; and

g) **Notice period** - Three months from employee, in writing to the Chair of the Governing Body. The CCG will provide notice in line with contract.

2.3.7 The Accountable Officer, as listed in Section 5 the CCG's Constitution, is subject to the following appointment process:

a) **Nominations** – The appointment will be subject to local and national NHS recruitment and selection policy. The candidate must be approved by NHS England. The Accountable Officer will be a Member of the Governing Body and of any Committee of the Governing Body outlined in the Governance Handbook, which is held outside of this Constitution;

b) **Eligibility** –

i. The appointment is subject to national NHS recruitment and selection policy. The candidate must be nationally approved by the CCGs Regulator NHS England.

ii. Will be a Member of the Governing Body and they will therefore need to meet the core requirements as described for Governing Body Members;

iii. The Accountable Officer may not be the Chair of the Governing Body.

c) **Appointment process** – The appointment is subject to national NHS recruitment and selection policy. The candidate must be approved by the CCGs Regulator NHS England;

d) **Term of office** – As determined by the contract of employment;

e) **Eligibility for reappointment** - As determined by the contract of employment;

h) **Grounds for removal from office –** Gross misconduct; where a pecuniary interest constitutes a conflict of such significance to warrant removal from office; failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the 'Code of Conduct for NHS Managers' and other key guidance and codes. In the event that any of the provisions within section 2.3.1 arise, or in line with the CCG human resource policies; and

f) **Notice period** – Three months from employee, in writing to the Chair of the Governing Body. The CCG will provide notice in line with contract.

2.3.8 The Chief Finance Officer/Director of Finance, as listed in Section 5 of the CCG's Constitution, is subject to the following appointment process:

a) **Nominations** – The candidate will be locally appointed using national NHS recruitment and selection process. The Chief Finance Officer will be a Member of the Governing Body and of the CCG Executive Team;

b) **Eligibility** – The candidate must have a professional qualification in accountancy and the expertise or experience to lead the financial management of the organisation. If the Governing Body's Membership includes two or more individuals of that description, they must designate one of them as the Chief Finance Officer and the individual must be approved by NHS England;

c) **Appointment process** – The appointment will be subject to national NHS recruitment and selection process and CCG Standard Operating Procedure for Governing Body Members held outside of this Constitution;

d) **Term of office** – As determined by contract;

e) **Eligibility for reappointment** - Not applicable

f) **Grounds for removal from office** - Gross misconduct; where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the 'Code of Conduct for NHS Managers' and other key guidance and codes. In the event that any of the provisions within section 2.3.1 arise, or in line with the CCG human resource policies; and

g) **Notice period** – Three months from employee, in writing to the Chair of the Governing Body. The CCG will provide notice in line with contract.

2.3.9 The Registered Nurse /Chief Nursing Officer, as listed in Section 5 of the CCG's Constitution, is subject to the following appointment process:

a) **Nominations** –The candidate will be locally recruited using the CCG recruitment process. The Chief Nursing Officer will be a Member of the Governing Body and any committee of the Governing Body outlined in the governance handbook held outside of this Constitution;

b) **Eligibility** – Must be a registered Nurse. The nurse cannot be an employee or Member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made commissioning arrangements;

c) **Appointment process** – In line with CCG recruitment policy and CCG Standard Operating Procedure for Governing Body Members, held outside of this Constitution and available on the CCG website.

d) **Term of office** – As determined by the contract of employment;

e) **Eligibility for reappointment** – Not applicable;

i) **Grounds for removal from office –** Gross misconduct; where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the 'Code of Conduct for NHS Managers' and other key guidance and codes. In the event that any of the provisions within section 2.3.1 arise, or in line with the appropriate CCG policies; and

f) **Notice period** – Three months in writing to the Accountable Officer of the Governing Body. The CCG will provide notice in line with contract.

2.3.10 The Secondary Care Specialist, as listed in Section 5 of the CCG's Constitution, is subject to the following appointment process:

a) **Nominations** – The candidate will be locally recruited using the CCG recruitment process. The Secondary Care Specialist will be a Member of the Governing Body;

b) **Eligibility** – It is essential that the hospital doctor is an experienced specialist. The Regulations set out that the individual must be a medical practitioner who (or within the last 10 years) fulfils (or fulfilled) all the following

i) the individuals name is included in the Specialist Register kept by the General Medical Council under section 34D of the Medical Act

1983(c), or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section;

ii) the individual holds a post as an NHS Consultant or in a medical specialty in the armed forces;

iii) the individuals name is not included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983(d).

d) **Appointment process** – In line with CCG recruitment policy and CCG Standard Operating Procedure for Governing Body Members;

e) **Term of office** – 3 years

f) **Eligibility for reappointment** the office holder may be re-elected for one further term of three-years, with a maximum period of office of six years over two terms of 3 years;

g) **Grounds for removal from office –** Gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. In the event that any of the provisions within section 2.3.1 arise, or in line with the appropriate CCG policies; and

h) **Notice period** – Three months in writing to the Chair. The CCG will provide notice in line with contract.

2.3.11 The CCG has appointed four Lay Members, but recognises the NHS England requirement that a minimum of three Lay Members must be appointed to the CCG Governing Body, as described in NHS England's Managing Conflicts of Interest: revised statutory guidance for CCGs 2017, is subject to the following appointment process:

a) **Nominations** – These lay persons will be appointed by the Group to the Governing Body and will be subject to national NHS recruitment and selection policy. The candidate will be locally appointed as Office Holders. One lay person appointed to the Governing Body must have qualifications, expertise or experience to enable them to lead on finance and audit matters; and another who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions;

b) **Eligibility** – criteria as defined in person specification agreed by Governing Body;

c) **Appointment process** – In line with NHS recruitment and selection policy and appointment to the Governing Body in line with CCG Standard Operating Procedure for Governing Body Members;

d) **Term of office** – Up to three years;

e) **Eligibility for reappointment** - The Independent Lay Members are eligible for reappointment for one further term of office, subject to satisfaction of the eligibility criteria listed at 2.3.1;

f) **Grounds for removal from office –** Gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. In the event that any of the provisions within section 2.3.1 arise,

g) **Notice period** – Three months, in writing to the Chair of the Governing Body. The CCG will provide notice in line with contract.

2.3.12 Each Executive of the Governing Body, as listed in Section 5 of the CCG's Constitution, is subject to the following appointment process:

a) **Nominations** – The candidate will be locally appointed using national NHS recruitment and selection process. Each Executive will be a Member of the Governing Body and of the CCG Executive Team;

b) **Eligibility** – The candidate must have a professional management qualification or equivalent experience and the expertise or experience to lead and support the transformation, strategic direction and commissioning functions of the organisation. Each Executive must be approved by NHS England;

c) **Appointment process** – The appointment will be subject to national NHS recruitment and selection process and CCG Standard Operating Procedure for Governing Body Members held outside of this Constitution;

d) **Term of office** – As determined by contract;

e) **Eligibility for reappointment** - Not applicable

f) **Grounds for removal from office** - Gross misconduct; where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the 'Code of Conduct for NHS Managers' and other key guidance and codes. In the event that any of the provisions within section 2.3.1 arise, or in line with the CCG human resource policies; and

g) **Notice period** – Three months from employee, in writing to the Accountable Officer and Chair of the Governing Body. The CCG will provide notice in line with contract.

2.3.13 The roles and responsibilities of each of these key roles are set out in the CCG Governance Handbook.

3. MEETINGS OF THE GOVERNING BODY

3.1 Calling meetings

3.1.1 Ordinary meetings of the Governing Body shall be held at regular intervals, no less than six times a year, at such times and places as the CCG may determine. The Chair of the CCG may call a meeting at any time.

3.1.2 One-third or more Members of the Governing Body may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven working days of a requisition being presented, the Members signing the requisition may forthwith call a meeting.

3.1.3 Before each meeting of the Governing Body a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Governing Body's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)). This notice shall be approved by the Chair or by a CCG officer with authorisation from the Chair and the meeting shall be convened in line with the CCG corporate calendar.

3.2 Agenda, supporting papers and business to be transacted

3.2.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the Governing Body at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 8 working days before the meeting takes place. The agenda and supporting papers will be circulated to all Governing Body Members at least 5 working days before the date of the meeting, 4 working days in the case of agenda items for a non-public agenda. The only exceptions to this is where the Chair has specifically highlighted in writing, with clear rationale, to Governing Body Members that a paper may be late due to extraordinary circumstances.

3.2.2 A Governing Body Member or Member representative desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 15 working days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 15 working days before a meeting may be included on the agenda at the discretion of the Chair.

3.2.3 Agendas and certain papers for the CCG's Governing Body– including details about meeting dates, times and venues - will be published on the CCG's website at www.DevonCCG.nhs.uk five working days before the meeting. Where there may be unexpected circumstances this will be no less than three working days as per the statutory guidance.

3.3 Petitions

3.3.1 Where a petition has been received by the CCG, the Chair of the Governing

Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.4 Chair of a meeting

3.4.1 At any meeting of the CCG or its Governing Body or of a Committee or sub-committee, the Chair of the CCG, Governing Body, Committee or sub-committee, if any and if present, shall preside. If the Chair is absent from the meeting, the Vice Chair, if any and if present, shall preside.

3.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside. If both the Chair and Vice Chair are absent, or are disqualified from participating, or there is neither a Chair or deputy, a Member of the CCG, Governing Body, committee or sub-committee respectively shall be chosen by the Members present, or by a majority of them, and shall preside.

3.5 Chair's ruling

3.5.1 The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs at the meeting, shall be final.

3.6 Quorum

3.6.1 A meeting of the CCG Governing Body will be quorate when a minimum of nine Members are present. Of these nine Members there must be at least four clinical Members and two Lay Members present.

3.6.2 For all other of the group's Committees and sub-committees, including the Governing Body's Committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference (available on the organisations website), which may be revised at the discretion of the Governing Body

3.6.3 In exceptional circumstances and where agreed with the Chair, Members of the CCG Governing Body may participate in meeting by telephone, by the use of video conferencing facilities and / or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

3.6.4 A senior officer who has been **formally** appointed under authority of the Chair or NHS England, to act up for an appointed Member during a period of incapacity or temporarily to fill a vacancy shall be entitled to exercise the voting rights of the appointed Member and as such will count towards the quorum of the meeting.

3.6.5 If the Chair or other Member has been disqualified from the discussion on any matter, then that individual will no longer count towards the quorum. If the meeting is no longer quorate then the matter may not be further discussed / voted on within that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next item of business where

the meeting is quorate.

3.7 Decision making

3.7.1 Section 5 of the CCG's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that the CCG's / Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of Members will be required, the process for which is set out below:

a) **Eligibility** – each voting Member of the CCG Governing Body will have one vote only;

b) **Majority necessary to confirm a decision** – decisions will be made on the basis of simple majority voting;

c) **Casting vote** – In cases of equal voting, the Chair shall have a second and casting vote; and

d) **Dissenting views** – In the case of a dissenting view, the Member has the right to have that view recorded in the minutes of the Governing Body.

3.7.2 At the discretion of the Chair all questions put to a vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

3.7.3 If at least one-third of the Members present so request, the voting on any question may be recorded so as to show how each Member present voted or did not vote (except when conducted by paper ballot). If a Member so requests, their vote shall be recorded by name.

3.7.4 In no circumstances, other than those described in section 3.6.4 of these Standing Orders, may an absent Member vote by proxy. Absence is defined as being absent at the time of the vote.

3.7.5 Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.6 For all other of the CCG's Committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference and in the CCG Governance Handbook www.DevonCCG.nhs.uk

3.8 Emergency powers and urgent decisions

3.8.1 Where it is necessary for an urgent decision to be taken outside of the routine schedule of meetings for the Governing Body, it will be appropriate for the Chair and Accountable Officer to exercise the decision having first consulted with at least two Clinical Members and one Lay Member of the Governing Body. Such decisions are limited to the business that the Governing Body has reserved to itself. Any conflicts of interest must be considered before consultation.

3.8.2 Any such decision taken will be reported to the next formal public meeting of

the Governing Body for formal ratification. This will then be recorded in the minutes of the Governing Body.

3.9 Suspension of Standing Orders

3.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided at least two thirds of the Governing Body are present (including at least one Member who is an officer of the CCG and one who is not), and that of those present, at least two thirds of the Members are in agreement.

3.9.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

3.9.3 A separate record of matters discussed during the suspension of Standing Orders shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

3.10 Record of Attendance

3.10.1 The names of all Members present at the meeting shall be recorded in the minutes of the CCG's meetings. The names of all Members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all Members of the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

3.11 Minutes

3.11.1 The Governing Body must keep minutes of all meetings of the CCG Governing Body and meetings of any committee or sub-committee of the CCG Governing Body carrying out powers or functions of the CCG Governing Body, including;

a) The names of the persons present at the meeting;
b) The decisions made at the meetings;
c) Where appropriate the reasons for the decisions; and
d) The name of the person responsible for taking the Minutes.
e) Recording any declarations of interest and making these visible in line with NHS England's Managing Conflicts of Interest: revised statutory guidance for CCGs 2017

3.11.2 Any such minutes agreed and signed off as a true record at the subsequent meeting of the Governing Body shall be sufficient evidence without further proof of the facts stated in such minutes.

3.11.3 Any public minutes shall be made available or copied on request to any Member or Member practice representative. In addition, public minutes will be made available on request to Members of the public and will also be published on the CCG's website.

3.11.4 The Governing Body must also maintain a Register of Interests of Governing

Body Members, clinical lead representatives and staff.

3.12 Admission of public and the press

3.12.1 Subject to Standing Order 3.12.2 below, meetings of the Governing Body shall be open to the public, this includes the Annual General Meeting. The meetings of the CCG held in public are to ensure transparency of decision making and the manner in which decisions have been made.

3.12.2 The Governing Body may, by resolution, exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) where publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

3.12.3 In the event the public could be excluded from a meeting of the Governing Body pursuant to Standing Order 3.12.2 above, the group shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act or any such similar Act(s) or directive(s), and if so, whether the public should be excluded in such circumstances.

3.12.4 The Chair (or Vice Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's business shall be conducted without interruption and disruption.

3.12.5 Without prejudice to the power to exclude the public pursuant to Standing Order 3.12.2 above the Governing Body may resolve (as permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) to exclude the public from a meeting (whether during whole or part of the proceedings) to suppress or prevent disorderly conduct or behaviour.

3.12.6 Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other Members of the public shall be confidential to the Members of the Governing Body.

3.12.7 Members and officers or any employee of the Governing Body in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Governing Body, without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.

3.12.8 Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the CCG or Committee thereof. Such permission shall be granted only upon resolution of the CCG.

4. COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of Committees and Sub-Committees

4.1.1 The CCG may appoint Committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State, and make provision for the appointment of Committees and sub-committees of its Governing Body. Where such Committees of the Governing Body, are appointed they are included in Section 5 of the CCG's Constitution.

4.1.2 Other than where there are statutory requirements, such as in relation to the Audit Committee, Remuneration Committee or Primary Care Commissioning Committee, the Governing Body shall determine the Membership and terms of reference of Committees, and shall, if it requires, receive and consider reports of such Committees at the next appropriate meeting of the Governing Body.

4.2 Terms of Reference

4.2.1 The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, the Governing Body's Committees and sub-committee and all Committees and sub-committees unless stated otherwise in the Committee or sub-committee's terms of reference. The statutory terms of reference of a Committee of the Governing Body are held within this Constitution and all other Committees are held outside of the Constitution and shall have effect as if incorporated into the Constitution, and are available on the organisation's website.

4.3 Delegation of Powers by Committees to Sub-committees

4.3.1 Where Committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the CCG through approval from the Governing Body.

4.4 Approval of Committees and Sub-Committees

4.4.1 The Governing Body is able to establish its own Committees and terms of reference for each of these committees. Where a committee is established it must be formally approved and minuted at meetings held in public of the Governing Body. Details of these committees are held outside of the Constitution within the CCG Governance Handbook.

4.4.2 The Committees of the Governing Body are authorised to establish working groups with the approval of the Governing Body to assist them in discharging their respective duties. These working groups will be detailed in the CCG Governance Handbook. The Committees of the Governing Body will provide any detail and relevant reports to the Governing Body of the business of the working groups.

4.4.3 The CCG shall agree such travelling or other allowances as it considers appropriate though relevant HR policy which are held outside of the Constitution.

4.5 Applicability of Standing Orders

4.5.1 The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-Committee and all Committees and sub-committees unless stated otherwise in the Committee or sub-committee's terms of reference.

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES

5.1 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Audit Committee for action or ratification. All Members of the CCG and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENT

6.1 Clinical Commissioning Group's seal

6.1.1 The common seal of the CCG shall be kept by the Accountable Officer or by a nominated Manager in a secure place.

6.1.2 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two senior managers duly authorised by the Accountable Officer, and not also from the originating department or officer, and shall be attested by them. The Accountable Officer shall ensure that a register of the sealing of every document is maintained and presented to the Audit Committee no less than once a year.

6.1.3 The CCG may have a seal for executing documents where necessary. Subject to the approval limits set out in the Use of the seal standard operating procedure and Scheme of Delegation and financial limits, which is held in the CCG Governance Handbook and reviewed by the Chief Finance Officer no less than once a year. The following individuals or officers are authorised to authenticate its use by their signature:

a) the Accountable Officer;
b) the Chair of the Governing Body;
c) the Chief Finance Officer; and
d) any senior officer authorised by the Accountable Officer.

6.1.4 The use of the Common Seals include:

a) contracts for the purchase/lease of land and/or building;
b) contracts for capital works;
c) lease agreements with annual lease charges and where the period of the lease exceeds beyond five years; and
d) any other lease agreement where the total payable under the lease exceeds limits as set out in the Use of the Seal Standard Operating Procedure. Any contract or agreement with organisations other than the

NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed limits as set out in the Use of the Seal Standard Operating Procedure.

6.2 Execution of a document by signature, not requiring the seal

6.2.1 CCG employees are only authorised through their held officer role, by authority of the Accountable Officer or Governing Body to execute a document on behalf of the CCG in line with their delegated financial limits, as detailed in the Scheme of Reservation and Delegation and Financial Limits.

7. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1 Policy statements: general principles

7.1.1 The Governing Body (or committee of Governing Body, or senior officer, if delegated to do so) will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Devon CCG. The decisions to approve such policies and procedures will be recorded in an appropriate CCG minutes and will be deemed where appropriate to be an integral part of the CCG's Standing Orders

Appendix 4: Standing Financial Instructions

1. INTRODUCTION

1.1 General

1.1.1 These Standing Financial Instructions (Prime Financial Policies) and supporting detailed financial policies shall have effect as if incorporated into the CCG's Constitution.

1.1.2 The Standing Financial Instructions are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation which is held outside of the Constitution in the CCG Governance Handbook.

1.1.3 In support of these Standing Financial Instructions, the CCG has prepared more detailed policies, approved by the Chief Finance Officer which are available on the CCGs website www.DevonCCG.nhs.uk

1.1.4 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Audit Committee is responsible for approving all detailed financial policies.

1.1.5 A list of financial authority limits are available at the end of this Constitutional document under Section 21, and are also published and maintained on the CCG's website www.DevonCCG.nhs.uk

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Chief Finance Officer must be sought before acting. The user of these instructions and associated policies should also be familiar with and comply with the provisions of the CCG's Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.1.7 Failure to comply with these instructions, Prime Financial Policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2 Overriding Standing Financial Instructions

1.2.1 If for any reason these Standing Financial Instructions or associated financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit Committee for referring action or ratification. All of the CCG's Members and employees have a duty to disclose any non-compliance with these instructions to the Chief Finance Officer as soon as possible.

1.3 Responsibilities and delegation

1.3.1 The roles and responsibilities of CCG's Members, employees, Members of the Governing Body, Members of the Governing Body's committees and sub-committees, Members of the CCG's Committee and sub-committee (if any) and persons working on behalf of the CCG are set out in Section 5 of this Constitution.

1.3.2 The financial decisions delegated by Members of the CCG are set out in the CCG's Scheme of Reservation and Delegation (which is held outside of this Constitution in the CCG Governance Handbook).

1.4 Contractors and their employees

1.4.1 Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

1.5 Amendment of Standing Financial Instructions

1.5.1 To ensure that these Standing Financial Instructions remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval.

2. INTERNAL CONTROL

POLICY – the CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies

2.1 The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body.

2.2 The Accountable Officer has overall responsibility for the CCG's systems of internal control.

2.3 The Chief Finance Officer will ensure that:

a) financial policies are considered for review and update annually;
b) a system is in place for proper checking and reporting of all breaches of financial policies; and
c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

POLICY – the CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

3.1 In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the CCG to be responsible for internal audit and appointed external auditor will have direct and unrestricted access to Audit Committee Members and the Chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2 The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee Members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of Internal Audit and external auditors.

3.3 The Chief Finance Officer will ensure that:

a) the CCG has a professional and technically competent internal audit function;
b) the Governing Body's Audit Committee approves any changes to the provision or delivery of assurance services to the CCG.

4. FRAUD AND CORRUPTION

POLICY – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any fraud perpetrated against it and will actively chase any loss suffered

4.1 The Audit Committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2 The Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

5.1 The CCG is required by statutory provisions[56] to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

5.2 The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3 The Chief Finance Officer will:

a) provide reports in the form required by NHS England;
b) ensure money drawn from NHS England is required for approved expenditure only and is drawn down only at the time of need and follows best practice; and
c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. ALLOTMENTS[57]

6.1 The CCG's Chief Finance Officer will:

a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;
b) prior to the start of each financial year submit to the CCG Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
c) regularly update the CCG Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the CCG will produce and publish annual plan(s) for commissioning[58] that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets

7.1.1 The Accountable Officer will compile and submit to the CCG Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.1.2 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.

7.1.3 The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.1.4 The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.

7.1.5 The Governing Body will approve consultation arrangements for the CCG's commissioning plan[59].

[56] See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

[57] See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

[58] See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

[59] See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations[60], relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England

8.1.1 The Chief Finance Officer will ensure the CCG:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee;
b) prepares the accounts according to the timetable approved by the Audit Committee;
c) complies with statutory requirements and relevant directions for the publication of Annual Report;
d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
e) publishes the external auditor's management letter on the CCG's website www.DevonCCG.nhs.uk

9. INFORMATION TECHNOLOGY

POLICY – the CCG will ensure the accuracy and security of the CCG's computerised financial data

9.1 The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for both the Data Protection Act 1998 and GDPR;
b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

9.2 In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

60 See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act

10. ACCOUNTING SYSTEMS

POLICY – the CCG will run an accounting system that creates management and financial accounts

10.1 The Chief Finance Officer will ensure that:

a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England; and
b) contracts for computer services for financial applications with another health organisation or any other agency, shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

10.2 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

11. BANK ACCOUNTS

POLICY – the CCG will keep enough liquidity to meet its current commitments

11.1 The Chief Finance Officer will:

a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions[61], best practice and represent best value for money;
b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
c) prepare detailed instructions on the operation of bank accounts.

11.2 The Audit Committee shall approve the banking arrangements.

12. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

POLICY – the CCG will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions[62]
- ensure its power to make grants and loans is used to discharge its functions effectively[63]

61 See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act
62 See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.
63 See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

12.1 The Chief Finance Officer is responsible for:

a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary; and
d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
    - the supply of goods, materials and manufactured articles;
    - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
    - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

13.1 The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the CCG's Audit Committee.

13.2 The Governing Body may only negotiate contracts on behalf of the CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the CCG's Standing Orders;
b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

13.3 In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.

14. COMMISSIONING

POLICY – working in partnership with relevant national and local stakeholders the CCG will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

14.1 The CCG will coordinate its work with NHS England, other Clinical Commissioning Groups, local providers of services, local authorities, including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2 The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.

14.3 The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

POLICY – the CCG will put arrangements in place for evaluation and management of its risks

15.1 The process of risk management within the CCG will be determined by the Risk Management framework Policy. Risks will be identified in line with CCG objectives. Mitigating controls, actions and associated assurances will be set out within an assurance framework. Directorate identified leads will be responsible for ensuring that risks are reviewed on a regular basis and that action plans are implemented and monitored

15.2 Each directorate will provide updates to the CCG Assurance Framework detailing their risks and mitigations. Risks will be scored using a 5 x 5 matrix with impact and likelihood scores being based on risk tolerances as described in the Risk Management Framework Policy

15.3 The Governing Body will review, no less than quarterly, high scoring risks using its 5x5 matrix and in addition, the Assurance Framework will be presented to the Audit Committee and relevant sub-committees of the Governing Body for the purpose of assurance and scrutiny throughout the year.

15.4 Management processes will ensure all significant risk and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk.

16. PAYROLL

POLICY – the CCG will put arrangements in place for an effective payroll service

16.1 The Chief Finance Officer will ensure that the payroll service selected:

a) is supported by appropriate (i.e. contracted) terms and conditions;
b) has adequate internal controls and audit review processes; and
c)has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

16.2 In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

17. NON-PAY EXPENDITURE

POLICY – the CCG will seek to obtain the best value for money goods and services received

17.1 The Audit Committee will recommend the level of non-pay expenditure on an annual basis to the Governing Body for approval, and the Accountable Officer will determine the level of delegation to budget managers.

17.2 The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.3 The Chief Finance Officer will:

a) advise the Audit committee on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained;
b) and, once approved, the thresholds should be incorporated in the Scheme of Reservation and Delegation;
c) be responsible for the prompt payment of all properly authorised accounts and claims;
d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the CCG's fixed assets

18.1 The Accountable Officer will:

a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
b) be responsible for the management of all stages of capital

schemes and for ensuring that schemes are delivered on time and to cost;
c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges; and
d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

18.2 The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

POLICY – the CCG will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

19.1 The Accountable Officer shall:

a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
b) ensure that arrangements are in place for effective responses to Freedom of Information requests; and
c) publish and maintain a Freedom of Information Publication Scheme.

20. TRUST FUNDS AND TRUSTEES

POLICY – the CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds property on trust

20.1 The Chief Finance Officer shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

21. Financial limits

Ref	Matters delegated	Delegated to
1	**Bank accounts** (a) Opening bank accounts or procuring banking services in accordance with mandates approved by the Governing Body (b) Addition or removal of signatories to bank accounts	(a) DOF (b) DOF or authorised signatory to the bank accounts (in accordance with the bank account mandated authorities)
2	**Business cases – new commitments outside of delegated budgets** (a) up to £250.000 (b) up to £500,000 (c) £500,001 and above	(a) Executive team Member and Associate Director of Finance (b) Executive team (c) Full business case for Governing Body approval
3	**Commissioning expenditure in line with delegated budgets for the commissioning of services** (a) up to £250,000 (b) up to £500,000 (c) £500,001 and above	(a) Delegated budget holder (b) Executive team Member or Associate Director of Finance (c) DOF or AO or DOC
4	**Administrative Spend on Goods and Services (Non Commissioning Spend) – Limits for Requisition and/or Invoice approval of delegated budget** (a) up to £500 (b) up to £15,000 (c) up to £50,000 (d) up to £250,000 (e) from £250,001	(a) Designated personal assistants (b) Designated business manager (c) Delegated budget holder (d) Executive team Member (e) Executive team
5	**Capital schemes including finance leases** (a) up to £250,000 (b) from £250,001	(a) DOF (b) Governing Body

6	**All Legal Costs**	Approval through legal advice request form administered by the governance team
7	**Condemning and disposal** (a) Condemning or disposal of unserviceable items (other than IT equipment) with an estimated replacement cost: (i) up to £100 (ii) £101 to £5,000 (iii) £5,001 and above (b) Condemning or disposal of all unserviceable IT equipment	 (a)(i) Designated budget holder (a)(ii) ADOF (a)(iii) DOF (b) Executive team Member responsible for IT
8	**Petty Cash** Petty cash float replenishment up to £500 per week	 ADOF
9	**Losses, write-offs and compensation** (a) Losses of cash due to theft, fraud, overpayment etc. – up to £50,000 (b) Fruitless payments (including abandoned capital schemes) – up to £250,000 (c) Write-off or bad debts up to £10,000 (d) Claims abandoned and other – up to £50,000 (e) Damage to buildings, fittings, furniture and equipment, loss of property and equipment in stores or in use due to culpable causes (fraud, theft, arson etc.) – up to £50,000	(a) to (e) DOF or AO
9	(f) Compensation payments made under legal obligation (excluding clinical negligence) – up to £50,000 (g) Extra contractual payments to contractors – up to £50,000 (h) Ex-gratia payments to staff for loss of personal effects: (i) up to £100 (ii) £101-£500 (iii) above £501 (i) Ex gratia payments for personal injury claims involving negligence where legal advice obtained and followed	(f) to (g) DOF or AO (h)(i) Designated budget holder (h)(ii) Executive team Member (h)(iii) DOF or AO (i) DOF or AO

	(j) Other ex gratia payments except cases of maladministration where there was no financial loss to the claimant (k) Any of the above (a) – (j) limits exceeded	(j) DOF or AO (k) Governing Body
10	**Verification and High Cost Panel Decisions regarding individual packages of care** (a) Up to £1,000 per week (b) Up to £1,300 per week (c) From £1,301 to £1600 per week (d) From £1,601 to £5,000 per week (e) Above £5,001 per week **Urgent placements:** Crisis Response Requests (48hr period) until information gathered – (b) above with update and review by (c) and full panel application if required.	(a) Quality Assurance Practitioner/ CHC lead Nurse (b) Quality Assurance Lead Nurse or Senior Commissioning Manager (c) Associate Director of Quality Assurance and Nursing (CHC)/ Deputy Head of CHC and Nursing or in their absence 2 QA leads with IPOC Panel ratification at next panel (d) Individual Package of Care (IPOC) Panel (e) CNO and DFO or CO or COO or Director of Commissioning

Glossary
DOF – Director of Finance
ADOF – Associate Director of Finance
AO – Accountable Officer
DOC – Director of Commissioning
CNO – Chief Nursing Officer
QA – Quality assurance

END

NHS Devon Clinical Commissioning Group

NHS DEVON CLINICAL COMMISSIONING GROUP

Draft Pending approval by NHS Devon CCG Governing Body on 25th April 2019

CCG Governance Handbook

CCG Governance Handbook

DATE	VERSION	DETAIL
November/December 2018	V0.1	Combined Governance and Committee Handbook for proposed NHS Devon CCG
	V0.1	Clare Doble – Head of Governance originating author (support from Kevin Wheller- Locality Chief Finance Officer North and East; Jacqueline Cowie- HR)
		Comment from NHS England to support constitution
December 2018 / January 2019	V0.2	Director of Strategy for review and comment
		Review by Transition Sub Committee
		CCG Chairs and Non-Executive Lay Members for comment and review (Sent for editing to Communications team)
February 2019	V0.3	Review by Executives
		Comment from Clinical Membership
		Internal audit for review and scrutiny
March 2019	V0.4	Added links to website Added Committee Terms of reference
April 2019	V0.4	Published on website

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NHS Devon Clinical Commissioning Group

CCG Governance and Committee Handbook

1. Purpose

1.1 This handbook sets out the NHS Devon Clinical Commissioning Group (CCG) governance arrangements that underpin the accompanying CCG Constitution and the CCG's committee structure, with each Committee's respective terms of reference, decision-making powers and membership.

1.2 The handbook will be updated and approved on an annual basis by the CCG Director of Strategy. Where there are any changes to the documents referenced in the Constitution these shall be endorsed by NHS England. This includes, the Scheme of Reservation and Delegation and the Standard Operating Procedure for appointments to the Governing Body. Financial Policies and limits will be approved by the Director of Finance and approved in line with the Scheme of Reservation and Delegation.

1.3 It will be published on the CCG's public website www.devonccg.nhs.uk to accompany the CCG's Constitution.

2. The Clinical Commissioning Group

2.1 A CCG is an NHS organisation and represents all local GP practices and its geographical patient population as set out in its Constitution. In 1 April 2013, CCGs became formal NHS bodies responsible for buying and developing services for local populations. CCGs are led by clinicians. CCGs are responsible for planning, designing and commissioning health services for its local population, working with partner organisations across a range of sectors to improve people's health, quality of life and wellbeing.

2.2 In line with its constitution the CCG is accountable for exercising the statutory functions of the CCG. They may grant authority to act on its behalf to:

- any of its Members
- its Governing Body
- employees
- a committee or sub-committee of the CCG
- other public bodies, designated groups and representatives

2.3 The CCG is accountable for all of their functions, including those, which are delegated in line with the agreement with NHS England. The key governance document that outlines the principles and powers of the CCG is the Constitution.

2.3.1 Constitution

Clinical Commissioning Groups are membership organisations, bringing with them unique opportunities to shape the healthcare landscape well into the future. The Constitution sets out the arrangements made by the CCGs to meet their responsibilities for commissioning health and care services. It describes the governing principles, rules and procedures that the CCG will establish to ensure probity and accountability in the day-to-day running of the CCG to ensure that decisions are taken in an open and transparent way and that the interests of our population remain central to what we do.

Clinical Commissioning Groups are clinically led membership organisations made up of general practices (known as its Members). The Members of the CCGs are responsible for determining the governing arrangements for their organisations, which they are required to set out in a Constitution. The constitution can be found here: www.DevonCCG.nhs.uk

2.3.2 The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the CCG as expressed through:

a) the CCG's Scheme of Reservation and Delegation (SoRD); *this document sets out those decisions that are reserved for the membership as a whole; those decisions reserved for the Governing Body (and its Committees), the CCG's Committees and Sub-committees, individual Members and employees*

b) the CCG's operational scheme of reservation and delegation of operational financial limits; *this document sets out the financial thresholds that are reserved for the Governing Body, the CCG's Committees and Sub-committees, individual Members and employees*

and

c) terms of reference for c

Committees: *these documents set out the purpose of the Committee, Membership, quorum, frequency of meeting and administration.*

2.4 Matters reserved to the CCG

The CCG has a schedule of matters reserved to the membership, which cannot be delegated for decision either to the Governing Body, its Committees or the Executive team (who can, however, make recommendations for Membership decision on these matters). These are described in full in this Governance Handbook. The range of statutory duties reserved to the Membership includes the following:

- Determine the arrangements by which the Members of the group approve those decisions that are reserved for the Membership.
- Consideration and approval of applications to the NHS England Commissioning Board (NHS England) on any matter concerning changes to the CCG Constitution, and including terms of the overarching scheme of reservation and delegation, arrangements for taking urgent decisions, standing orders and prime financial policies.
- Approve the arrangements for:

  a) Identifying practice Members to represent practices in matters concerning the work of the CCG; and

  b) Appointing Locality Clinical Representatives to represent the CCG's Membership on the CCG's Governing Body

2.5 The Governing Body

The Governing Body has the overall function and duty of establishing and maintaining the strategic direction of the CCG. It agrees the vision, strategy and policy, and agrees a forward plan with clear objectives to deliver the organisation's purpose. It is accountable for governing the organisation and holds the executive and its Members to account for the delivery of strategy. It must be risk-aware and receive assurance about progress against aims and targets.

2.6 The Governing Body provides leadership in developing a healthy culture for the organisation and ensuring this is modelled in Governing Body behaviours and decision-making. It ensures decisions are made in the best interest of patients and the public. It receives, and satisfies itself on the integrity of accurate, timely and clear financial, risk, performance and quality intelligence.

2.7 **The CCG functions include**

a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function);
b) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of all people registered with Member GP practices, and people who are usually resident with in the area and are not registered with a Member of any CCG;
c) commissioning emergency care of anyone present in NHS Devon CCG's area;
d) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the CCG's employees;
e) determining remuneration and travelling or other allowances of Members of its Governing Body and of other persons providing services to it. This will be the responsibility of NHS Devon CCG Remuneration Committee;
f) approving any functions of the CCG that are specified in current regulations;
g) functions as delegated by the CCG to the Governing Body as set out in the CCG Constitution and through the scheme of Reservation and Delegation, Standing Orders and Financial Limits
h) functions as delegated by the CCG to the Governing Body relating to the CCG's general duties as set out in the CCG Constitution at Section 4 and through the scheme of Reservation and Delegation, Standing Orders and Financial Limits;
i) functions delegated by NHS Devon CCG to the Governing Body relating to the CCGs financial duties as set out in the CCG Constitution.
j) the appointment of Committees (including joint committees where permissible) and Sub committees of the CCG;
k) exercising any other functions of the CCG that are not otherwise reserved or delegated.

2.8 The Governing Body on behalf of the CCG may appoint such Committees of the Group, as it considers appropriate. It can delegate to them the exercise of any functions of the CCG, which in its discretion, it considers to be appropriate, except, insofar as the CCG's Constitution has reserved or delegated the exercise of the CCG's functions to its Members, employees or a Committee or Sub-committee of the CCG or Governing Body.

2.9 Each Committee is an adjunct of the Governing Body, and its core purpose is on conducting business, typically a strategic oversight and assurance role plus, where it is appropriate to do so, with the adage of transacting decisions, on behalf of the CCG and Governing Body.

2.10 The Committee structure (operating model) is designed to support the CCG in fulfilling these core functions. The design specifically aims to minimise duplication or overlap, and does not cover work that should be undertaken at executive level.

2.11 In addition, Committee/working group functions can be discharged by senior officers as outlined in both the Scheme of Reservation and Delegation and the Schedule of Matters

delegated to Senior Officers (held in this document) to support partnership working at a local level.

2.12 Standing orders

The CCG's standing orders set out the statutory framework and status upon which the CCG should carry out its business; sets out the composition of the Membership, key roles and appointment process; calling meetings of the CCG and how these are managed through clear internal control processes; appointments of Committees and Sub committees; duty to report non-compliance with Standing Orders and Prime Financial Policies; use of seal and authorisation documents and overlap with other clinical commissioning groups policy statements/procedures and regulations. These standing orders are detailed in Appendix 3 of the Constitution. The constitution can be found here: www.DevonCCG.nhs.uk

3. Governing Body and Committee Member Roles

The Governing Body has a Clinical Chair and x four representatives of the Membership (one from each local area of the CCG). For April 2019 the four areas will be North, South, East and West to provide continuity, consistency with primary care collaborative boards and to be coterminous with community health and care providers. Local areas may be altered in due course through consultation with Members and to enable alignment with local authorities where identified as beneficial. The four local leads will also be the CCG clinical and Membership representative at the local partnership forum (or equivalent) in each area enabling them to bring local intelligence to the GB and offer a strategic and CCG organisational view to local plans.

Guidance on the roles of members of the Governing Body is set out in national guidance *Clinical commissioning groups CCG Governing Body Members: Role outlines, attributes and skills, NHS England, April 2012*, available here. In summary, each member of the Governing Body, whether appointed or elected, should share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of the CCG's Constitution. Each member brings their unique perspective, informed by their expertise and experience. In the CCG this is interpreted as, but not limited to;

- *Demonstrating commitment to continuously improving outcomes, tacking health inequalities and delivering the best value for money for the taxpayer, in line with the CCG's vision and values;*
- *Demonstrating commitment to clinical commissioning and to the wider interests of the health services;*
- *A commitment to ensuring that the Governing Body is effective, including the ability to providing purposeful, constructive scrutiny and challenge;*
- *Bringing a sound understanding of the NHS principles and values as set out in the NHS Constitution;*
- *Demonstrating a commitment to upholding the Nolan principles and values as set out in the NHS Constitution;*
- *Demonstrating a commitment to upholding the Nolan principles of public life along with an ability to reflect them in his/her leadership role and the culture of the CCG;*
- *A commitment to ensuring that the organisation values diversity and promotes equality in all aspects of its business.*

a) **The Chair of the Governing Body**, as clinical leader of the CCG, is responsible for:

- leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the CCG Constitution;
- developing the Governing Body, agreeing individual objectives of all Members of the Governing Body and monitoring progress;
- developing the Membership of the CCG;
- ensuring that the group has proper Constitutional and governance arrangements in place and that high standards of governance and probity prevail across all aspects of the CCG's work;
- ensuring that, through the appropriate support, information and evidence, the CCG Governing Body is able to discharge its duties;
- securing the services of an effective management team to support the work of the CCG;
- supporting the Accountable Officer in discharging the responsibilities of the organisation;
- contributing to building and enacting a shared vision of the aims, values and culture of the organisation;
- leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;
- overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;
- Ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible met;
- Ensuring that the organisation is able to account to its local patients, stakeholders and its regulators. NHS England;
- Managing and sustaining relationships and partnerships needed for effective delivery of the CCG's aims.

b) **The Vice Chair of the Governing Body**, will be a Non-Executive Lay Member who will deputise for the Chair of the CCG Governing Body when the Chair has a conflict of interest or is otherwise unable to act. The Non-Executive Lay Member (Vice Chair) is equally responsible with the Chair for ensuring that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of the CCG's Constitution. The Non-Executive Lay Member (Vice Chair) will work closely with the Chair to ensure that the CCG remains able to discharge its duties and responsibilities, as set out in the CCG Constitution.

c) **Elected Governing Body Member Locality Clinical Representative** The Governing Body has no less than four positions for Locality Clinical Representatives who will represent the opinions of the clinical membership. One Locality Clinical Representative will be elected from each local area in the Devon geography. The elected Locality Clinical Representative members are in addition to the Chair. In addition to the Locality Clinical Representatives general duties as members of the Governing Body, the Locality Clinical Representatives will:

- represent the views and opinions of Member practices, promoting effective communication between the Membership and the Governing Body
- actively seek the views of Members and their patients to better inform and shape the clinical commissioning strategy and account for delivery;
- Chair locality group forum meetings and be accountable for ensuring that locality functions are delivered
- actively engage with Member practices, primarily through locality group forum meetings;
- support Member practices and their nominated Member practice representatives. Details of Member practice representatives are maintained by the CCG's primary care team.

d) **Role of Non-Executive Lay Members** the Governing Body has four independent Non-Executive Lay Members (referred constitutionally as Lay Members in line with the Health and Social Care Act 2012). Each Non-Executive Lay Member has role specific responsibilities in addition to their general role as members of the Governing Body. The Non-Executive Lay Member roles and their key responsibilities are as follows:

- **Non-Executive Lay Member (Primary Care and Prevention)**. The role of the PCP Non-Executive Lay Member is to bring specific expertise and experience to the work of the Governing Body, as well as their knowledge as a member of the local community. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. They will be expected to act as chair or vice chair of the CCG's Primary Care Commissioning Committee. This person will support the work of Devon Sustainability and Transformation Partnership (STP). They will provide a specific focus on the development of integrated services, based around the needs of local people, ensuring this remains a priority for the CCG

- **Non-Executive Lay Member (Financial Management, Probity and Audit).** The role of this Lay Member will be to bring specific expertise and experience to the work of the Governing Body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance and probity including audit, remuneration and managing conflicts of interest, the latter being a key role in supporting the rigorous application of conflict of interest principles and policies as set out in the *NHS England's statutory guidance Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017)*. They will chair the CCG's Audit Committee. As Chair of the Audit Committee, this Lay Member would be precluded from being the Chair of the Governing Body – although they could be the Vice Chair if there are only two other Non-Executive Lay Members established. This person will have a lead role in ensuring that the Governing Body and the wider CCG acts with the utmost probity at all times. Good practice would also suggest that this person would also have a specific role in ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place. *The National Health Service (Clinical Commissioning Groups) Regulations 2012* require that the appointed individual must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters. This Lay Member is also precluded from being the Chair or Vice Chair of both the Remuneration Committee and Primary Care Commissioning Committee.

- **Non-Executive Lay Member (patient and public involvement)**. As well as sharing responsibility with the other Members for all aspects of the CCG Governing Body business, as a lay member on the CCG's Governing Body this lay member will bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the Governing Body. Their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation. As one of the Lay Members, they may be asked to fulfil the role of Vice Chair or Chair of the Governing Body, if appropriate. This person will help to ensure that, in all aspects of the CCG's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG. In particular, they will ensure that:
- public and patients' views are heard and their expectations understood and met, as appropriate;
- the CCG builds and maintains an effective relationship with local Healthwatch organisations and draws on existing patient and public engagement and involvement expertise; and
- the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

It is not intended that this role should have executive oversight of patient and public engagement, rather that the individual ensures through the appropriate governance processes, that this function is being discharged effectively. The National Health Service (Clinical Commissioning Groups) Regulations 2012 require that the appointed individual must have knowledge of the area specified in the CCG's Constitution such as to enable them to express informed views about the discharge of the CCG's functions.

- **Non-Executive Lay Member (assuring quality of services).** As well as sharing responsibility with the other Members for all aspects of the CCG Governing Body business, as a Non- Executive Lay Member on the CCG's Governing Body this member will bring specific expertise and experience and assist the first year of transition of the CCG's establishment as required. As well as their knowledge as a Member of the local community, this Member will provide support as required to the work of the Governing Body. Their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation. As one of the Non-Executive Lay Members, they may be asked to fulfil the role of Vice Chair or Chair of the Governing Body, if appropriate.

e) **A Secondary Care Specialist.** The Secondary Care Specialist brings to the Governing Body a broader view on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting and provide an understanding of how secondary care providers work within the health system to bring appropriate insight to the discussions regarding service re-design, clinical pathways and system reform. This Member is precluded from being the Chair of the Primary Care Commissioning Committee.

f) **The Accountable Officer.** The Accountable Officer is the CCG's statutory Accountable Officer/Chief Executive who is accountable to both the Governing Body and to NHS England. Their role is:

- to take responsibility for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically, thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- to ensure that, at all times, requirements with regard to regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Public Sector Audit Appointments Ltd, National Audit Office, Financial Reporting Council, the Cabinet Office and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.
- to work closely with the Chair of the Governing Body, to ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

g) **The Chief Finance Officer**. This role is fulfilled by the Director of Finance who is a member of the Governing Body and is responsible for providing financial advice to the CCG and for supervising financial control and accounting systems. Their role is:

- to provide professional expertise with regard to finance to the Governing Body and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged.
- making appropriate arrangements to support and monitor the CCG's finances

- overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources
- advising the Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties;
- producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

h) **The Chief Nursing Officer**. The Chief Nursing Officer is an appointed Member of the Governing Body, responsible for leading on all issues relating to safeguarding, quality and patient safety and has the responsibility to:

- work with clinical colleagues in the wider health and social care economy to develop quality standards for commissioning of services which are informed by the views of current and future service users, evidence based research and value for money
- provide professional leadership and clinical support to the CCG, including the practice nurse workforce, engaging them and acting as a conduit to the Governing Body to ensure that the voice of nurses is heard and acted on by the CCG
- assure the Governing Body that integrated governance arrangements are robust and that services are commissioned to provide high quality responsible and efficient services for patients and communities, improving the outcomes of individuals
- hold Governing Body level accountability for the Infection Prevention and Control role, responsible and accountable to the Governing Body, for all matters relating to Healthcare Associated Infection Prevention and Control as a commissioner
- hold Governing Body level accountability and provide CCG management leadership for the safeguarding of children and vulnerable adults, working with the local safeguarding Boards and ensuring that the accountability arrangement between the CCG and the Boards is delivered effectively.

i) **Director of Commissioning**

- Responsible for the development of strategic commissioning plans, which are fully aligned to the wider system strategic plan, Sustainability and Transformation Partnership, and then are fully accountable to the Governing Body for their delivery across all health and related care services.
- Share responsibility with the Governing Body for ensuring the continual development of the CCG, with involvement of the Member practices.
- Work closely with the Director of Finance, Director of Strategy and other Members of the Executive team; take responsibility for ensuring that all financial, legal, strategic and contractual requirements are met within the commissioning process for each locality.
- Responsible for leading and further developing integrated commissioning arrangements across Devon, taking an active role in leading the integrated health and social care commissioning arrangements with the Local Authorities and NHS providers.
- Additionally this post will be allocated systems aspects of operations, which would be determined by skill set e.g. mental health, children's services, learning and development, etc.
- Ensures the development of plans for the successful commissioning of all health and related care services within local care partnerships, and shares responsibility with the Governing Body for ensuring the continual development of the CCGs, with increasing involvement of the member practices and the professional development of all employees

j) **Director of Strategy**

- Ensure that a needs-led commissioning strategy is at the heart of the STP and that transformation is driven by population need.

- Develop and ensure there is a clear link and support to the annual operating plan and local place based commissioning strategies. This work will be part of the Devon STP process and as such, the post holder will work to the system lead CEO.
- Lead the development of strong and mutually productive relationships with key stakeholders across the system in Devon to ensure the strategic work of the CCG is both informed by their input and ultimately owned and successfully implemented.
- Ensure strong partnership working in order to secure a strong contribution from the local population, GP member practices, provider organisations and local authority partners in developing and implementing a comprehensive STP.
- Support the implementation of the CCG's evolving integrated operating model through close working with the emergent system governance architecture in addition to the CCG's internal arrangements to ensure strategy addresses the needs of the whole population of Devon, taking particular account of health inequalities, rural access and the aging population.

k) **Director of Communications and Human Resources**

- responsible for communications and Human Resources. Provides specialist/strategic advice to the Chair, CEO, colleagues on the Governing Body and other senior staff on communications and HR issues for the organisation.
- leads the communications team, which is responsible for internal communications, marketing, FOI, engagement with patients and the public, stakeholder engagement, digital and design, media and primary care communications.
- leads the HR and organisational development team. The team provides HR advice for all Directorates, as well as responsible for managing a range of key corporate activities – including recruitment, staff induction, staff development, talent management, payroll, HR law and legislation.
- responsible for supporting the development and implementation of the Devon STP, working closely with communications leads in NHS and local authorities in Devon.

l) **Director of Transformation**

- responsible for the development of strategic commissioning plans, which are fully aligned to the wider system strategic plan, Sustainability and Transformation Partnership, and then be fully accountable to the Governing Body for their delivery across all health and related care services. The Director of Transformation will also share responsibility with the Governing Body for ensuring the continual development of the CCGs, with involvement of the Member practices.
- Working closely with the Chief Finance Officer, Director of Strategy and other members of the senior team, this role will take responsibility for ensuring that all financial, legal, strategic and contractual requirements are met within the Local Care Partnership level commissioning process for Western Devon
- responsible for leading and further developing integrated commissioning arrangements across Plymouth, taking an active role in leading the integrated H&SC commissioning arrangements with the Plymouth City and University Hospitals Plymouth (UHP). Over time, this post will take the lead in commissioning across the CCGs and the Local Authority in Plymouth City Council.
- development of plans for the successful commissioning of all health and related care services within local care partnerships, and will share responsibility with the Governing Body for ensuring the continual development of the CCGs, with increasing involvement of the member practices and the professional development of all employees.
- lead responsibility for the Primary Care workforce. They will ensure development of the CCGs primary care strategy including primary care transformation, the CCGs' response to the co-commissioning of primary care, including overseeing the development of primary care estates and information technology (IT), monitoring primary care quality (including issues such as the monitoring of unwarranted mortality, the Quality Outcomes Framework

performance, and the implementation of NICE Guidance in practices) and development of primary care business ideas.

m) **The Director of Public Health Representative(s).** In line with Section 14W of the NHS Act a mutually agreed Director of Public Health representative of the Local Authorities will be invited to attend meetings of the Governing Body as a non-voting attendee

n) **Local Authority Representative(s).** Where it is clear that a CCG is obtaining public health advice in order to comply with its duty under Section14W, rather than making an arrangement for a service or facility to support the CCG in discharging its commissioning functions, employees of the local authority would not normally be disqualified from GB membership.

4. Devon CCG Governing Body appointment process – Standard operating procedure

In line with constitutional requirements and supporting the standing orders, there is a clear standard operating procedure for election/selection and recruitment of the composition of the Governing Body members.
This standard operating procedure sets out the process NHS Devon CCG should follow when appointing individuals to the Governing Body (GB). It will have endorsement by NHS England through the process of approval of the CCGs Standing Orders which are described in Appendix 3 of the Constitution.

The CCG will determine how it will go about designing the Governing Body whose overarching role is to ensure that the CCG has appropriate arrangements in place to exercise their functions effectively, efficiently and economically and in accordance with generally accepted principles of good governance and the Constitution of the CCG.

The members of the Governing Body are key appointments for the CCG. These are extremely high profile positions and require outstanding individuals. The ideal candidates will be able to demonstrate that they are recognised and respected by their peers.

All members should be able to demonstrate the leadership skills necessary to fulfil the responsibilities of these key roles and be able to establish credibility with all stakeholders and partners. Especially important is that the Governing Body, remains in tune with its member practices and secures their confidence and engagement.

Individual members of the Governing Body will bring different perspectives, drawn from their different professions, roles, background and experience. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.

Appointment and selection processes

1. PRIOR to elections or appointments, all candidates for the Governing Body must complete the self-declaration at the end of this document – Appendix 1. This ensures that each candidate is eligible for Membership.
2. Governing Body member role descriptions need to be in line with the requirements of the legislative framework and there are certain elements that are likely to be desirable for them all. A core role outline for all Governing Body Members can be found in the Clinical commissioning group Governing Body members: role outlines, attributes and skills booklet. These have been incorporated in standard job descriptions for each role (held by HR). These core responsibilities should be supplemented for each of the roles, by a set of specific attributes and competencies that are included in the booklet referred to above.

3. NHS England guidance on recruitment to senior positions, including Accountable Officer must be adhered to.
4. The CCG should pay due regard to equality and the benefits of diversity in the processes.

Clinical Chair: is the individual recognised by the CCG as the leading clinician who represents the clinical voice of its members. The Governing Body, on behalf of the CCG, will appoint a Chair using the following appointment process:			**Timescales**
1.	Eligibility	The Chair will be required to meet the criteria of being a member of the Governing Body and of the CCG Executive Team. The Chair should also be a provider of primary medical services (on the Devon performers list) working within the CCG area in a practice/s with a registered list of patients, the majority of whom reside in the CCG area, under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in Devon.	N/A
2.	Applications	CCG announces via LMC/or other independent external advisory body to all member practices the Clinical Governing Body Chair position – an application pack will be made available on the CCG internet site. Included in the application pack will be; job description, relevant CCG information, eligibility form and application form. Applications should be supported by two GPs from Member practices. Application by CV will not be accepted. More than one clinician may apply to stand from each practice.	2-3 weeks
3.	Initial Longlisting	Longlisting against an assessment of suitability against eligibility and competencies set out in the person specification for the role. *Suggested longlisting panel: Vice Chair of GB, an NHS England representative and an additional Non-Executive Lay Member.*	1 week
4.	Assessment Centre (Stage One)	Shortlisted candidates invited to attend an assessment centre. Appointment to the position of Chair is dependent on the candidate successfully passing the assessment centre process. *This is not a mandatory step in the process and will be agreed by discussion with NHSE, and as necessary, the Remuneration Committee prior to commencement of appointment process.*	1 week
5.	Interview and stakeholder panel (Stage Two)	Combination of focus groups, key stakeholders and formal interview panel. A presentation may also be required.	1 week

		Members of the interview panel will make a judgement of competence, which will include scoring from the formal interview and feedback from the focus groups. A two-thirds majority will constitute successful completion of Stage Two. *Suggested interview panel: Led by the Vice Chair of the CCG will also include, Senior Membership Representatives, NHS England representative, STP Independent Chair and other independent advisory board Member such as Local Medical Committee.* *Suggested focus groups: Local Authority Chief Executive (or their representative), Local Provider Chairs (or their representative), independent advisory board member (LMC), Non-Executive Lay Members, Locality Clinical Representatives, Senior Management Team and Clinical Groups.*	
6.	CCG decision	Following the formal interview process, a proposed candidate or candidates will be presented to the membership for their consideration. The membership will be asked to affirm/vote to determine the appointment of the successful candidate(s).	1 week
7.	Election	Election process for all candidates who have been successful in Stage One and Two will be conducted by the LMC or other independent advisory body. The voting process will be overseen by the Director of Strategy who has responsibility for governance. Should the Director be conflicted during the voting process this will be recorded and the process managed in line with the Standards of Business Conduct Policy and through discussion with the Conflicts of Interest Guardian and governance.	1 week
8.	Correspondence sent to Practices	Correspondence to NHS Devon Practices via the LMC (or other independent advisory body) with successful outcome.	On conclusion
9.	Appointment details (for HR team)	Notice period: three months from employee and three months from employer. Term of office: Up to three years, with an option to extend for a further three years. Eligibility for re-appointment: The Chair is eligible to be re-elected for a further 3 years subject to satisfaction of the eligibility criteria in the NHS Devon CCG Constitution. It must be noted that The National Health Service (Clinical Commissioning Groups) Regulations 2012 states there is nothing to prevent the re-appointment of a chair or deputy chair whose term of office has ended. Grounds for removal from office: gross misconduct, losing clinical registration, the Governing Body determines that the	1-2 weeks for pre-employment checks

		membership has lost the confidence in him/her (where one third of Member practices ask for a vote of member practices and where there is a majority vote of no confidence), where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial policies/SFIs. Failure to deliver a material proportion of the local delivery plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the line "Code of Conduct for NHS managers" and other key guidance and codes. In the event that any of the provisions within Section 2.3.1 of the Standing Orders arise, or in line with the CCG HR policies. Termination decision to be taken by: (As a minimum) CCG Accountable Officer, at least one Non-Executive Lay Member and NHS England representative acting on behalf of the Governing Body. Standard DBS check: Required. Pre-employment checks: Usual pre-employment checks in line with the CCG Recruitment policy and the fit and proper persons check Contract template: Elected Clinical and Board contract.	
Accountable Officer (AO): The individual appointed to the Accountable Officer role will be proposed by the CCG and appointed to this role by NHS England. The Accountable Officer remains an employee of the CCG. Accountable Officer appointments must take account of the Professional Standards Authority standards for members of NHS boards and CCG governing bodies in England. The CCG is responsible for ensuring that the Accountable Officer it nominates meets all the requirements of the role as set out, and is a fit and proper candidate. It is the responsibility of the CCG to thoroughly assess the candidates and seek and receive appropriate approvals from NHS England prior to recruitment. The Accountable Officer may not hold the position of Chair of the GB nor be the Director of Finance.			
1.	Eligibility	Under the legislation, only certain people can undertake the Accountable Officer role. These are: • an individual who is a Member of the CCG (e.g. a GP), • a Member of any body which is a Member of the CCG (such as a partner in a GP practice) • an employee of the CCG, or of any Member of the CCG; • in the case of a joint appointment, an employee or member of any of the CCGs in question or an employee	N/A

		or Member of any of the bodies which are Members of the CCGs in question. • Completion of the self-declaration (Appendix 1)	
2.	Remuneration	CCGs are now subject to the same controls on senior remuneration as NHS providers. Consequently, when a CCG is seeking to appoint the Accountable Officer role, early consideration has to be given to the level of remuneration proposed for the post. Where the remuneration proposed is anticipated to exceed £142,500 pa (pro-rata), CCGs require approval from Ministers before the role can be advertised. If the appointment does not exceed £142,500 pa (pro-rata), then no further approvals are required and the CCG Remuneration Committee can determine the remuneration in accordance with existing guidance.	N/A
3.	NHS England	The CCG may wish to seek advice in advance from NHS England on Accountable Officer remuneration and how the CCG can assure itself of the candidate's fitness for the role, such as use of an assessment centre and support in the recruitment and selection process. The CCG may wish to invite Director of Commissioning Operations (DCO) to sit on selection and interview panels	1 – 2 weeks
4.	Advertising	The role should be advertised on NHS Jobs alongside national and local media coverage such as the Guardian, The Times, NHS Employers Executive Jobs, etc. Where appropriate, head-hunters may be used. Applications can be via NHS Jobs or direct CV (where this applies administrative and discrimination factors should be taken into account).	2 – 3 weeks
5.	Initial shortlisting	Shortlisting against an assessment of suitability against eligibility and competencies set out in the person specification for the role.	1 week
6.	Assessment Centre (Stage One)	It would be beneficial for potential Accountable Officers to undertake an assessment centre to ensure their suitability to the role. Appointment to the position of Accountable Officer is dependent on the candidate successfully passing the assessment centre process. This should include review of any declarations of interest. *This is not a mandatory step in the process and will be agreed by the Executive team and Remuneration Committee prior to commencement of appointment process.*	1 week
7.	Interview and stakeholder panel (Stage Two)	Combination of focus groups, key stakeholders and formal interview panel. A presentation may also be required.	1 week

		Suggested interview panel: Clinical Chair, CCG Audit Chair, representative from NHS England, Chief Executive representative from Local Authority and provider. *Suggested focus groups: Local Authority CE (or their representatives), Local Provider Chief Executive (or their representatives) and a group of senior CCG managers.*	
8.	NHS England	The CCG needs to notify the relevant Director of Commissioning Operations (DCO) by submitting a new appointment pro forma (Appendix 2), along with a letter from the Chair of the CCG making their nomination for a new Accountable Officer. This submission must include details of the recruitment process and the steps the CCG has taken to assure itself of the Accountable Officer fitness for the role. NHS England will assess the process before submitting the nomination to the regional Director. Once reviewed the pro forma and supporting documents will be sent through to the Central Planning and Assurance team for action. The CCG will then receive a formal letter of appointment.	2 – 4 weeks (*estimated*)
9.	Appointment details (for HR team)	Notice period: three months from employee and three months from employer. Term of office: Permanent Grounds for removal from office: Grounds for removal from office: Gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the "Code of Conduct for NHS Managers" and other key guidance and codes. In the event that any of the provision within Section 2.3.1 of the Standing Orders arise, or in line with the CCG Human Resources policies. Termination decision to be taken by: (As a minimum) CCG Clinical Chair and the Vice Chair acting on behalf of the Governing Body. Standard DBS check: Required. Pre-employment checks: In line with the CCG Recruitment policy and the fit and proper persons check. Contract template: Elected Clinical and Board contract.	1-2 weeks for pre-employment checks

Non-Executive Lay Members

The CCG has appointed four Lay Members (described in section 3d of this Handbook) but recognises the NHS England requirement that a minimum of three Lay Members must be appointed to the CCG

Governing Body, as described in NHS England's Managing Conflicts of Interest: revised statutory guidance for CCGs 2017. The National Health Service (Clinical Commissioning Groups) Regulations 2012 require that the appointed individual must have knowledge of the area specified in the CCG's Constitution such as to enable them to express informed views about the discharge of the CCG's functions. These are 'Office Holder' roles and not contracts of employment.			
1.	Eligibility	**1.** An individual who has qualifications, expertise or experience to enable them to lead on finance, probity and audit matters. The appointed individual must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters. They will need to Chair the Audit Committee (and therefore will be precluded from being the Chair of the Governing Body although could be Vice Chair). **2.** An individual who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions. **3.** An individual who is the Chair or Vice Chair of the Primary Care Committee. **4.** An individual who is able to assist in the first year of transition as part of their tenure who has knowledge as a member of the local community and able to provide support as required to the work of the Governing Body in relation to assuring quality of services. The following cannot be Non-Executive Lay Members of CCG Governing Bodies (as written in the HSC Act Schedule 4): • employees of local authorities in England and Wales (or equivalent bodies in Scotland and Northern Ireland); • an officer or employee of the Department of Health; a member or employee of the Care Quality Commission or Monitor; • a Chairman, Director, Member or employee of an NHS body (other than a CCG or Foundation Trust); • a Chairman, Director, Governor, Member or employee of an NHS Foundation Trust; providers of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders; providers of social services, or their employees who contract with a local authority; • and persons employed by parties to arrangements to provide primary medical services, ophthalmic services , dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.	N/A
2.	Recruitment and Selection	Local NHS Recruitment and selection policy, internal application process in the first instance through expression of interest. The interview panel to include the Clinical Chair, Accountable Officer, a CCG Executive and an independent panel member such as another CEO/Board Member.	4-6 weeks

3.	Appointment details	Office holder contract to include 'Information about your appointment' addendum. Tenure: Usually three years Hours: Usually two-and-a-half days per month, or as specified in the office holder contract details of which are held by HR. Notice period: three months from office holder and three months from the CCG. Term of office: Up to three years *Note: where all appointments are made at the same time, a staggered approach should be considered so that tenures do not all end at the same time i.e. two and three year tenures.* Eligibility for reappointment: The Non-Executive Lay Members are eligible for reappointment for one further term of office and thereafter subject to the satisfaction of the eligibility criteria and terms of the employment contract. Grounds for removal from office: Gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies/SFIs. In the event that any of the provisions within Section 2.3.1 of the Standing Orders arise. Termination decision to be taken by: (As a minimum) CCG Clinical Chair and CCG Accountable Officer acting on behalf of the Governing Body.	1-2 weeks for pre-employment checks
The Governing Body Vice Chair			
1.	Eligibility	If the Chair of the Governing Body is a health care professional all Members of the Governing Body other than Lay persons are disqualified from being Vice Chair. In line with NHS England's managing conflicts of interest: revised statutory guidance for CCGs 2017 and in line with the NHS England FAQs to CCG Constitution, where there are more than two Lay Members on the Governing Body it is recommended to avoid the Audit Chair being the Vice Chair where at all possible.	N/A
2.	Selection	Opportunity formally communicated to Governing Body Members. Any eligible Member wishing to stand must complete an expression of interest. Interview panel to include the Clinical Chair and Accountable Officer.	2 – 3 weeks
3.	Appointment details	Term of office: Up to three years with the option to extend in line with contract of employment.	1 week

		Notice period: three months from employee and three months from employer. Grounds for removal from office: gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. Failure to deliver a material proportion of the local delivery plan or equivalent, as expressed in organisational and personal performance objectives and or a failure to act in a manner consistent with and as outlined in the line "code of conduct for NHS managers" and other key guidance and codes. In the event that any of the provision within section 2.3.1 of the Standing Orders arise, or in line with the CCG HR policies. Contract template: The individual will already have an office holder contract with the CCG and therefore, election to Vice Chair can be done via a change of circumstances.	
Secondary Care Doctor: As well as sharing responsibility with the other Members for all aspects of the CCG Governing Body business, this Clinical Member will bring a broader view, on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.			
1.	Eligibility	It is essential that the doctor is an experienced specialist. The Regulations set out that the individual must be a medical practitioner who (or within the last 10 years) fulfils (or fulfilled) all the following: a) the individuals name is included in the Specialist Register kept by the General Medical Council under Section 34D of the Medical Act 1983(c), or the individual is eligible to be included in that Register by virtue of the scheme referred to in subsection (2)(b) of that section; b) the individual holds a post as an NHS Consultant or in a medical specialty in the armed forces; c) the individual's name is not included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983(d). The secondary care specialist cannot be an employee or Member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made commissioning arrangements. The exceptions are where the CCG has made an arrangement with a provider, subsequent to a patient exercising choice, and where the CCG has made an arrangement with a provider in special circumstances to meet the specific needs of a patient (for example, where there is a very limited choice of provider for a highly specialised service).	N/A

2.	Recruitment and selection	Local NHS recruitment and selection policy, internal application process in the first instance through expression of interest. The interview panel to include the Clinical Chair and a CCG Executive.	4-6 weeks
3.	Appointment details	Term of office: As agreed by the Governing Body (initial term usually up to three years) with an opportunity for a further three year extension. Notice period: three months from employee, three months from CCG. Eligibility for re-appointment: Individuals are eligible to be elected for one further term of office of three years, subject to satisfaction of eligibility criteria above. Following this, individuals are eligible to be elected for further offices of one year with no limit of the number of tenures that can be served. Grounds for removal from office: gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. In the event that any of the provisions within section 2.3.1 of the Standing Orders arise, or in line with the CCG HR policies. Termination decision to be taken by: (As a minimum) CCG Clinical Chair and the CCG Accountable Officer acting on behalf of the Governing Body. Standard DBS: Required as a Healthcare Professional Pre-employment checks: In line with the CCG Recruitment policy and the fit and proper persons check Contract template: Elected clinical and Board contract	1-2 weeks for pre- employment checks
Chief Nursing Officer			
1.	Eligibility	Must be a registered Nurse. The nurse cannot be an employee or Member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made commissioning arrangements. The exceptions are where the CCG has made an arrangement with a provider, subsequent to a patient exercising choice, and where the CCG has made an arrangement with a provider in special circumstances to meet the specific needs of a patient (for example, where there is a very limited choice of provider for a highly specialised service). This is especially in relation to this particular role and does not preclude practice nurses from being members of the Governing Body in other capacities.	N/A

2.	Recruitment and selection	Local NHS recruitment and selection policy.	4-6 weeks
3.	Appointment details (for HR use)	Notice period: three months from employee and three months from the CCG. Term of office: Permanent contract. Eligibility for re-appointment: Not applicable. Grounds for removal from office: Gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the "Code of Conduct for NHS Managers" and other key guidance and codes. In the event that any of the provisions within section 2.3.1 of the Standing Orders arise, or in line with the CCG Human Resources policies. Termination decision to be taken by: (as a minimum) CCG Accountable Officer acting on behalf of the Governing Body. Standard DBS: Required as Healthcare Professional Pre-employment checks: In line with the CCG Recruitment policy and the fit and proper persons check Contract template: Elected clinical and Board contract	1-2 weeks for pre-employment checks
Director of Finance			
1.	Eligibility	Regulations require that the membership of the Governing Body must also include, an employee of the CCG who has a professional qualification in accountancy and the expertise or experience to lead the financial management of the CCG; if the Governing Body's membership includes two or more individuals of that description, the CCG must designate one of them as the Director of Finance.	N/A
2.	Recruitment and selection	Local NHS recruitment and selection policy. NHS England must approve the candidate.	4-6 weeks
3.	Appointment details (for HR team)	Notice period: Three months from employee and three months from the CCG. Term of office: Permanent contract. Eligibility for re-appointment: Not applicable. Grounds for removal from office: Gross misconduct, where a pecuniary interest constitutes a conflict of such significance to warrant removal from office, failure to comply with the Standing	1-2 weeks for pre-employment checks

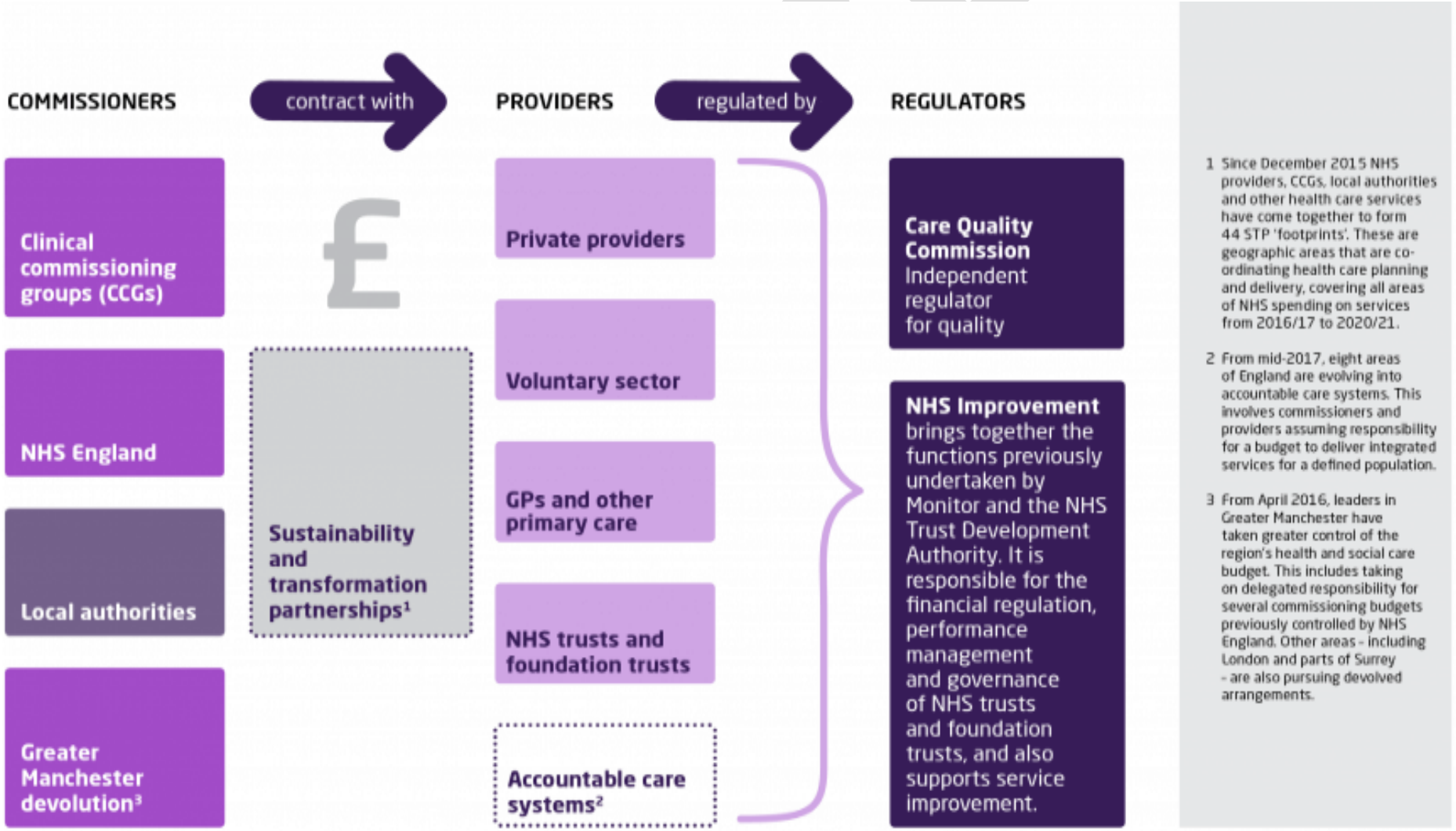
		Orders, Scheme of Reservation and Delegation and Prime Financial Policies. Failure to deliver a material proportion of the Local Delivery Plan or equivalent, as expressed in organisational and personal performance objectives, and/or a failure to act in a manner consistent with and as outlined in the "Code of Conduct for NHS Managers" and other key guidance and codes. In the event that any of the provision within section 2.3.1 of the Standing Orders arise, or in line with the CCG Human Resources policies. Termination decision to be taken by: (as a minimum) CCG Accountable Officer acting on behalf of the Governing Body. Standard DBS: Required due to Financial Services position. Pre-employment checks: In line with the CCG Recruitment policy and the fit and proper persons check. Contract template: Elected clinical and Board contract.	
All other Executive posts			
All other Executive posts will be recruited under the relevant CCG recruitment policy. In line with the constitution there will be no more than four Executives on the Governing Body.			
Locality Clinical Representative/s on Governing Body			
1.	Eligibility	All GP's on the Performers' list, or who have been on the Performers' list within the last three to five years, declaring themselves to be working in the geography of the CCG and not eligible to vote in any other CCG as recorded in the Constitution; or Members of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 working within a member practice who are signatories to a primary medical services contract (GMS, PMS or APMS) under which services are provided in the geographic area of the CCG.	N/A
2.	Selection and Election	a) The selection/election process will be overseen by the Clinical Chair and the Accountable Officer with support from the Local Medical Committee (LMC) or another external independent advisory body will oversee the election process, during the three month period prior to the end of the term of office, or when a vacancy for an appointed post occurs. b) The LMC/external independent advisory body will publish to all those eligible to vote, notice of the election, seeking nominations for the post(s) to be elected to be submitted in writing within 21 days. c) Any Member wishing to stand for election will need to submit an expression of interest supported by a GP proposer	2-4 weeks

		and a GP seconder and which will be reviewed by all Governing Body Members. d) In the event that there are no more candidates than vacancies, at the close of nominations the LMC/external independent advisory body will declare the nominated candidates selected. e) Where the nominations exceed positions available, there shall be a postal ballot for the post. Candidates may submit a statement in support of their candidature not exceeding five hundred words to the LMC/external independent advisory body. f) The LMC/external independent advisory body shall circulate the same with the ballot papers; ballot papers must be returned no later than twenty-eight days after the date on which they have been sent out; the candidate with the most votes shall be declared elected. Role on Governing Body advertised to eligible GPs employed by the CCG. Vote taken at private Governing Body session. A two-thirds majority will constitute successful election to the Governing Body.	
3.	Appointment	Notice period: three months from employee, three months from employer. Term of office: Up to three years or in line with current contract Eligibility for re-appointment: Individuals are eligible to be elected for one further term of office of three years, subject to satisfaction of eligibility criteria. Following this, individuals are eligible to be elected for further offices of one year with no limit of the number of tenures that can be served. Grounds for removal from office: In the event that the provisions within the NHS Devon CCG Constitution arise, grounds of removal will be assessed in line with the CCG HR policies. Termination decision to be taken by: (as a minimum) CCG Clinical Chair and CCG Accountable Officer, acting on behalf of the Governing Body. Contract template: Elected Clinical and Board Member contract (<u>including</u> Governing Body paragraph)	
Local Authority Representatives – Non Voting Governing Body Member(s)			
1.	Eligibility	Must be employed within the relevant Local Authority and within Public Health	
2.	Recruitment and Selection	Nomination by relevant Local Authority and approved by the members of the Governing Body. Taking into consideration Section 14W and Schedule 5 of the NHS Act. Any conflicts of Interest will be recorded and ability to be a GB representative assessed by the Director of Strategy, Conflicts	

		of Interest Guardian as part of recruitment and selection process.	
3.	Appointment	Honorary contract between the CCG and the individual.	
Other GP and Primary Care Health Professionals – Non Governing Body Members.			
These individuals representation is to influence strategy and policy or the CCG (note: other clinical operational roles will be recruited to under the CCG's recruitment policy and not referred to in this Standard Operating Procedure.			

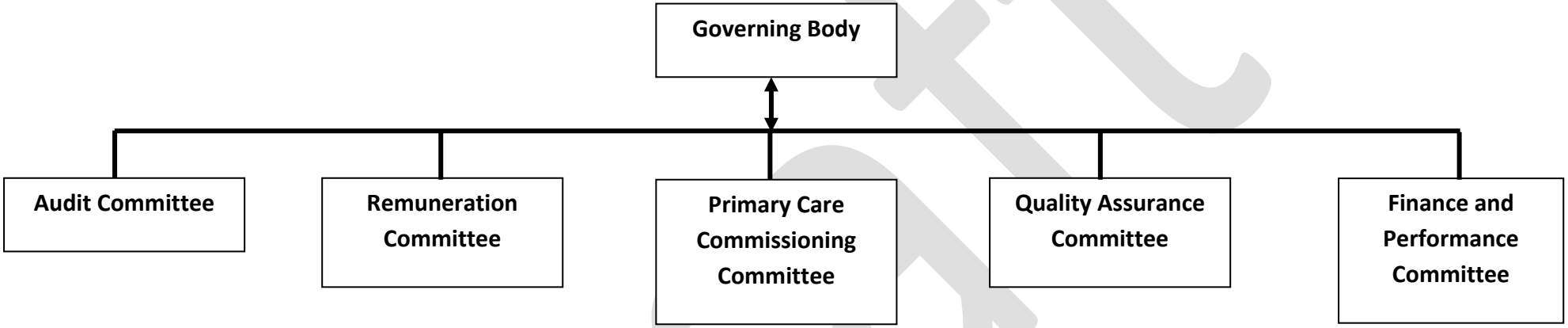
5. The national picture of how the NHS is configured:

(Source: Kings Fund https://www.kingsfund.org.uk/audio-video/how-new-nhs-structured (Accessed December 2018)



6. CCG Operating Model (Committee structure)

The following diagram describes the Committee structure within the CCG and functions of those Committees. The Terms of Reference can be found within appendix 4:



COMMITTEE NAME	TYPE OF COMMITTEE	DESCRIPTION
Audit Committee	Statutory – assurance committee	This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit. The Audit Committee will be chaired by a Non-Executive Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and Members of the Audit Committee may include people who are not Governing Body Members.
RemCo	Statutory – assurance committee	This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG. The Remuneration Committee will be chaired by a Non-Executive Lay Member other than the audit chair.

Primary Care Commissioning Committee	Statutory, by delegation from NHS England	This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a Non-Executive Lay Member Chair and a Non-Executive Lay Member Vice Chair
Quality Assurance Committee	Established by the Governing Body - Assurance Committee	This committee provides assurance to the Governing Body on all areas of quality and safety, in particular that the performance of all services, including any place-based models of care commissioning by the CCG meet the needs of the population and are safe, effective and provided in accordance with CCG strategy and local and national standards. The Committee will be responsible for overseeing the strategic quality governance duties of the CCG, including review of the Safeguarding and Quality Strategy, the risk register, quality strategy monitoring and planning, quality improvement planning, CQUINS approval, and policy ratification. The committee will oversee the development and implementation of the CCG Quality Strategy. This Committee will be chaired by a Non-Executive Lay Member
Finance and Performance Committee	Established by the Governing Body - Assurance Committee	This committee provides assurance to the Governing Body on all areas of financial performance such as investment and disinvestment decisions associated with all case for change proposals, including commissioning services for any place based models of care and statutory financial obligations of the CCG (SFIs and operational financial limits). This Committee will be chaired by a Non-Executive Lay Member.

7. Definitions of committee function

Joint Committees Joint committees of CCGs are permitted under the terms of the legislative reform order (LRO) but only for the purposes of CCGs exercising their commissioning functions. In a Joint Committee, each CCG would nominate its representative Member(s) and the Committee would have delegated authority to make binding decisions on behalf of each of the CCGs. It requires CCGs to amend their Constitutions and review their governance arrangements to ensure clarity, consistency and accountability. Any Joint Committee arrangements should be underpinned by a collaborative agreement that includes vision, values, process and dispute arrangements, this must be set up under the guidance of the Head of Governance and the relevant Chair of the Committee.

Joint Working Group Two or more CCGs could create a Joint Working Group (operational group). This group would not have the authority to make decisions directly and so would refer to each of the CCGs represented for ratification of all decisions. The Working Group would be established in a similar way to the Joint Committee with each CCG nominating its member(s). The main advantage of a joint working group is as a forum for the exchange of ideas and opportunities for collaboration. Such Working Groups include but are not limited to QEIA Panel; Executive Committee Sub Group; TDAP etc. Accountabilities of reporting must be discussed with the Head of Governance, Chair or senior officers involved

Delegation To An Individual Paragraph 3(3) of Schedule 1A of the NHS Act 2006 permits a CCG to delegate responsibilities to any member or employee. Therefore, a CCG could delegate to a designated qualifying person the function of approving or agreeing decisions on its behalf. It would be normal practice for a mandate to be produced, and appropriate recordings in minutes and decision/action logs. The Head of Governance must be informed if any such delegations have been issued and will provide advice as to how these should be recorded as well as reporting requirements from that individual to the appropriate Committee or Governing Body.

Committees in Common CCGs are permitted to delegate to a Committee or Sub-Committee of the CCG. If this Committee meets at the same time, in the same location as other Committees (from other CCGs) it is referred to legally as Committees in Common *or under Executive approval as Committees Meeting in Common or Committee Meetings in Common*. It is the place and time that meetings are held that is in common rather than the Committees themselves. In order for Committee Meetings in Common to operate consistently with the legal framework, several requirements must be met:

- Each Committee must have its own terms of reference with clear lines of accountability back to each CCG
- Each Committee must have its own agenda, although they may be identical
- Each Committee must take its own decisions and these must be recorded in its own minutes
- One set of minutes will be produced by the administrator with separate action logs for each Committee
- Any changes to meeting dates must be communicated to the corporate office to ensure the corporate calendar is updated
- Invitations for committee meetings should be sent from the electronic corporate calendar d-ccg.corporatecalendar@nhs.net
- Each Committee must maintain its own action/decision log and these should be sent to the governance team for oversight no less than twice a year.
- An actions and decision log should be completed following each Committee meeting and sent to the Governance team d-ccg.governance@nhs.net

- Note that there is more than one Committee. The Committees should be referred to as “Committees in Common” or “Committees Meeting in Common” and not “a Committee in Common”
- It must be technically possible for each Committee in the arrangement to reach a different decision although this will be unlikely

For Committees in Common to run smoothly, each Committee needs to have the same agenda. Only one discussion takes place about each agenda item and then each Committee makes its own decision.

Regardless of any arrangements permitting decisions to be made following discussion by Committees in Common, each CCG retains individual accountability for any decisions/actions taken on behalf of their local population. Where the matters under consideration relate to significant service transformations, it is good practice that membership of the ‘Committees in Common’ comprises those in senior leadership positions such as CCG chairs or accountable officers, or a nominated clinical leader from each CCG

Committees of the Governing Body

The work of a Committee is defined by its terms of reference, which are detailed in the appendices. Each Committee of the Governing Body has a duty to ensure the CCG’s performance against three pieces of NHS England statutory guidance:

- Patient and Public Participation in health and care: Statutory guidance for CCGs and NHS England here
- Involving people in their own health and care: Statutory guidance for CCGs and NHS England here
- NHS England guidance on annual reporting on the legal duty to involve patients and public in commissioning here

8. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP (CCG) AND SCHEME OF RESERVATION AND DELEGATION

below is draft only pending review by the Clinical Chair, Executives and internal audit and feedback from Members – This approval route will be Transition Sub-Committee, through to Audit Committee and then receipt at newly formed GB and pending Constitution approval by NHSE (grant of merger)

a. The arrangements made by the Clinical Commissioning Group (CCG) as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the CCG's Constitution.

b. The CCG remains accountable for all of its functions, including those that it has delegated.

c. The following table shows those matters that are reserved and delegated for the discharge of the CCG's functions.

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
1.	REGULATION AND CONTROL	Determine the arrangements by which the Members of the CCG approve those decisions that are reserved for the Membership.	✓				
2.	REGULATION AND CONTROL	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the CCG's Constitution, including terms of reference for the Governing Body, its Committees, Membership of Committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	✓				
3.	REGULATION AND CONTROL	Exercise or delegation of those functions of the CCG which have not been retained as reserved by the CCG, delegated to the Governing Body or other Committee or Sub-committee or [specified] Member or employee.			✓		**CCG Executive & oversight to Governing Body**
4.	REGULATION AND CONTROL	Prepare the CCG's overarching Scheme of Reservation and Delegation, which sets out those decisions of the CCG reserved to the Membership and those delegated to the • Governing Body • Committees and Sub-committees of the group, or • its Members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the		✓			

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
		• Governing Body's Committees and Sub-committees, • Members of the Governing Body, • an individual who is Member of the CCG but not the Governing Body or a specified person for inclusion in the CCG's Constitution.					
5.	REGULATION AND CONTROL	Approval of the CCG's overarching scheme of reservation and delegation.		✓			
6.	REGULATION AND CONTROL	Prepare the CCG's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG's Constitution.			✓		
7.	REGULATION AND CONTROL	Approval of the CCG's operational scheme of delegation that underpins the CCG's overarching Scheme of Reservation and Delegation' as set out in its Constitution / CCG Governance Handbook.					**Audit Committee**
8.	REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCG's prime financial policies.				✓	
9.	REGULATION AND CONTROL	Approve detailed financial policies.					**Finance and Performance Committee**
10.	REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests (IFR).					**Quality Assurance Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
11.	REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal.		✓			
12.	PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for • identifying practice Members to represent practices in matters concerning the work of the CCG; and • appointing Locality Clinical Representatives to represent the GPs' Membership on the Governing Body for example through election (if desired).	✓				
13.	PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve appointing of Governing Body Members, the process for recruiting and removing non-elected Members to the Governing Body (subject to any regulatory requirements) and succession planning.		✓			
14.	ACCOUNTABLE OFFICER (CHIEF EXECUTIVE)	Approve arrangements for identifying the CCG's proposed Accountable Officer and the appointment.		✓			
15.	STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.		✓			
16.	STRATEGY AND PLANNING	Approval of the CCG's operating structure.			✓		
17.	STRATEGY AND PLANNING	Approval of the CCG's commissioning plan.		✓			**CCG Executive & oversight to Governing Body**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
18.	STRATEGY AND PLANNING	Approval of the CCG's corporate budgets that meet the financial duties as set out in Schedule 3 to the Constitution.		⚑			**CCG Executive & oversight to Governing Body**
19.	STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.		⚑			
20.	ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's Annual Report and Annual Accounts.		⚑			**Audit Committee & oversight to Governing Body**
21.	ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.		⚑			
22.	ANNUAL REPORT AND ACCOUNTS	Approval of changes to the CCG's Annual Accounts following submission to May's Audit Committee and Governing Body.				⚑ **with Chair of Audit Committee and one of Accountable Officer or qualified accountant Non-Executive Lay Member of Audit Committee**	
23.	HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body Members					**Remuneration Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
		and Executive team members, including pensions and gratuities.					
24.	PRIMARY CARE COMMISSIONING	Approve the review, planning and procurement of primary care services in Devon.					**Primary Care Commissioning Committee**
25.	PRIMARY CARE COMMISSIONING	Approve the primary care aspects of the overall CCG commissioning strategy in conjunction with the Governing Body.					**Primary Care Commissioning Committee**
26.	PRIMARY CARE COMMISSIONING	Approve any policies relating to the management by the CCG of primary care.					**Primary Care Commissioning Committee**
27.	PRIMARY CARE COMMISSIONING	Approve GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract).					**Primary Care Commissioning Committee**
28.	PRIMARY CARE COMMISSIONING	Approve enhanced primary care services.					**Primary Care Commissioning Committee**
29.	PRIMARY CARE COMMISSIONING	Approve the design of local incentive schemes as an alternative to the Quality Outcomes Framework.					**Primary Care Commissioning Committee**
30.	PRIMARY CARE COMMISSIONING	Approve the establishment of new GP practices in an area; any merger of GP					**Primary Care Commissioning Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
		practices and 'discretionary' payments (e.g., returner/retainer schemes).					
31.	PRIMARY CARE COMMISSIONING	Review and approve the business case for the development of primary care related premises.					**Primary Care Commissioning Committee**
32.	PRIMARY CARE COMMISSIONING	Approve the primary care financial plan and budget (including reserves) directly funded by NHSE; risk assessment, performance framework and annual work plan.					**Primary Care Commissioning Committee**
33.	PRIMARY CARE COMMISSIONING	Approve the financial plan and budget for any additional primary care funding allocated by the Governing Body.					**Primary Care Commissioning Committee**
34.	PRIMARY CARE COMMISSIONING	Approve the establishment of primary care working groups as required with appropriate terms of reference.					**Primary Care Commissioning Committee**
35.	HUMAN RESOURCES	Recommend approval framework regarding the general terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the CCG.		✓			**Recommendations to the Governing Body by Remuneration Committee**
36.	HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.		✓			**Recommendations to the Governing Body by Remuneration Committee**
37.	HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or		✓			**Recommendations to the Governing Body**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
		Member of the CCG) and for other persons working on behalf of the CCG.					**by Remuneration Committee**
38.	HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another clinical commissioning group.					**Recommendations to the Governing Body by Remuneration Committee**
39.	HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.					
40.	HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG					
41.	QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.					**Quality Assurance Committee**
42.	QUALITY AND SAFETY	Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.					**Quality Assurance Committee**
43.	OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.					
44.	OPERATIONAL AND RISK MANAGEMENT	Approve changes to the provision or delivery of assurance services.					**Audit Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
45.	OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements.					**Audit Committee**
46.	OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.					**Audit Committee**
47.	OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations, (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under Section 75 of the NHS Act 2006).					
48.	OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the CCG.					**Finance and Performance Committee**
49.	OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the CCG.					**Audit Committee**
50.	OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.					**Audit Committee**
51.	INFORMATION GOVERNANCE	Approve the CCG's arrangements for handling complaints.					**Quality Assurance Committee**
52.	INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.					**Audit Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
53.	TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support in accordance with financial thresholds.			✓		
54.	TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision) in accordance with financial thresholds.			✓		
55.	PARTNERSHIP WORKING	Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.		✓			
56.	PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under Section 75 of the 2006 Act.		✓			
57.	COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		✓			
58.	COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate.		✓			

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Director of Finance	Committees and Sub - Committees
59.	COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.					**Audit Committee**
60.	COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests.			✍		
61.	COMMUNICATIONS	Approving a comprehensive Publication Scheme for the CCG.			✍		

9. SCHEDULE OF MATTERS DELEGATED TO OFFICERS

General

This schedule of matters delegated to officers has been developed in conjunction with the organisation's prime financial policies and standing orders and will provide guidance for the CCG. *Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Accountable Officer.*

The delegation shown below is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required. However, delegation to lower levels is only permitted with written approval of the Accountable Officer. Decision making with a financial impact must be carried out in accordance with the CCG's Standing Orders, Prime Financial Policies and detailed financial procedures. All financial limits in this schedule of matters delegated to officers are subject to sufficient budget being available.

SCHEME OF DELEGATION TO EMPLOYEES

Standing Orders (SOs) and Prime Financial Policies set out in some detail the financial responsibilities of the Accountable Officer, the Director of Finance and other Executive Directors of the CCG.

The Scheme of Delegation covers only matters delegated by the Governing Body or the Primary Care Commissioning Committee to the Accountable Officer and Directors and certain other specific matters referred to in Prime Financial Policies.

Further delegation may be approved:

a) by the Governing Body in approving specific management policies
b) by the CCG Accountable Officer
c) as part of Financial Procedures approved by the Chief Finance Officer
d) by the Primary Care Commissioning Committee in approving specific management policies relating to primary care

Each Executive Director will need to consider the arrangements for authorisation of expenditure against delegated budgets and further delegation of management/professional responsibilities.

10. FINANCIAL CONTROL ENVIRONMENT

In accordance with Prime Financial Policies the Governing Body (and the Primary Care Commissioning Committee in respect of primary care) exercises financial supervision and control by:

a) Authorising the operational plan;

b) Requiring the submission and approval of budgets within approved allocations / overall income;

c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and

d) Defining specific responsibilities placed on members of the Governing Body, Committees, Members and employees as indicated in the Scheme of Delegation.

Once the Governing Body, (or the Primary Care Commissioning Committee in respect of primary care), has reviewed and approved the Operating Plan and any supporting financial plan / budget the Governing Body, (or the Primary Care Commissioning Committee as appropriate), will delegate approval to the Accountable Officer; the Director of Finance and other Executive Directors and employees to commit these resources for the purpose set out in the plan subject to the financial thresholds set out in this scheme of delegation.

Ref	Matters delegated	Delegated to
1	**Bank accounts** (a) Opening bank accounts or procuring banking services in accordance with mandates approved by the Governing Body (b) Addition or removal of signatories to bank accounts	(a) DOF (b) DOF or authorised signatory to the bank accounts (in accordance with the bank account mandated authorities)
2	**Business cases – new commitments outside of delegated budgets** (a) up to £250.000 (b) up to £500,000 (c) £500,001 and above	(a) Executive team member and Associate Director of Finance (b) Executive team (c) Full business case for Governing Body approval
3	**Commissioning expenditure in line with delegated budgets for the commissioning of services** (a) up to £250,000 (b) up to £500,000 (c) £500,001 and above	(a) Delegated budget holder (b) Executive team member or Associate Director of Finance (c) DOF or AO or DOC
4	**Administrative Spend on Goods and Services (Non Commissioning Spend) – Limits for Requisition and/or Invoice approval of delegated budget** (a) up to £500	(a) Designated personal assistants

	(b) up to £15,000 (c) up to £50,000 (d) up to £250,000 (e) from £250,001	(b) Designated business manager (c) Delegated budget holder (d) Executive team member (e) Executive team
5	**Capital schemes including finance leases** (a) up to £250,000 (b) from £250,001	(a) DOF (b) Governing Body
6	**All Legal Costs**	Approval through legal advice request form administered by the governance team
7	**Condemning and disposal** (a) Condemning or disposal of unserviceable items (other than IT equipment) with an estimated replacement cost: (i) up to £100 (ii) £101 to £5,000 (iii) £5,001 and above (b) Condemning or disposal of all unserviceable IT equipment	(a)(i) Designated budget holder (a)(ii) ADOF (a)(iii) DOF (b) Executive team member responsible for IT
8	**Petty Cash** Petty cash float replenishment up to £500 per week	ADOF
9	**Losses, write-offs and compensation** (a) Losses of cash due to theft, fraud, overpayment etc. – up to £50,000	(a) to (e) DOF or AO

	(b) Fruitless payments (including abandoned capital schemes) – up to £250,000 (c) Write-off or bad debts up to £10,000 (d) Claims abandoned and other – up to £50,000 (e) Damage to buildings, fittings, furniture and equipment, loss of property and equipment in stores or in use due to culpable causes (fraud, theft, arson etc.) – up to £50,000	
9	(f) Compensation payments made under legal obligation (excluding clinical negligence) – up to £50,000 (g) Extra contractual payments to contractors – up to £50,000 (h) Ex-gratia payments to staff for loss of personal effects: (i) up to £100 (ii) £101-£500 (iii) above £501 (i) Ex gratia payments for personal injury claims involving negligence where legal advice obtained and followed (j) Other ex gratia payments except cases of maladministration where there was no financial loss to the claimant (k) Any of the above (a) – (j) limits exceeded	(f) to (g) DOF or AO (h)(i) Designated budget holder (h)(ii) Executive team member (h)(iii) DOF or AO (i) DOF or AO (j) DOF or AO (k) Governing Body
10	**Verification and High Cost Panel Decisions regarding individual packages of care** (a) Up to £1,000 per week	(a) Quality Assurance Practitioner/ CHC lead Nurse

	(b) Up to £1,300 per week (c) From £1,301 to £1600 per week (d) From £1,601 to £5,000 per week (e) Above £5,001 per week **Urgent placements:** Crisis Response Requests (48hr period) until information gathered – (b) above with update and review by (c) and full panel application if required.	(b) Quality Assurance Lead Nurse or Senior Commissioning Manager (c) Associate Director of Quality Assurance and Nursing (CHC)/ Deputy Head of CHC and Nursing or in their absence 2 QA leads with IPOC Panel ratification at next panel (d) Individual Package of Care (IPOC) Panel (e) CNO **and** DFO or CO or COO or Director of Commissioning

Fraud cases over £15,000 must be referred to NHS Protect Operational Service

11. Useful links to Terms of Reference, Policies and Standard operating procedures can be found on our website:

www.DevonCCG.nhs.uk

Good Governance:

1) **Brand documents**
2) **Good governance of committee meetings SOP**
3) **Health and Safety Policy**
4) **Risk Management Framework Policy**
5) **Standards of Business Conduct Policy**
6) **Terms of Reference to Committees and Working Groups**
7) **Who our Governing Body Members are**

Appendix 1

Eligibility for membership of the Governing Body - self-declaration

(HR note – this will be provided as an additional document in NHS jobs when advertising the post)

Regulations will provide that some individuals will not be eligible to be appointed to CCG Governing Bodies. Full details are included in Schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012.

The regulations state that the following are disqualified from Membership of CCG Governing Bodies:

- MPs, MEPs, members of the London Assembly, and local councilors (and their equivalents in Scotland and Northern Ireland);
- Members including shareholders of, or partners in, or employees of commissioning support organisations;
- A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:

  (a) in the United Kingdom of any offence;

  (b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;

- A person subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986(33), Sections 56A to 56K of the Bankruptcy (Scotland) Act 1985(34) or Schedule 2A to the Insolvency (Northern Ireland) Order 1989(35) (which relate to bankruptcy restrictions orders and undertakings) order;
- A person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy) from paid employment by any of the following:
  the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care Trusts, Special Health and Social Care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority.

- A healthcare professional who has been subject to an investigation or proceedings by any regulatory body in connection with the person's fitness to practice or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practicing the profession in question or imposing conditions, where these have not been superseded or lifted;
- a person disqualified from being a company director;
- a person who has been removed from the office of charity trustee or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement.

I can confirm that none of the above applies to me:

Name:	
Signature:	
Date:	

Appendix 2

New Accountable Officer appointment pro forma

Current Accountable Officer details

Name	
Start date	
Finish date	
Permanent/interim	
Reason for leaving	

New Accountable Officer details

Name	
Email address	
Start date	
Permanent/interim (if interim please state period covered)	
Appointee background/experience including current position held and organisation or include candidate CV	
Name of CCG appointment will be held jointly with (where more than one CCG applies)	

CCG details

CCG name	
CCG address	
Name of CCG Chair	
Email address of CCG Chair	
Current assessment rating	
Is the CCG currently in special measures or under legal directions	

Recruitment process

Date of interview	
Interview panel (names/job titles)	
Number of candidates interviewed	
Details and date of development centre/process undertaken or scheduled	

Local Governance arrangements

Current CCG Clinical leader (delete as appropriate)	Accountable Officer/Chair
CCG Clinical leader once Accountable Officer appointee in post (delete as appropriate)	Accountable Officer/Chair
Senior Management Team arrangements in place to support interim Accountable Officer appointee (where applicable)	
Other supporting comments	

Process steps

Below is a checklist of the steps that were set out in the policy guidance. The NHS England Director of Commissioning Operations (DCO) is expected to exercise their judgement as to whether all of the steps were required in each individual circumstance. Please use the text box below to give the rationale for any steps that were omitted:

Please use this box to explain any 'no' sections below:	
CCG is assured that candidate meets all the requirements of the role and is a fit and proper person	Yes/No
Candidate is eligible for the role and does not meet any of the criteria that would disqualify them from membership of a CCG Governing Body under the Regulations- i.e. is not an MP or MEP; or member of a local authority; or as an individual, or a partner, member or employee of an organisation, provides the CCG with a service or facility to support it in discharging its commissioning functions (this could be a CSU or NHS England)	Yes/No
CCG can demonstrate that it has followed a fair and proper recruitment procedure which complies with relevant legislation	Yes/No
Appointment has taken account of the Professional Standards Authority standards for members of NHS boards and CCG governing bodies in England	Yes/No
CCG considered seeking appropriate support (recruitment agency, CSU etc.) where relevant	Yes/No

Candidates underwent appropriate and robust individual development and assessment centre – the purpose of this requirement is to ensure that every CCG Accountable Officer has an individual senior leadership development plan in place, and that the CCG is committed to supporting the ongoing personal development of the new Accountable Officer as a commissioning leader	Yes/No
All relevant stakeholders were engaged in the selection process	Yes/No
External assessors from NHS England were considered for involvement in the selection process	Yes/No
CCG has notified the relevant DCO in writing of the nomination for the new Accountable Officer	Yes/No
CCG has provided the DCO with details of the recruitment process and what steps it has taken to assure itself of the Accountable Officer designates fitness for the role	Yes/No
CCG compliant with CCG off-payroll and agency spend guidance	Yes/No
DCO team and/or Regional Director recommends that the Accountable Officer is appointed	Yes/No

The following people should normally have agreed this appointment:

- Locality Director
- DCO team
- Regional Director

The central team will then submit to the Chief Executive for final sign off. Please submit to england.ccgiaf@nhs.net

Appendix 3

Definitions used in this Standard Operating Procedure (SOP)

Accountable Officer (AO)	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: complies with its obligations under: Sections 14Q and 14R of the 2006 Act, Sections 223H to 223J of the 2006 Act, paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and any other provision of the 2006 Act specified in a document published by the Board for that purpose; exercises its functions in a way that provides good value for money.
Chair of the CCG Governing Body	The individual appointed by the CCG to act as Chair of the Governing Body and who is usually either a GP Member or a Lay Member of the Governing Body.
Director of Finance (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the Membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.
Governing Body	The body appointed under Section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG.
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: the General Medical Council (GMC) the General Dental Council (GDC) the General Optical Council; the General Osteopathic Council the General Chiropractic Council the General Pharmaceutical Council the Pharmaceutical Society of Northern Ireland the Nursing and Midwifery Council the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Non-Executive Lay Member	A Non-Executive Lay Member of the CCG Governing Body, appointed by the CCG. A Lay Member is an individual who is independent and not a Member of the CCG or a Healthcare Professional (as defined above) or as otherwise defined in law.

Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a Healthcare Professional to act as their practice representative in dealings between it and the CCG, under regulations made under Section 89 or 94 of the 2006 Act or directions under Section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.

NHS Devon Clinical Commissioning Group

Audit Committee
Terms of Reference

(Effective April 2019 pending GB approval)

1. Constitutional Obligations

1.1 The Clinical Commissioning Group's Governing Body hereby resolve to establish a Committee of the Governing Body known as the Audit Committee. The Committee is established in accordance with Devon Clinical Commissioning Group's Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation.

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's Constitution and standing orders.

1.3 The Audit Committee is an assurance Committee of the Governing Body and has the ability to execute any powers assigned to it by the Governing Body and those specifically delegated in these terms of reference and/or through the CCGs Constitutional Scheme of Reservation and Delegation.

1.4 The Local Audit and Accountability Act 2014 (the Act) requires every 'relevant authority' to appoint an 'Auditor Panel' to exercise functions set out in the Act (part 3, section 9). The Governing Body has resolved to nominate its Audit Committee to act as its Auditor Panel in line with schedule 4, Paragraph 1 of the 2014 Act and details of the Auditor Panel responsibilities and purpose are encompassed within the Audit Committee's terms of reference in line with the Act.

2. Purpose

2.1 The purpose of the Audit Committee is to assist the CCG in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide evidence-based assurance to the Governing Body that an appropriate system of internal control is in place to ensure that:

- Business is conducted in accordance with the law and proper standards
- Public money is safeguarded and properly accounted for
- Financial statements are prepared in a timely fashion, and give a true and fair view of the financial position of the CCG for the period in question
- Affairs are managed to secure economic, efficient and effective use of resources
- Reasonable steps are taken to prevent and detect fraud and other irregularities Governing bodies can – if they choose – nominate a 'subset' of the Audit Committee to act as the Auditor Panel. If a subset is used, there must be at least three Members with a majority who are independent and non-executive Members of the Governing Body. (HFMA briefing December 2015)

2.2 It is the responsibility of the Committee to make recommendations to the Governing Body on determinations about the assurances received surrounding any internal or external audit findings and probity issues on behalf of the CCG.

2.3 It shall support the objectives of the CCGs Governing Body as outlined in the Operational Plan and provide assurances to the Governing Body that these are being met and considered.

2.4 It will promote a whole system culture of continuous improvement, ensuring that assurance and probity sits at the heart of health and social care locally, whether provided by NHS or non-NHS providers.

2.5 It will seek assurance that the CCG is fulfilling its statutory duties through continuous monitoring and this will be detailed in the organisation's annual governance statement and annual report, under the relevant Acts, and current national guidance.

2.6 The Committee is authorised by the CCG Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee, and all employees are directed to cooperate with any request made by the Committee.

2.7 The Committee is authorised by the CCG Governing Body to obtain external legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

2.8 The Committee is responsible for the approval of the Annual Financial Statements and Annual Governance Statement prior to submission to the CCG Governing Body.

3. Responsibilities

The responsibilities of the Committee can be categorised as follows:

3.1 Governance, Internal Control and Risk Management
The Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical) that supports the achievement of the organisation's core objectives.

3.1.1 In particular, the Committee will review the adequacy and effectiveness of:

a) All risk and control related disclosure statements (in particular the Annual Governance Statement and any declarations of external compliance), together with any accompanying Head of Internal Audit Opinion, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the CCG Governing Body
b) The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
c) The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.
d) The policies and procedures for all work related to counter fraud and security as required by NHS Protect.

3.1.2 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions but will not be limited to these audit

functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective risk assurance framework to guide its work and that of the audit and assurance functions that report to it. To enable this, the Audit Committee will have sight of the full risk assurance framework no less than four times a year to enable it to report on its assurances of internal control and the process of risk management throughout the organisation to the Governing Body.

3.1.3 The Audit Committee shall review the findings of other significant assurance functions through effective relationships with other key Committees so that it understands processes and linkages and will receive assurance that these Committees are working effectively through the annual Committee effectiveness reviews. However, these other Committees must not usurp the Committee's role.

3.1.4 The Committee will review the Finance and Performance reporting and Quality reporting to the Governing Body at each meeting. The Committee will challenge the content of the report and seek assurance that it is based on sound systems of control and that there are appropriate action plans in place to mitigate the risk areas. This will provide the opportunity for detailed scrutiny of the performance of the CCG prior to this being presented to the Governing Body.

3.1.5 Where timeliness is of the essence in managing a significant risk or issue, the Chair of the Committee will be informed of an issue by the quickest possible means (e.g. verbally) and this will be acted upon in accordance with the risk management strategy and risk escalation processes of the CCG.

3.2 Auditor Panel

3.2.1 The Auditor Panel for NHS Devon CCG forms a subset of the Audit Committee and shall comprise of the core Membership of the Audit Committee. This Membership consists of at least 3 Members with a majority who are independent and recognised as non-executive lay Members of the Governing Body.

3.2.2 The Auditor Panel is a non-executive lay Member Committee and has no executive powers other than those specifically delegated in these terms of reference. In line with the requirements of the Local Audit (Health Service Bodies Auditor Panel and Independence) Regulations 2015 (regulation 6) each Members independence must be reviewed against the criteria laid down in the regulations[2].

3.2.3 The Auditor Panel chairperson and/or Members of the panel can be removed in line with rules agreed by the Governing Body.

3.2.4 The Auditor Panel's chairperson shall formally state at the start of each meeting that the Auditor Panel is meeting in that capacity and NOT as the Audit Committee.

3.2.5 Auditor Panel business shall be identified clearly and separately on the agenda and Audit Committee Members shall deal with these matters as Auditor Panel Members NOT as Audit Committee Members.

2 If a specially established panel is nominated with new Members (i.e. not from the existing Audit Committee, a full recruitment process must be followed in line with Regulation 3. This means that any prospective Members who are not on the Governing Body must be appointed in response to an advertised vacancy and after submitting an application.

3.2.6 The Auditor Panel's functions are to:

a) Advise the CCG's Governing Body on the selection and appointment of the external auditor. This includes:

b) Agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules;

c) Making a recommendation to the Governing Body as to whom should be appointed;

d) Ensuring that any conflicts of interest are dealt with effectively;

e) Advise the CCG's Governing Body on the maintenance of an independent relationship with the appointed external auditor

f) Advise (if asked) the CCG's Governing Body on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable;

g) Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor;

h) Advise the CCG's Governing Body on any decision about the removal or resignation of the external auditor.

3.3 External Audit

3.3.1 The Committee shall review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors and consider the implications and management responses to their work. This will be achieved by:

a) Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Governing Body when appropriate)

b) Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan

c) Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee

d) Reviewing all external audit reports, including the report to those charged with governance (before its submission to the Governing Body) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses

e) Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

3.4 Internal Audit

3.4.1 The Committee shall ensure that there is an effective internal audit function established by management that meets the Public sector internal audit standards, 2017 and provides appropriate independent assurance to the Committee, Accountable Officer and CCG Governing Body.

This will be achieved by:

a) Consideration of the provision of the Internal Audit service and costs involved,

b) Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;

c) Considering the major findings of internal audit work (and managements

response) and ensuring coordination between the internal and external auditors to optimise the use of audit resources;

d) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation

e) Monitoring the effectiveness of internal audit and carrying out an annual review

3.5 Counter Fraud and Bribery

3.5.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meet NHS Protect's standards and shall review the outcomes of work in these areas.

3.5.2 The Committee shall also ensure that there is a counter fraud specialist within the CCG and that policies and procedures for all work related to fraud are in place while also ensuring that procedures are in place which ensure that it cannot be guilty of any bribery or corruption. The Committee will receive reports from the Local Counter Fraud Specialist on current investigations.

3.6 Financial Reporting

3.6.1 The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

3.6.2 The Committee should ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

3.6.3 The Committee shall review the annual report and financial statements before submission to the Governing Body, focusing particularly on:

a) The wording in the annual governance statement and other disclosures relevant to the Terms of reference of the Committee;

b) Changes in, and compliance with, accounting policies, practices and estimation techniques;

c) Unadjusted mis-statements in the financial statements;

d) Significant judgements in preparation of the financial statements

e) Significant adjustments resulting from the audit

f) Letters of representation

g) Explanations for significant variances

3.7 Whistleblowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

3.8 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

4. Membership

The core Membership of the Audit Committee shall be:

The following Members have voting rights:

- (Chair) Non-Executive Lay Member – who has qualifications expertise or experience to enable them to lead on finance, probity, governance and audit matters enabling them to express an informed view about discharge of the CCG functions
- Two additional Non-Executive Lay Member representatives
- Registered Nurse
- Secondary Care Consultant

The following attendees do not have voting rights:

GB locality clinical representative

Under the NHS (CCG Groups) Regulations 2012, (14) Audit Committee (3) The following are disqualified from Membership of a CCG's Audit Committee:

(a) the Chair of the CCG's Governing Body

(b) the CCG's Chief Finance Officer

Attendees do not have voting rights and include:

The Chief Finance Officer/Director of Finance, Governance representative, Head of Internal Audit, the local counter fraud specialist (LCFS) and representatives from external audit shall normally attend meetings. At least once a year the Committee Members should meet privately with the external and Internal Auditors without any senior officer present.

The Accountable Officer and CCG Chair can attend any Committee meeting but cannot be the Chair of the Audit Committee.

The Accountable Officer/Chief Officer should be invited to attend and discuss at least annually with the Audit Committee the process for assurance that supports the CCGs input into the annual governance statement. He or she should also attend when the Committee considers the CCG input into the draft Internal Audit plan and Annual Accounts.

The Chair of the Committee may co-opt any non-voting Clinicians, Executive or Managing Directors, nominated deputies and lead managers as appropriate and particularly, when the Committee is discussing areas of risk or operation that are the responsibility of that attendee.

Note: When a Committee Member is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

5. Quorum

5.1 A quorum of the Audit Committee and the Auditor Panel shall be two of the Non-Executive Lay Members and one clinical Member.

5.2 A decision put to a vote at the meeting shall be determined by a majority of the votes of independent Members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

5.3 People invited to attend, or those in attendance to the Committee do not have the right to vote.

5.4 If the Committee Chair is absent then the Members of the Committee will select a chair for that meeting from the voting Members present – this will be overseen by the most senior officer responsible for governance as the Chair needs to be an independent representative of the CCG.

6. Register of Interests

6.1 The Register of Interest will be reviewed at each Audit Committee meeting in line with the NHS Audit Committee Handbook.

6.2 Members will be asked by the Chair of the Audit Committee to declare any interests at the beginning of each meeting. If a Member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

6.3 **Auditor Panel**. Conflicts of interest must be declared and recorded at the start of each meeting of the Auditor Panel. Auditor Panel register of interest must be maintained by the panels chairperson and submitted to the Governing Body in accordance with the CCGs standards of business conduct policy. If a conflict of interest arises, the chairperson may require the affected Auditor Panel Member to withdraw at the relevant discussion or voting point.

7. Frequency of Meetings

7.1 The Audit Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. A benchmark of five meetings per annum at appropriate times in the reporting and audit cycle which must be documented in the corporate calendar and aligned to provide assurance in a timely manner to Governing Body. The Governing Body, Accountable Officer, External Auditors or Head of Internal Audit may request an additional meeting if they consider that one is necessary.

7.2 The Head of Internal Audit, representative or external audit and counter fraud specialist have a right of direct access to the Chair of the committee.

7.3 The Auditor Panel will meet on the same day as the Audit Committee, either before or after dependent upon availability of Members and governance arrangements. The Auditor Panel's chairperson may invite executive directors and others to attend depending on the requirements of each meeting's agenda. These invitees are not Members of the Auditor Panel.

7.4 The Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Administrator for purposes of transparency and recording. Where a discussion is required, all Members must respond, and the administrator will oversee this to ensure that all Members are accounted for.

8. Reporting arrangements

8.1 The Committee Chair shall report formally to the CCGs Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the CCGs Governing Body. The Committee shall make recommendations to the CCGs Governing Body on any area within its remit where action or improvement is needed.

8.2 The Committee is authorised by the CCG Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

8.3 The Committee may require the attendance at its meetings of any officer of the CCG and the production of any document.

8.4 The Committee is authorised by the CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

8.5 The Auditor Panel is a sub group of the Audit Committee and is authorised by the Governing Body to carry out the functions specified at 3.2.6 and can seek any information it requires from any employees or relevant third parties. All employees are directed to co-operate with any request made by the Auditor Panel.

8.6 The Auditor Panel is authorised by the Governing Body to obtain outside legal or other independent professional advice (for example, procurement specialists) and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Any such 'outside advice' must be obtained in line with the organisations existing rules (e.g. legal framework policy).

8.7 Minutes and reports of the meetings will be produced and held by the Administrator of the Committee, accessible to the Chair, core Membership and the Director responsible for the corporate function. Extracts from Minutes will be made public as appropriate under the freedom of information act.

9. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

9.1 The Governing Body has delegated the following authorities to Audit Committee:

• Authority to establish sub-committees
• Provision of an independent and objective view of the CCG's systems of internal control, information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance, risk, quality and performance management systems underpinned by the assurance framework

• Appoint Internal Auditors
• Approve the internal audit plan
• Review financial policies
• Approval of the CCGs risk management framework and risk assurance framework

9.2 The Committee will undertake an annual review of the performance and effectiveness of the CCG Governing Body associated sub-committees to ensure that the Committee structure and work plans reflect the current and future needs of the CCG Governing Body.

9.3 In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. These may include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (e.g. Public Sector Audit Appointments Ltd, National Audit Office, Financial Reporting Council) or professional bodies with responsibility for the performance of staff or functions (e.g. Royal College, accreditation bodies).

9.4 The reviews will be spread throughout the year with an Annual Report produced by the Committee for the Governing Body.

10. Administration

10.1 The Committee and its sub group shall be supported administratively by its Administrator his or her duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation and circulation of papers in good time
- Ensuring that those invited to each meeting attend
- Taking the minutes and helping the Chair to prepare reports to the Governing Body
- Keeping a record of matters arising and issues to be carried forward
- Arranging meetings for the Chair – for example, with the internal/external auditors, Auditor Panel or local counter fraud specialists
- Maintaining records of Members appointments and renewal dates
- Advising the Committee on pertinent issues/areas of interest/policy developments
- Advising the Auditor Panel on pertinent issues/areas of interest/policy developments
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.
- Ensuring that panel Members receive the development and training they need
- Providing appropriate support to the Chairperson and Panel Members

10.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members.
- Maintain a decisions log of reporting arrangements into each formal meeting of the Committee from sub-committees and follow up with chairs of sub-committees as appropriate.
- Maintain a log of summary written reports provided to Governing Body from formal meetings.

11. Review

An annual effectiveness review will be undertaken by the Head of Governance as good governance practice and to ensure compliance with the Annual Governance Statement.

These Terms of Reference will be reviewed on an annual basis or sooner if required through the Head of Governance with recommendations made to the CCGs Governing Body for approval via the Audit Chair.

END

Remuneration Committee
Terms of Reference

(To be approved by GB following establishment of CCG)

1. Constitutional Obligations

1.1 The Remuneration Committee of NHS Devon Clinical Commissioning Group is established in accordance with its Constitution, standing financial instructions, standing orders and scheme of delegation.

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee.

1.3 The Remuneration Committee of 'the CCG' is a Non-executive Committee of the Governing Body and has no executive powers other than those specifically delegated in this Terms of Reference or through the Constitutional scheme of delegation.

2. Purpose

2.1 The purpose of the Remuneration Committee is to provide assurance and oversight of all aspects of strategic people management and organisational development; recommending the appointments, determinations regarding matters of remuneration to the Governing Body, fees and other allowances for employees and for people who provide services to the CCG, and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS Pension Scheme. The Remuneration Committee has clear delegations for decision making which are set out in the Scheme of Reservation and Delegation.

3. Responsibilities

3.1 The Remuneration Committee will apply best practice in the decision making processes, for example, when considering individual remuneration the committee will:

- Comply with current disclosure requirements for remuneration;
- On occasion seek independent advice about remuneration for individuals, and
- Ensure that decisions are based on clear and transparent criteria.
- Advise 'the CCG' Governing Body of the approval process for recruiting and appointing Governing Body and other Executive Team Members, including any interim or off- payroll arrangements.
- Ensure all arrangements are in line with NHS England/DH/SoS/HMRC directions e.g. 02.06.15 Financial Controls Letter, CCG Remuneration Gateway Publication 03656 etc.

- Make recommendations to Governing Body on any proposed remuneration and terms of service for clinical and non-clinical Governing Body Members, taking into account any national or local guidance as necessary, so as to ensure that the individual is fairly rewarded for their individual contribution to the CCG, whilst having proper regard to 'the CCG' circumstances and performance. This shall include all aspects of salary (including any performance related elements or bonuses), provisions for other benefits and any other contractual terms.
- Advise 'the CCG' Governing Body on pay policy and any annual award for all employees of 'the CCG' including, pensions, remuneration, fees, travelling or other allowances payable to employees and to other persons providing services to 'the CCG'. This includes overseeing the implementation of appropriate contractual arrangements for staff and clinicians, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as is appropriate.
- Monitor and advise on succession planning for the Executives residing on Governing Body and VSM senior team Members, to ensure there is a process for identifying and developing internal staff and clinicians with the potential to fill key leadership positions in 'the CCG' in accordance with NHSE Guidance, 'the CCG' Constitution, standing orders and any associated documentation, whilst taking into account the challenges and opportunities facing 'the CCG', and what skills and expertise are therefore needed in the future.
- Ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled.
- Consider any payments, in addition to salary, for very senior managers (VSM) and where appropriate ensure that any approvals are sought such as seeking HM Treasury approval as appropriate and bringing these to the attention of the governing body for approval.
- At the request of the accountable officer, to advise on exceptional payments to staff outside of the Governing Body.
- Authority to establish Sub-Committees.
- The Committee has full authority to commission any reports or surveys it deems necessary to help it fulfil the remit outlined above.
- Performance management of the Accountable Officer.
- The committee will not discuss Non-Executive Lay Member remuneration or succession planning of these positions. This will be discussed at a meeting convened by the NHS Devon CCG Chair and most appropriate senior officer(s), guided by the national framework and with support from HR and Governance. The Business Manager for REMCO will formally note the minutes and any actions in accordance with section 11 of these terms of reference.

4. Membership

The core Membership of the Remuneration Committee shall be:

- Four Non-Executive Lay Members*
- CCG Chair (Non-voting)

*The Chair of Remuneration Committee cannot be either the CCG Chair or the Audit Chair.

Agenda and minutes will be shared with all Non-Executive Lay Members to enable them to offer comment and consideration, ahead of the committee meeting, to support the Chair and the core Members of the Committee in their decision making.
Senior representation from Human Resources or from Governance may be in attendance in an advisory role to support the Remuneration Committee in its work but do not form part of the Membership. The attendance of such staff Members will be subject to invitation from the Chair of the Remuneration Committee.
Additionally, the following individuals may be invited to attend for all or part of the meeting, providing their own remuneration or terms of service are not being discussed: •Accountable/Chief Officer •Chief Operating Officer •Chief Finance Officer In addition, external advisors can be called upon as required by the Chair of the Committee.
The Chair may request any external advisors clinical or senior officer to attend should their presence be required to assist the Members of the Committee. Any such invited attendees will be asked to verbally declare any interests to ensure no conflict of interest exists upon their attendance.

5. Quorum

5.1 A minimum of three Non-Executive Lay Members will constitute a quorum.

5.2 A decision put to a vote at the meeting shall be determined by a majority of the votes of Members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

5.3 People invited to attend the Committee do not have the right to vote.

5.4 If the Chair is absent then the Members of the Committee will select a chair for that meeting from the Non –Executive Lay Members present, this cannot be the CCGs Audit Chair or CCG Chair – this will be overseen by governance to ensure that no conflicts arise, and that the Committee remains quorate

6. Register of Interests

6.1 Members and attendees will be asked by the Chair of the Remuneration Committee to declare any interests at the beginning of each meeting. If a

Member or attendee feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

7. Frequency of Meetings

7.1 The Remuneration Committee will meet at least once a year to discharge its duties with extraordinary meetings held as required and in line with the corporate calendar.

7.2 The Remuneration Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Administrator for purposes of transparency and recording. Where a discussion is required, all Members must respond, and the administrator will oversee this to ensure that all Members are accounted for.

8. Reporting Arrangements

8.1 The Remuneration Committee Chair shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the confidential meeting of 'the Governing Body. The Remuneration Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

8.2 Minutes and reports of the meetings will be confidential. The committee minutes may be shared with voting Members of the Governing Body, the senior officer of governance and the Associate Director of HR & OD, for NHS Devon CCG.

8.3 Extracts from minutes will be made public as appropriate.

9. Risk Reporting

9.1 Where timeliness is of the essence in managing a significant risk or issue, the Chair of the Remuneration Committee will be informed of an issue by the quickest possible means (e.g. verbally) and this will be acted upon in accordance with the CCGs risk management framework.

10. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

10.1 The Remuneration Committee shall act in accordance with the scheme of reservation and delegation to ensure Constitutional compliance. Any deviation from this must be brought to the attention of the most senior officer of Governance.

11. Administration

11.1 The Committee will be formally minuted by a designated administrator. Agendas and papers will be available three working days before the meeting is scheduled to take place. A formal attendance and action and decisions log will be held and reported to each meeting.

12. Review

12.1 An annual effectiveness review will be undertaken by the Head of Governance as good governance practice and to ensure compliance with the Annual Governance Statement of internal control.

12.2 These Terms of Reference will be reviewed on an annual basis or sooner if required through the Head of Governance with recommendations made to the Governing Body for approval by the Chair of the Remuneration Committee.

END

Primary Care Commissioning Committee
Terms of Reference

(Draft Pending approval by NHSE and establishment of NHS Devon CCG)

1. Introduction

1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Devon CCG. The delegation is set out in Schedule 1.

1.3 The CCG has established the NHS Devon CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

It is a Committee comprising representatives of the following organisations:

- NHS Devon CCG
- Devon County Council
- Plymouth City Council
- Torbay Council
- HealthWatch

2. Statutory Framework

2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

a) Management of conflicts of interest (section 14O);
b) Duty to promote the NHS Constitution (section 14P);
c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
d) Duty as to improvement in quality of services (section 14R);
e) Duty in relation to quality of primary medical services (section 14S);
f) Duties as to reducing inequalities (section 14T);
g) Duty to promote the involvement of each patient (section 14U);
h) Duty as to patient choice (section 14V);
i) Duty as to promoting integration (section 14Z1);
j) Public involvement and consultation (section 14Z2)

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

2.5 The Committee is established as a committee of the Governing Body of each named CCG in accordance with Schedule 1A of the "NHS Act".

2.6 The Members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the Members to make decisions on the review, planning and procurement of primary care services in Devon, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Devon CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.5 The specific obligations of the CCG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include:

a) Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including:

- the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes);
- 'Discretionary' payments (e.g., returner/retainer schemes);
- Commissioning urgent care for out of area registered patients.

b) Planning the primary medical services provider landscape in Devon, including considering and taking decisions in relation to:

- The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices;
- Approving practice mergers;
- Managing GP practices providing inadequate standards of patient care;
- The procurement of new Primary Medical Services Contracts;
- Dispersing the lists of GP practices;
- Agreeing variations to the boundaries of GP practices; and
- Co-ordinating and carrying out the process of list cleansing in relation to GP practices.

c) Decisions in relation to the management of poorly performing GP Practices including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

d) Decisions in relation to the Premises Costs Directions Functions.

3.6 The CCG will also carry out the following activities:

a) To plan, including needs assessment, primary care services in Devon;
b) To undertake reviews of primary care services in Devon;
c) To co-ordinate a common approach to the commissioning of primary care services generally;

d) To manage the budget for commissioning of primary care services in Devon.

3.7 The Primary Care Operational Group will review operational contractual issues impacting on primary care delivery working within approved frameworks and decision-making authority from the Primary Care Commissioning Committee.

4.Geographical Coverage

4.1 The Committee will comprise the NHS Devon CCG area.

5. Membership

5.1 The Committee shall consist of the following voting members:

- Non-Executive Lay Member
- Non-Executive Lay Member
- Clinical Lead for Patient Safety and Quality
- Chief Finance Officer/Director of Finance or nominated deputy
- Director of Primary Care or nominated deputy
- Director of Quality Assurance or nominated deputy
- Director of Public Health or nominated representative on behalf of the 3 councils.
- GP from outside CCG area

5.2 The Chair of the Committee shall be Non-Executive Lay Member.

5.3 The Vice Chair of the Committee shall be Non-Executive Lay Member.

5.4 Non-voting Membership will be:

- Governing Body GP representation
- CCG Clinical Chair
- 1 Patient representative who has an active PPG role
- Healthwatch representative (Devon area)
- Deputy Director of Primary Care

NB: HealthWatch and Health and Wellbeing Boards are under no obligation to nominate a representative, but there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

5.5 The CCG will notify NHS England of all primary medical services commissioning committee meetings at least seven (7) days in advance of such meetings and NHS England will be entitled to attend such meetings at its discretion.

6. Meetings and Voting

6.1 The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each Member representative no later than 3 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.2 Each voting Member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of Members present but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

7. Quorum

7.1 The committee is quorate when at least four voting Members are present, including the Chair or the Vice Chair.

7.2 If a committee Chair and Vice Chair are absent, then the Members of the Committee will select a Chair for that meeting from the Members present – this will be agreed in advance by the residing Chair and Director responsible for corporate governance.

7.3 Where agreed with the Chair, Members of the Committee may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting using these methods shall be deemed to constitute presence in person at the meeting.

7.4 Anyone deputising for a voting Member will have the voting Members right to vote.

7.5 Invited Members, or those in attendance to the Committee do not have the right to vote.

8. Meetings

8.1 The Committee will meet as required to conduct its business, and will meet, normally monthly, in line with the corporate calendar.

8.2 The Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the Committee can be conducted by e-mail and the actions/decision will be recorded by the Secretary for purposes of transparency and recording. Where a discussion is required, all Members must respond, and the administrator will oversee this to ensure that all Members are accounted for.

8.3 Meetings of the Committee shall:

a) be held in public, subject to the application of 23(b);
b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.4 Members and attendees will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a Member or attendee feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

8.5 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

8.6 The Committee may delegate tasks to such individuals, sub-committees or individual Members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

8.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

8.8 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Governance Handbook.

8.9 The Committee will present its minutes to NHS England and the Governing Body of NHS Devon CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.

8.10 The CCG will also comply with any reporting requirements set out in its Constitution.

8.11 These Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Accountability of the Committee

9.1 For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders or Standing Financial Instructions of any of the Members, the Delegation will prevail.

10. Procurement of Agreed Services

10.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the delegation agreement. In doing so the CCG will comply with public procurement regulations and with statutory guidance on conflicts of interest.

11. Decisions

11.1 The Committee will make decisions within the bounds of its remit.

11.2 The decisions of the Committee shall be binding on NHS England and NHS Devon CCG.

11.3 The Committee will produce an executive summary report which will be presented to NHS England and the governing body of NHS Devon of the CCG each year for information.

END

NHS Devon Clinical Commissioning Group

Quality Assurance Committee

Terms of Reference

(Draft Pending approval by NHSE and establishment of NHS Devon CCG)

Constitutional Obligations

The Clinical Commissioning Group's Governing Body/ Board hereby resolve to establish a Committee of the Governing Body/Board known as the Quality Assurance Committee. The Committee is established in accordance with NHS Devon Clinical Commissioning Group's (NHS Devon CCG) Constitution, Standing Orders and Scheme of Delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's constitution and standing orders.

The Quality Assurance Committee is an assurance committee of the Governing Body and has the ability to execute any powers assigned to it by the Governing Body and those specifically delegated in these terms of reference and/or through the CCG's constitutional scheme of delegation.

Quality was defined by Lord Darzi in the NHS Next Stage Review as comprising:

- **Effectiveness** of the treatment and care provided to patients – measured by both clinical outcomes and patient related outcomes.
- The **safety** of treatment and care provided to patients – safety is of paramount importance to patients and clinicians and it the key consideration for the delivery of high quality NHS services
- The **experience** patients have of the treatment and care they receive – how positive an experience people have when they are in contact with the NHS or receive NHS funded care, can be even more important to an individual than how clinically effective the care has been

Purpose

To quality assure in an oversight role, the delivery of quality standards within commissioned services and to influence prioritisation of those services commissioned within the context of Devon's strategic plan and NHS long term plan. The Quality Assurance Committee will oversee performance against constitutional standards and statutory duties as well as legislation for clinical governance and escalate to the Governing Body, through the Committee Chair, any issues of concern considered to impact on the commissioning of high quality, safe care. It is the responsibility of the committee to make recommendations to the Governing Body of the CCG on determinations about the assurances received surrounding quality issues for the CCG.

Responsibilities

- The Quality Assurance Committee (QAC) will oversee performance against constitutional standards and statutory duties as well as legislation for clinical governance and escalate to Governing Body, through the Committee Chair, any issues of concern considered to impact on the commissioning of high quality, safe care.

- It shall support the objectives of NHS NEW Devon CCG's Governing Body as outlined in the Operational Plan, and provide assurance to the Governing Body that these objectives are being met and considered in line with the Committee's reporting arrangements, and also to Audit and Assurance Committee as part of the Internal Audit schedule.
- It will promote a whole system culture of continuous quality improvement, ensuring that quality sits at the heart of health and social care locally, as part of the services that the CCG commissions, whether provided by NHS or non-NHS providers.
- It will seek assurance that all commissioned services are being delivered in a high quality and safe manner, including services commissioned by Public Health under a joint assurance agreement.
- It will set the strategic direction for the Governing Body to support the commissioning of high quality services and continuous quality improvement.
- It will seek assurance that the CCG is fulfilling its statutory duties of Safeguarding, Equality, Diversity & Inclusion, Complaints, Continuing Healthcare (CHC), clinical governance, and information governance under the relevant Acts, and current national guidance.
- It will seek assurance that the commissioning strategy for the CCG fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to change and adapt to national and local drivers.
- It will review regular reports on; the quality of services commissioned, patient's experiences, specific quality improvement initiatives and any serious failures in quality.
- It will receive assurance from the Quality and Equality Impact Assessment Panel.
- In recognition that there will be a planned transition over an agreed period of time from the 1st April 2019 with respect to delegated commissioning for primary care, a review of the Quality Assurance Committee Terms of Reference will take place by October 2019 to determine whether changes were required to further reflect quality for primary care.

Membership

The membership of the Quality Committee shall be:

- 2 Lay Members of the Governing Body
- Secondary Care Doctor
- Chief Nursing Officer or Associate Chief Nursing Officer
- Director of Commissioning
- Governing Body GP Clinical Quality Lead
- Public Health Representative
- Head of Quality Development and Patient Experience
- Head of Safeguarding / Head of Quality Assurance

The following members have voting rights:

- Lay Members of the Governing Body (Chair/Vice Chair)
- Secondary Care Doctor
- Chief Nursing Officer or Deputy Chief Nursing Officer
- Director of Commissioning
- Governing Body GP Clinical Locality Quality Lead
- Public Health representative

Lay members of the Governing Body including the Secondary Care Doctor may request that one of the additional CCG Governing Body lay members may represent them in their absence at Quality Assurance Committee.

The Quality Assurance Committee may co-opt any non-voting Lead Clinicians, Executive or Managing Directors, nominated deputies and lead managers as appropriate.
Note: When a committee member is unable to attend, a nominated formal deputy with sufficient authority **must** attend in their place. It is the responsibility of the committee member to ensure that they ask a deputy to attend. Deputies will have the decision making and voting rights of the person he/she is representing.

Quorum

The Quality Assurance Committee meetings will be quorate when at least 3 core members are present which include: Non-executive lay member (Chair), Chief Nursing Officer (Executive) and a Governing Body GP Clinical Quality Lead (or formal deputies).

A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

Invited members, or those in attendance to the Committee do not have the right to vote.

Frequency of Meetings

The Committee will meet no less than eight times a year with extraordinary meetings held as required.

The Quality Assurance Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Administrator for purposes of transparency and recording. Where a discussion is required, all members must respond, and the administrator will oversee this to ensure that all members are accounted for and an audit trail is evident.

The Quality Assurance Committee may convene a confidential briefing session (referred to as 'Part 2') where it is deemed necessary for the agenda item to be shared only with the voting membership of the Committee (excluding the Public Health representative) in the interest of confidentiality.

This meeting will include as a minimum the lay member of the governing body (Chair), Chief Nursing Officer (Executive) or formal deputy, and Governing Body GP Clinical Quality Lead.

Reporting arrangements

The Chair of the Quality Assurance Committee shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to each of the CCG Governing Body meetings in public. The Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

The committee will have full authority to commission any reports, audits, investigations or surveys it deems necessary to help it fulfil its obligations.

The committee may occasionally be required to hold a Part 2 - confidential section to allow the discussion of sensitive and confidential quality and patient safety information. The minutes of this section will not be published externally.

There will be an annual work plan which will be approved by the committee setting out the regularity with which reports will be provided to the committee and the timetable for reporting.

The committee may investigate, monitor and review any activity within their terms of reference or as directed by the Governing Body. The committee is authorised to seek any information they require from any committee, group, clinician or employee (including interim and temporary members of staff), who are directed to co-operate with any request made by it. It may form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research.

Minutes and reports of the meetings will be produced and held by the Administrator of the Committee, accessible to the Chair and members of the Governance Team. Extracts from minutes will be made public as appropriate under the freedom of information act.

Five days prior to each meeting, the Administrator for the Quality Assurance Committee meeting will ensure that the meeting is quorate. If the meeting is not quorate the Chair must be contacted.

The Chair will escalate any urgent or critical issues, which may put at risk the people who use our service or the reputation of the CCG, to the relevant CCG Executive with immediate effect. Recommendations or action plans will be reported to the appropriate forum; in the case of urgent, critical issues recommendations and action plans will be reported to the relevant Executive Committee.

Conduct of the Quality Committee

The Committee shall conduct its business in accordance with national guidance and relevant codes of practice including the Nolan Principles.

Members of the committee will complete a declaration of interest at each meeting attended. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

The membership shall observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned.

The membership shall maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable.

Risk Reporting

The Quality Assurance Committee will oversee and receive assurance that effective management of risk is in place to address quality issues. It will oversee and review the Board Assurance Framework in respect of all elements of quality.

Where timeliness is of the essence in managing a significant risk or issue, the Chair of the Quality Assurance Committee will be informed of an issue by the quickest possible means (e.g. verbally) and this will be acted upon in accordance with the risk management strategy of the CCG.

Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

The Quality Assurance Committee shall act in accordance with the CCG's scheme of delegation to ensure constitutional compliance, any deviation from this must be brought to the attention of the Governance Team.

It will review regular intelligence in respect of assurance and risk on:

- Quality of services commissioned, including jointly with commissioning partners

- Serious failures in quality
- Serious Incidents including data confidentiality incidents and Never Events
- Performance in respect of incidents, alerts and other clinical governance processes
- Patient experience feedback, including complaints, concerns (actual and trends) including those that go to the Parliamentary Health Service Ombudsman's office
- The CCG's duty in respect of Safeguarding Adults, including people with Learning Disabilities
- The CCG's duty in respect of Safeguarding Children, including Looked After Children (Children in Care) and Children's mental health
- The CCG's duty in respect of quality and safety for Individual Placements, including for people with Learning Disability and Continuing Healthcare
- Infection Prevention and Control and Healthcare Associated Infections (HCAI)
- Medicines Management Governance, including Controlled Drugs and therapeutics
- Clinical Effectiveness and Audit, including NICE guidance/standards
- Specific quality improvement initiatives
- Information Governance
- Research Governance
- Innovation and sustainability
- Workforce planning, CCG staff issues and assurance re Provider staff issues and will also receive ad hoc reports as determined necessary by the committee.
- To receive and scrutinise independent investigation material relating to patient safety issues and agree improvement plans, such as Serious Case Reviews and Homicide Reviews.
- Have oversight of the HCAI/IPC strategy and improvement plans across healthcare in Devon, including wider system work with partners on prevention (e.g. TB, influenza etc.).
- Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- Continuing Healthcare (CHC) including placed people governance, IPP and s117 placements
- Caldicott Guardian
- Learning Disability
- Transforming Care
- LeDeR (Learning Disabilities Mortality Review Programme)
- In recognition that there will be a planned transition over an agreed period of time from the 1st April 2019 with respect to delegated commissioning for primary care, a review of the Quality Assurance Committee Terms of Reference will take place by October 2019 to determine whether changes were required to further reflect quality for primary care.

Administration

The Committee will be formally minuted. Agendas and papers will be available five working days before the meeting is scheduled to take place. A formal attendance and action and decisions log

will be held and reported to each meeting.

Review

An annual effectiveness review will be undertaken by governance as good governance practice and to ensure compliance with the annual governance statement of internal control.

These Terms of Reference will be reviewed on an annual basis or sooner if required through the Governance Team with recommendations made to the CCG's Governing Body for approval.

END

DRAFT

Finance and Performance Committee Terms of Reference	
1. Constitution	
1.1	The Governing Body of NHS Devon Clinical Commissioning Group (the CCG) hereby resolves to establish a Committee of the Governing Body known as the Finance and Performance Committee. The Committee is established in accordance with the CCG's Constitution, Standing Orders and Scheme of Delegation. These Terms of Reference set out the membership, responsibilities and reporting arrangements of the group and shall have effect as if incorporated into the CCG's constitution.
2. Purpose	
2.1	The Finance and Performance Committee is the overarching finance assurance committee. Ensuring that there are robust and functioning systems in place to commission safe, economical and effective treatment and care for patients, and that the experiences of patients are cost effective and positive.
2.2	To provide assurance that the commissioning of services is; evidence based, in line with the strategic objectives of the CCG, and inclusive of national and local requirements.
2.3	Oversee CCG performance against statutory duties and legislation for financial governance, escalating any issues considered to impact on the commissioning of services.
2.4	To provide assurance to the Governing Body and Audit Committee that the CCG is achieving the commissioning, financial and performance elements of its plan. This is to be achieved through judgement, scrutiny, and independent and objective review.
2.5	To have oversight of budget, financial plans and any financial recovery plans.
2.6	Review and approve finance and performance reports prior to submission to the Governing Body.
2.7	To objectively assess and assure the Governing Body that the internal business support services are operating effectively, are responsive to the business need and offer value for money.
2.8	Oversee care pathways and services that support the financial plans and vision of the CCG. Consider clinical quality and safety in all commissioned services and make recommendations to the Quality and Assurance Committee or Governing Body as appropriate.
3. Membership	
3.1	The membership of the Commissioning and Finance Committee will be: • Clinical leads (2) • Non-Executive Directors (2) • Director of Finance • Director of Commissioning

3.2	The role of Chairman and Vice Chairman will be undertaken by either a clinical lead or Non-Executive Director.
3.3	Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
3.4	Membership will be reviewed regularly to adjust for changes as required by the purpose of the Committee.
3.5	The membership of the Committee will be shown in the CCG's Annual Report
3.6	The Committee is empowered to request any other officer employed by the CCG to attend meetings for the purpose of providing advice, clarification, recommendation or explanation in respect of any matter that falls within the responsibilities of the Committee. In this instance attendance shall be by invitation for part of the agenda where relevant to their area of accountability. As necessary, the Committee may also require the production of any document if it relates to the business of the Committee.
4. Quorum	
4.1	A minimum of four will constitute a quorum, provided this includes a Non-Executive Director, the Director of Finance (or nominated deputy), and either the Director of Commissioning (or nominated deputy), or clinical representation. In the absence of the Chair of the Committee, the Non-Executive Director present will chair the meeting.
4.2	When a committee member is unable to attend, a nominated deputy with sufficient authority should be asked to attend where necessary. Deputies will have the decision-making and voting rights of the person he/she is representing.
4.3	A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.
4.4	Where agreed with the Chair, members of the Committee may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting using these methods shall be deemed to constitute presence in person at the meeting.
5. Frequency of Meetings	
5.1	The committee shall meet no less than 6 times a year to carry out its responsibilities. The chair of the committee may call for additional meetings as required.
6. Conduct of the committee	
6.1	The Committee shall conduct its business in accordance with national guidance and relevant codes of practice including the Nolan Principles and the Standards of Business Conduct.
6.2	Members of the committee will complete a declaration of interest at each meeting attended. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.
7. Administration	
7.1	The Finance Directorate will provide administrative support for the Committee under the direction of the Director of Finance. This administrative support shall be responsible for keeping minutes of the meetings and providing any required advice to the Committee.

8. Accountability and Reporting

8.1 The Committee is a Sub-Committee to the Governing Body. Minutes from the meeting will be received by the Governing Body along with a covering report that identifies any specific issues to be brought to the attention of the Governing Body. An annual report of the Committee's performance, membership and Terms of Reference will be submitted to the Governing Body.

8.2 Assurances shall be received from the following:

- Sustainability Transformation Partnership
- QIPP / CIP
- Executive members of the Committee
- Contracting
- Business Intelligence.

8.3 In addition, to fulfil the role of the collaborative business services board the Finance and performance committee will receive periodic assurances from:

- Communications
- Clinical effectiveness and medicines optimisation
- Devon Referral Support Services
- Governance
- Information Management and Technology
- Workforce and organisational development.

8.4 Assurance will also be received regarding the effectiveness of each committee, in full at least annually, and this report will subsequently be presented to the CCGs Audit Committee.

9. Responsibilities

9.1 Treasury Management

- Scrutinising and recommending to the Governing Body the CCG's five-year financial plan and all long term (in excess of one year) borrowing proposals.
- Scrutinising the delegated arrangements for day to day treasury management.
- Scrutinising regular reports from the Director of Finance on transactions undertaken on behalf of the CCG.

9.2 Capital Expenditure

- Monitoring performance against the approved capital plan.
- Scrutinising and recommending to the Governing Body the CCG's proposed five-year capital programme.
- Scrutinising and recommending to the Governing Body the approval of all business cases for expenditure in excess of £2m.
- Scrutinising and approval of all business cases for expenditure between £0.5m and £2m.
- Scrutinise post implementation reviews of business cases for schemes with expenditure above £1m

9.3 Financial Planning

- Review the CCG's proposed annual financial plans and detailed budget to recommend for formal approval by the Governing Body.
- Review the CCG's 'In year' financial position. Receive a detailed report of the financial position and progress towards meeting the targets within the CCG financial plan and approved budgets.
- Where financial plans are off target, monitor progress against these plans ensuring that formal corrective plans are considered at the Committee and presented formally to the Governing Body for approval.
- Implementation and monitoring of recovery schemes. Receive updates on both the financial and activity performance of each scheme.

	• Contract sign off over de-minimus level (relates to procurement, tendering and contracting) to ensure no deviation from plan (the majority of this will be covered via the annual planning and approvals process). • Detailed financial review and formal recommendation to Governing Body in relation to section 75 agreements. • Review how the supporting strategies link to the financial and operational plans. • Sign off financial envelopes • Implement and monitor transformation schemes. Receive updates outlining financial performance, activity and delivery against key performance indicators for each scheme.
9.4	Procurement • Approve the procurement strategy for onward approval by the Governing Body. • Approve the annual procurement plan. • Develop and review procurement policies and procedures for approval by the Governing Body. • Approve decisions to procure through open tender or other approved processes for services with a value in excess of £2m.
9.5	Financial Risks • Active identification and review of mitigations for financial risk within the assurance framework.
9.6	Quality Innovation Productivity and Prevention • Responsible for Quality, Innovation, Productivity and Prevention (QIPP) plan, performance monitoring, and governance.
10. Risk Reporting	
10.1	• Internal - Quality and safety performance. Compliance with Statutory requirements. • External - Provider performance.
10.2	The Committee will review the Finance cut of the assurance framework each month. The agenda will be proportionate to the level of the risk highlighted within the assurance framework, and deep dives will occur on a planned basis into the highest scoring quality risks.
11. Principle Responsibilities	
11.1	The principle responsibilities include but are not limited to; • Prepare the CCG's operational scheme of delegation, which sets out key operational decisions delegated to the Director of Finance • Prepare detailed financial policies that underpin the CCG's prime financial policies • Approve detailed financial policies • Approve arrangements for managing exceptional funding requests • Provide assurance on the financial performance and delivery of any remedial action plans • Review and approval of financial (operational) schemes of delegation authority limits • Financial business cases scrutinised prior to approval • Approval of the CCG's contracts for any commissioning support (in the event this is not provided in-house) – subject to financial limits as set out within the operational scheme of delegation • Approval of the CCG's contracts for corporate support (in the event this is not provided in-house) – subject to financial limits as set out within the operational scheme of delegation • Receive and review proposals and business cases in line with limits as identified in the operational scheme of delegation • Oversight of system savings reports for assurance and comment

12. Process for Monitoring Compliance with Terms of Reference	
12.1	Five days prior to each meeting, the Administrator for the Committee will ensure that the meeting is quorate. If the meeting is not quorate the Chair must be contacted.
12.2	The Chair will escalate any urgent or critical issues, which may put at risk the people who use our service or the reputation of NHS Devon CCG, to the relevant Committee/Persons with immediate effect. Recommendations or action plans will be reported to the appropriate forum; in the case of urgent, critical issues recommendations and action plans will be reported to the CCG Strategic Leadership Committee
12.3	An effectiveness review will be undertaken by the Head of Governance no less than annually.
13. Terms of Reference Review	
13.1	These terms of Reference will be reviewed on an annual basis or sooner if required following an effectiveness review which will be performed in the Spring 2019.

Version	**Approved By**	**Approval Date**	**Next Review Date**

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Risk and Assurance Report					
Date of committee: 25 April 2019 **Date report produced: 16 April 2019**					
Author (s) Name and Title: Theresa Farris, Risk and Governance Manager **Contact Details:** theresa.farris@nhs.net			**Supporting Executive:** **Name and Title:** Simon Tapley, Interim Accountable Officer **Report Approved by:** **Name and Title:** Ginny Snaith, Board Secretary **Date; 16/04/2019**		
Public or Private (Governing Body only):			**Public**	☒	**Private**
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):					
Purpose and scope of report:	**Consultation**		**Approval**	☒	**Information**
Does this report place individuals at the centre?			**Yes**		**No**

Executive Summary:

To inform the Governing Body of NHS Devon CCG of the current position and process regarding risks This report provides assurance that the CCG has effective processes in place to identify, assess, manage and mitigate risk, and informs the Governing Body of the current status of risks. The report details the risk status as at 16 April 2019.

The Risk Register, appendix A captures all risks currently sitting on the corporate risk register in order of risk score, very high to low. These risks have been allocated by the risk owner to a named committee to review and for the Governing Body to be assured that the risks are being adequately managed with Executive oversight.

An assessment of each risk is undertaken by the risk owner and the risk co-ordinator on a schedule appropriate to each risk.

All risks are reviewed by a named committee whose responsibility it is to oversee the committee risks, seek assurance that appropriate controls are in place to manage the risk and actions are in place to reduce the risk score, in accordance with the CCG risk appetite.

Appendix A provides the Governing Body the opportunity to consider the adequacy and effectiveness of the controls and assurances identified, including measures to address gaps in controls and assurances and to identify any further measures that should be taken to manage its risks. The report currently shows risk that were mirrored on the South Devon and Torbay CCG and NEW Devon CCG risk registers. These are being reviewed and duplicates removed. Further development of the risk register is planned to support additional reporting capability and automated prompts to alert risk owners to risk reviews which are overdue.

The Senior Leadership Team discuss risk to ensure that all risks being presented to the committees and the Governing Body are relevant and any issues in relation to reputation, safety, finance or legal compliance can be highlighted that may impact the CCG.

There are currently 54 risks being monitored across the CCG the status of risks at the time of reporting is detailed below of which 11 are scored as very high.

***Risk is scored using a 5x5 matrix which does not produce the following risk scores 7,11,13,14.*

Status at 16 April 2019	
Total Risks	54
Low risks (scored 1 to 3)	
Medium risks (scored 4 to 6)	12
High risks (scored 8 to 12)	31
Very high risks / Significant risk (scored 15 to 25)	11

The risk management framework policy is currently being refreshed to meet the requirements of the CCG and feedback from recent Internal Audit. The Governing Body will receive a risk report in accordance with the constitution, but no less than four times a year.

All risks are linked to one of the CCG corporate objectives which will be used to support the development of the Assurance Framework by identifying where there are risks to the CCG principal objectives.

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

Audit and Assurance Committee
Finance and Performance Committee
Quality and Assurance Committee

Key recommendations and actions requested:

The Governing Body are asked to:

- Note the Risk Register in line with its constitutional obligations, considering the adequacy and effectiveness of the controls and assurances identified in the management of risk including measures to address gaps in controls and assurances and identify any further action that should be taken to manage the key risks.
- Note the very high/significant risks on the risk register as reflected in appendix
- Provide feedback on the format and content of future risk reports to the Governing Body.
-

Reference to other documents or accompanying papers:				
Risk Register				
Have the legal implications been considered?				
Yes				
Equality Impact Assessment:				
Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	No
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?		✓
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will there be a positive benefit to the patients or workforce as a result of the proposed work?		✓
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 4) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**. If a quality and equality impact assessment is not thought to be required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Clinical Commissioning Group

NHS DEVON CCG
Integrated Risk Report

Date produced: 16-04-2019 - 12:12

Produced by: theresa.farris@nhs.net

L = Likelihood | I = Impact

ID	Objectives	Risk Description	Controls	Risk Score	Dates	Action Plan	Assurances Given	Owners	Assurance Score
100	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that the population of Devon will not receive timely access to 999 emergency ambulance care when needed. The impact of this is upon public and professional confidence in the system; patient experience and safety and CCG reputation. (Duplicated on SDT RR - ID 101) (HISTORIC ID: Na)	April 2019 – the SWASFT Executive continues to closely monitor the level of risk on a weekly basis, and this is further reviewed via the Quality Assurance Group. The call stack remains a significant challenge. Two out of the four EDs have undertaken a deep dive end to end review of handover delays (60 mins+) and the remaining two have been prompted that this is an outstanding action: findings will be reported back to the Devon A&E Delivery Board in May 2019 (SZ) March 2019 - the SWASFT executive continues to discuss the level of risk on a weekly basis and ongoing monitoring of the risk continues through the Quality Assurance Group. The Devon A&E Delivery Board have agreed that each ED will undertake a deep dive end to end review of a handover delay of 60 mins plus: this will include information on the call stack at the time in question and will seek to obtain a greater understanding of the challenges associated with handover delays from a quality and safety as well as a system perspective (SZ) February 2019 - The SWASFT executive continue to discuss the level of risk on a weekly basis and ongoing monitoring of the risk continues through the Quality Assurance Group. The risk was discussed by QCiC in January and an action plan developed around CCG public communications and work with the A&E Delivery Boards to reduce handover delays (which will impact upon the level of call stack) (SZ) January 2019 • CCG attendance at SWASFT QSG and IQPMG • CCG attendance at single item QSG • CCG attendance at local and Devon wide A&E Delivery Boards • CCG leading on aspects of Joint Commissioner Action Plan • Weekly CCG internal teleconf to review and discuss • CCG review of SIRIs / complaints and yellow cards pertaining to the risk (NB: CCG controls only. Provider has own controls in place, not detailed here). [Control Gaps] System ownership of risk	20 (L=5 x I=4)	Risk Opened: 21/01/2019 Reviewed: 03/04/2019	[21/01/2019] CCG review of SIRIs/Complaints and Yellow Cards pertaining to the risk, [21/01/2019] CCG leading on aspects of Joint Commissioner Action Plan,	April 2019 – Two out of the four EDs have undertaken a deep dive end to end review of handover delays (60 mins+) and the remaining two have been prompted that this is an outstanding action: findings will be reported back to the Devon A&E Delivery Board in May 2019 (SZ) January 2019 • Provider risk register & weekly Exec level reviews • Meeting notes • Action plan progress notes [Assurance Gaps] System ownership of risk	Executive Lead: Lorna Collingwood-Burke Owner: Sarah Zanoni	11

101	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that the population of Devon will not receive timely access to 999 emergency ambulance care when needed. The impact of this is upon public and professional confidence in the system, patient experience and safety and CCG reputation. (Duplicated on NEWD RR - ID100) (HISTORIC ID: Na)	April 2019 – the SWASFT Executive continues to closely monitor the level of risk on a weekly basis, and this is further reviewed via the Quality Assurance Group. The call stack remains a significant challenge. Two out of the four EDs have undertaken a deep dive end to end review of handover delays (60 mins+) and the remaining two have been prompted that this is an outstanding action: findings will be reported back to the Devon A&E Delivery Board in May 2019 (SZ) March 2019 - the SWASFT executive continues to discuss the level of risk on a weekly basis and ongoing monitoring of the risk continues through the Quality Assurance Group. The Devon A&E Delivery Board have agreed that each ED will undertake a deep dive end to end review of a handover delay of 60 mins plus: this will include information on the call stack at the time in question and will seek to obtain a greater understanding of the challenges associated with handover delays from a quality and safety as well as a system perspective (SZ) February 2019 - The SWASFT executive continue to discuss the level of risk on a weekly basis and ongoing monitoring of the risk continues through the Quality Assurance Group. The risk was discussed by QCiC in January and an action plan developed around CCG public communications and work with the A&E Delivery Boards to reduce handover delays (which will impact upon the level of call stack) (SZ) January 2019 • CCG attendance at SWASFT QSG and IQPMG • CCG attendance at single item QSG • CCG attendance at local and Devon wide A&E Delivery Boards • CCG leading on aspects of Joint Commissioner Action Plan • Weekly CCG internal teleconf to review and discuss • CCG review of SIRIs / complaints and yellow cards pertaining to the risk (NB: CCG controls only. Provider has own controls in place, not detailed here). [Control Gaps] System ownership of risk	20 (L=5 x I=4)	Risk Opened: 21/01/2019 Reviewed: 03/04/2019	[21/01/2019] CCG review of SIRIs/Complaints & Yellow Cards pertaining to the risk, [21/01/2019] CCG leading on aspects of Joint Commissioner Action Plan ,	April 2019 – Two out of the four EDs have undertaken a deep dive end to end review of handover delays (60 mins+) and the remaining two have been prompted that this is an outstanding action: findings will be reported back to the Devon A&E Delivery Board in May 2019 (SZ) January 2019 • Provider risk register & weekly Exec level reviews • Meeting notes • Action plan progress notes [Assurance Gaps] System ownership of risk	Executive Lead: Lorna Collingwood-Burke Owner: Sarah Zanoni	11
97	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that the Mayflower procurement will not be successful within the global sum. The impact of this is that there could (a) be no provider, (b) continue with emergency framework or (c) have to top up the contract value. (HISTORIC ID: Na)	Currently going through engagement and development phase of new procurement, which is being linked into the wider Western system services procurement [Control Gaps] None	16 (L=4 x I=4)	Risk Opened: 27/11/2018 Reviewed: 11/04/2019	[11/04/2019] 18 Dec 18 - market engagement sessions held with providers. Ability to identify opportunity and issues to inform procurement process. 29 Jan 19 - Work is being undertaken to look at the ability to align this with the Integrated Care Provider procurement with the aim to mitigate the risk. Apr 19 - work on procurement continues,	Joint Operational Group between CCG and NHS England Oversight Group involving Plymouth City Council, CCG and NHS England Governance structure - linking into Integrated Care Provider [Assurance Gaps] None	Executive Lead: Mark Procter Owner: Kirsty Lewis	11

9	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that due to current and forecast significant challenges, the sustainability of general practice (including workforce, demand and capacity) is severely affected. The impact is that the delivery of general practice is compromised and all areas of the healthcare system could be affected. (HISTORIC ID: 151)	Primary Care Joint Commissioning Committee Transforming Primary Care Group [Control Gaps] No gaps identified	16 (L=4 x I=4)	Risk Opened: 04/08/2015 Reviewed: 11/04/2019	[05/02/2019] Feb 19 - The GP framework associated with the long term plan, having been released, is being reviewed for opportunities to further mitigate this risk Apr 19 - Work continues to support practices in working closer together and with wider parts of the system and also building on the skill mix development as outlined in the contract reform, [06/12/2017] 30/03/2016 all localities now confirm actions and progression towards working at scale to mitigate. 27/10/15 This risk has been amended following discussion at the Primary Care Joint Commissioning Committee on the 13th October 2015. The committee agreed that Risk 50 and Risk 151 were very similar and one should be closed. Risk 50 to be closed. Work with the Integrated Care Organisation to establish broader based models of care. NHSE led practice resilience toolkit CCG actively engaged in negotiating General Practice Resilience Programme MoU with NHSE in anticipation of allocation release Will form a key strand of our General Practice Forward View plan. Some Torquay based at scale resilience discussions back on track. December 2017: A further four practices now have articulated plans to move to a more robust position during 18/19.,	Encouraging collaborative working on a locality basis to establish increased resilience. Work with the Integrated Care Organisation to establish broader based models of care. NHSE led practice resilience toolkit Successful Primary Care Development Fund bids to enable development of sustainable models Heatmap devised to identify vulnerable GP practices Merge request received involving one of the practices we identify as being under particular pressure in this regard. [Assurance Gaps] No gaps identified	Executive Lead: Mark Procter Owner: Paul Baker	9
2	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that the 95% of people seen 4hour wait standard in A&E is not met at Torbay and South Devon NHS Trust which may impact on achievement of national standards and patient experience (and risk of handover delays from the ambulance to A&E department - Ambulance Handover issue see Risk 110). (HISTORIC ID: 91)	Revised trajectory agreed. Following CQC letter, revised action plan in place. Monitored through fortnightly urgent care improvement and assurance meetings - CCG attends. Weekly performance metrics produced by trust to show progress against time to initial assessment, time to treatment and frequency of observation. SRG agreed trajectory for improvement on 4 hour wait with trust (combined ED and MIU). STF trajectory agreed. Improvements monitored through TSD flow board and AE delivery board. Weekly performance metrics produced by trust to show progress against time to initial assessment, time to treatment and frequency of observation. Daily monitoring of performance against STF trajectory on daily escalation briefing. Jun 18 - Improvement plan drafted Learning has been gathered from local system hard resets. [Control Gaps] No gaps identified	16 (L=4 x I=4)	Risk Opened: 11/02/2014 Reviewed: 09/10/2018	[09/10/2018] Jun 18 - Improvement plan has been drafted with aim of improving performance within the 4 hour wait for ED.Learning has been gathered from local system hard resets. Oct 18 - work continues on this , [04/06/2018] Apr 18 - OPEL 4 declared on 4 occasions (10 days in total) in March 18. Performance was below target at 73% (95% was the national target for March). May 2018 - The Trust held an extra-ordinary meeting of the patient flow board to discuss priorities to "re-set" the local urgent care system., [25/04/2018] Apr 18 - OPEL 4 declared on 4 occasions (10 days in total) in March 18. Performance was below target at 73% (95% was the national target for March).,	Monthly reporting to Commissioning and Finance Committee, Senior Leadership Team and Governing Body in place. Daily reporting to CCG On Call Director and others as part of daily escalation processes. Weekly SIT reps to NHS England Board to board meetings. August 2016 onwards urgent care board becomes A&E delivery board, chaired by Liz Davenport System Lead for UEC. Patient flow Board meeting monthly to discuss issues. [Assurance Gaps] No gaps identified	Executive Lead: Simon Tapley Owner: Christine Branson	8

67	To make continued improvements in performance against core standards to deliver measurable results	If as a result of waiting longer for outpatient appointments and/or if any subsequent delays to diagnostic tests or first definitive treatment which may be clinically inappropriate, there is a risk of harm to patients (HISTORIC ID: 152)	Initial audit of clinical effectiveness of recently published NICE Tags to be undertaken. Initial assessment of increase in activity is 500 additional patients treated per annum per Trust. Full assessment of impact to be undertaken to allow development of controls and mitigation. Cancer performance meetings schedule changed June 18 to allow board scrutiny of updated plans. (Reviewed 19/03/19 no change) [Control Gaps] 1. Impact of operational status. 2. Patient choice 3. Impacts of adverse weather conditions. 4. Difficulties in recruiting to vacancies 5. Increasing referrals for Urology and Colorectal specialities impacting 2ww target having a knock on effect. (Reviewed 19/03/19 no change)	16 (L=4 x I=4)	Risk Opened: 13/10/2015 Reviewed: 03/04/2019	[03/04/2019] 1. STP wide discussions on-going on 62/7 standard 2. Trust board met May 18 and completed a hard reset of the recovery plans following winter pressures and increase in referrals. 3. Performance Oct 76.6% Nov 75.5% Dec 79.2% Jan 68.5% Feb 74% (tbv) 4. Updated recovery plan board approved and circulated Standard will not be achieved in 18/19. Revised trajectory. Indicates recovery now achievable in Feb 2020. Ongoing discussion with provider to understand what is required to reach the standard in 2019/20. 5. System wide cancer workplan approved which covers system recovery for high referring specialities with funded project resources. 6. Radiology contract notice given by SPECCOM. Action plan in place. 7. CQC contact notice for diagnostics give. Action plan in place. Reviewed changed 19/03/19 , [04/12/2018] 1. STP wide discussions on-going on 62/7 standard 2. Trust board met May 18 and completed a hard reset of the recovery plans following winter pressures and increase in referrals. 3. Performance January 79.5% February 78% March 82% April 76.1% May 82% June 77% July 74%.Aug 73%. Sept 71.4%. 4. Updated recovery plan board approved and circulated 20/7/18 will now not be achieved based on November revised trajectory. 5. System wide urology recover plan in development. 6. Radiology contract notice given by SPECCOM. Action plan in place. 7. CQC contact notice for diagnostics give. Action plan in place. 8. Funding of £67k to support improvements in the prostate pathway approved from the Fry/Turnbull funding and released to Trust. (Reviewed 23/11/18) , [06/11/2018] 1. Trust board met May 18 and completed a hard reset of the recovery plans following winter pressures and increase in referrals. 2. Performance January 79.5% February 78% March 82% April 76.1% May 82% June 77% July 74%.Aug 70.9% Sept 70.7%. 3. Updated recovery plan and trajectory submitted 2/11/18 with recovery in current year not achieved March 19 at 79.8%. 4. System wide STP turnaround plan to be discussed with regulators 8/11/18. 5. Funding submission to provide additional capacity in prostate services via NHSE pending approval in November. (Updated 01/11/18) , [05/07/2018] 1. STP wide discussions on-going on 62/7 standard 2. Trust board met May 18 and completed a hard reset of the recovery plans following winter pressures and increase in referrals. 3. Performance January 79.5% February 78% March 82% April 76.1% May 82% June 77% July 74%. 4. Updated recovery plan board approved and circulated 20/7/18. 5. System wide urology recover plan in development. 6. Radiology contract notice given by SPECCOM. Action plan in place. 7. CQC contact notice for diagnostics give. Action plan in place. Reviewed 25/09/18 no change,	1. Monitored through contract review meetings 2018/19 2. Reviewing breach analysis processes for cancer patients. 3. On-going: PHNT tracking and review of delayed patients- robust process and clinical lead oversight with commissioner attendance at these performance meetings. 4. Increased board oversight of plans implemented June 2018 5. RAP plan updated being submitted monthly with additional scrutiny agreed between CCG and NHSI Reviewed changed 19/03/19 [Assurance Gaps] Impact of general operational pressures including diagnostic capacity, theatre space and in-patient beds. Links to diagnostics plans. Sustained increase in Urology and colorectal 2ww referrals placing recovery at risk. Trend being monitored by provider and CCG. Trust action plan in place. CQC notice in place for diagnostics. Updated RAP received by CCG with a revised trajectory for March 2019 indicating non achievement of the target at 79.8% against a previous predicted performance of 85.4%. Reviewed changed 19/03/19	Executive Lead: Simon Tapley Owner: Fiona Phelps	11

68	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that due to current and forecast significant challenges, the sustainability of general practice (including workforce, demand and capacity) could be adversely affected. The impact is that the delivery of general practice is compromised and all areas of the healthcare system could be affected. (HISTORIC ID: 344)	NHS England as Commissioner. NHS England and CCG in partnership ('Greater Involvement') with joint Director of Primary Care 4-weekly meetings of the Western System Primary Care Partnership. Wide representation from commissioners and providers including groups of practices. This group holds collaborative responsibility for delivering the Primary Care Improvement Plan. The Primary Care Improvement plan is reported to the Western System Improvement Board. Action Plan: The Western (system) Primary Care Improvement Plan has been developed in line with the STP strategy for general practice –and is being implemented through eight resourced programmes / work streams. Current Actions within Workforce work stream (example from one of eight work streams): High profile marketing campaign to raise awareness of health career options in Primary and Community Care (April '18 Development of Plymouth wide Primary Care vacancy website (March '18) Plymouth is a priority area for the first wave of recruits from the GP International Recruitment Scheme (August '18) Group Peer Support National Project, support system for new GP's to area. &Working with Plymouth University to set up local support (April '18) Productive General Practice Quick Start Programme. CCG commissioned bespoke package (April '18) [Control Gaps] Current and forecast significant challenges to sustainability of general practices including workforce, demand and capacity Variable and limited capacity in general practice and practice groups to transform to improve sustainability and enable system wide developments without support In part a lack of evidenced change to new models Lack of proven ability to plan and mitigate for high risk failure in primary care Resource requirements for future transition to Joint Commissioning being clarified	16 (L=4 x I=4)	Risk Opened: 25/11/2016 Reviewed: 11/04/2019	[05/02/2019] Feb 19 - The GP framework associated with the long term plan, having been released, is being reviewed for opportunities to further mitigate this risk Apr 19 - work continues to support practices in working closer together and with wider parts of the system and also building on the skill mix development as outlined in the contract reform, [25/06/2018] • The Western (system) Primary Care Improvement Plan is being implemented through eight resourced programmes / work streams. • GP International Recruitment Scheme. Three candidates offered positions on the GPIRS following interviews and educational needs assessments • NHS England and Western Locality are working closely with Plymstock Practices, all of which currently have capped lists • Stoke Surgery – List closed since April 2018 • Mannamead Surgery List now open but with reduced boundary • Mayflower Contract in place (Access) until March 2019 • Current GP vacancies (Plymouth) as at 20/07 – Headcount 24, WTE 20.75 ,	Reported through Primary Care Partnership (as of Dec 17) and the Western Locality System Improvement Board NHS England as commissioner [Assurance Gaps] No known gaps in assurance.	Executive Lead: Mark Procter Owner: Paul Baker	10

95	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	No Third Party Delegation Process in use within some localities. There is a risk that NHS providers who do not utilise and support a third party delegation framework or process for level 3 patient/client interventions are unable to support patient choice or the personalisation/Integrated Personalised Commissioning (IPC) agenda. This leads to Registered Nurse packages of care being required to enable the patient/client to remain at home. The impact of this is: • Financial impact to the CCG as care package costs are significantly higher as only care providers with Registered Nursing are used to meet the patient/client needs. • Health and care services are unable to support patient choice or the wider personalisation agenda. • Inhibits the delivery of integrated care models eg 'care closer to home' • Continuity of care compromised for the patient/client as may have multiple agencies commissioned in delivering care. A third party delegation framework enables nursing care interventions to be safely and effectively delegated to another provider. It ensures carers can be given education and training to deliver specific interventions to a named patient/client. (HISTORIC ID: Na)	April 2019 - The draft guidance has been updated following comments received. This updated guidance has been circulated to the task and finish group. Feedback due back in April 2019. A final draft will be produced for sign off by Associate CNO (LW). Final distribution May 2019 (SBe) February 2019 - Comments have been received back from providers with regards to Third Party Delegation. These comments need to be considered and incorporated into the draft document. This will then be re-circulated for comment before final sign-off. SBe hopes for it to be recirculated by mid-March with a view to ratify in April (SBe) January 2019 - LW met with members of the CCG and wider provider community to agree a way forward with the development of Third Party delegation guidance. It was generally agreed that an overarching STP guidance document would be helpful. A draft document had been circulated - it was agreed to re-circulate this for further comment during Jan 19 with a view to being finalised in Feb 2019 (SBe) December 2018 - The Task & Finish Group is due to meet on the 17/12/18 and will be led by the CCG. A draft set of guidance has been produced for discussion. Attendance at the meeting from representatives from NHS providers (SBe) October 2018 - LCB, CG & LW to have a planned discussion to ensure consistency of approach in communicating third party delegation issues (LW) August 2018 - To maintain safe patient/client care in the absence of a third party delegation framework, care agencies providing Registered Nursing are sourced and commissioned & CHC and IPP costs are closely monitored and reviewed so identification of those individuals where third party delegation could be used is achievable (LW) [Control Gaps] November 2018 - LW is awaiting task & finish group attendees to be identified and meeting arranged (LW) August 2018 - Overarching system guidance policy not yet in place, Wider communication needed at senior/executive level and with NHSE – planned for next Director of Nursing meeting with NHS England – briefing paper to be provided & wider discussion and support is needed to enable providers to move to the implementation of third party delegation processes (LW)	15 (L=5 x I=3)	Risk Opened: 22/08/2018 Reviewed: 12/04/2019	[22/08/2018] CHC team to consider a review of those cases where care interventions could be delivered within a third party delegation process and estimate financial implications (potential cost savings) of these, [22/08/2018] Discussion at NHSE DoN's meeting - briefing paper to be provided - this will also prompt and enable local commissioner/ provider discussions to occur, [22/08/2018] Guidance Policy in development - first draft to be reviewed/consulted A draft document has been circulated - it was agreed to re-circulate this for further comment during Jan 19 with a view to being finalised in Feb 2019 The draft guidance has been updated following comments received. This updated guidance has been circulated to the task and finish group. Feedback due back in April 2019. A final draft will be produced for sign off by Associate CNO (LW). Final distribution May 2019 (SBe) , [22/08/2018] A series of workshops are being planned that will enable staff working in frontline operational teams to gain knowledge and confidence in third party delegation,	March 2019 - The draft guidance is in the process of being finalised and will be circulated by mid March for comment, with the aim of receiving comments back by the end of March 2019 (SBe) February 2019 - Comments have been received back from providers with regards to Third Party Delegation. These comments need to be considered and incorporated into the draft document. This will then be re-circulated for comment before final sign-off. SBe hopes to get this recirculated by mid-march with a view to ratifying in April (SBe) January 2019 - LW met with members of the CCG and wider provider community to agree a way forward with the development of Third Party delegation guidance. It was generally agreed that an overarching STP guidance document would be helpful. A draft document had been circulated - it was agreed to re-circulate this for further comment during Jan 19 with a view to being finalised in Feb 2019 (SBe) December 2018 - The Task & Finish Group is due to meet on the 17/12/18 and will be led by the CCG. A draft set of guidance has been produced for discussion. Attendance at the meeting from representatives from NHS providers (SBe) October 2018 - Draft copy of Third Party Delegation policy submitted for review and probably amended to a 'guidance document' which would be beneficial for our providers also. Next stage to pull a task & finish group together to finalise the document (LW) September 2018 - This risk is additionally being raised through the regional Director of Nursing group. This is to escalate the issue to learn from good practice elsewhere. A briefing paper has been written to support this risk (SBe) August 2018 - An overarching guidance policy is in development and will give providers examples of operational policy requirements that can be used to support them, robust third party delegation frameworks are in place in some localities (Torbay, South Devon) and other areas eg Cornwall supported by the providers own policy/framework and this promotes patient choice, reduces demand on mainstream community nursing services and reduces care package costs & professional regulatory bodies eg NMC support safe and effective third party delegation (L:W) [Assurance Gaps] None identified	Executive Lead: Lorna Collingwood-Burke Owner: Carol Green	10

102	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that the number of DPTs overdue RCA Serious Incident (SI) reports might affect the embedding of learning and improvement. The impact of this to the CCG is a lack of assurance that patient safety improvements from incident learning are identified and actioned in a timely way. (HISTORIC ID: Na)	April 2019 - written report from DPT received that includes the trajectory and added to the agenda for the Quality Assurance Committee (formally QCiC). In addition SP meeting with the DDoN on a monthly basis to track improvements (SP) March 2019 - report received from DPT DoN to outline the trusts action/improvement plan. The CCG Quality Committees in Common are reviewing this at the March 19th meeting. The CCG continue to report this as a risk in our monthly quality assurance framework and flash report for this provider (LW/VC) DPT report and update the risk through the Quality & Safety committee. The provider and Safety Systems monitor and report on the status of overdue incidents. Concerns escalated through flash report that goes to CCG QCiC. DPT attended QCiC & provided a verbal report on the management of overdue SI's and the written report was to be submitted [Control Gaps] Assurance still lacking at QCiC due to the written report on the management of SI's not being submitted – CCG chasing	15 (L=5 x I=3)	Risk Opened: 25/01/2019 Reviewed: 12/04/2019	[25/01/2019] Written report around the implementation of improvements including the SI process to be provided to QCIC in February 2019 Rationale for closure: Written report received from DPT that includes the SI process and trajectory and added to the agenda for the next Quality Assurance Meeting (previously QCiC). In addition SP meeting with the DDoN on a monthly basis to track improvements, [25/01/2019] Request to provider to provide a trajectory for reducing overdue numbers. Assurance requested about the quality of 72hr reporting. Provider and CCGs to monitor these. Rationale for closure: Written report from DPT including the trajectory received and on the agenda for the next Quality Assurance Meeting as required by this risk. In addition SP meeting with the DDoN on a monthly basis to track improvement ,	February 2019 - CCG received assurance from the DON DPT regarding actions to address the SI backlog (SP) The CCGs and provider monitor overdue serious incident reporting. Reporting is completed by the provider and the CCGs report progress through QCIC. Risk identified on the provider risk register and is currently scored at 16 - this is monitored at the Quality & Safety Meeting that the CCG Associate Director of Nursing (N&E) attends [Assurance Gaps] Action planning for overdue incidents is not visible whilst overdue. The quality of 'immediate' 72hr reporting is important in assuring that identified safety issues have been implemented.	Executive Lead: Lorna Collingwood-Burke Owner: Simon Polak	10
103	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that the number of DPTs overdue RCA Serious Incident reports might affect the embedding of learning and improvement. The impact of this to the CCGs is a lack of assurance that patient safety improvements from incident learning are identified and actioned in a timely way. (HISTORIC ID: Na)	April 2019 - Written report received from DPT that includes the trajectory and is on the agenda for the next Quality Assurance Committee (previously QCiC). In addition SP meeting with the DDoN on a monthly basis to track improvements (SP) March 2019 - the report received from DPT DoN to outline the trusts actions/improvement. The CCG Quality Committees in Common are reviewing this at the March 19th meeting. The CCG continue to report this as a risk in our monthly quality assurance framework and flash report for this provider (LW/VC) DPT report and update the risk through the Quality & Safety committee. The provider and Safety Systems monitor and report on the status of overdue incidents. Concerns escalated through flash report that goes to CCG QCiC. DPT attended QCiC & provided a verbal report on the management of overdue SI's and the written report was to be submitted [Control Gaps] Assurance still lacking at QCiC due to the written report on the management of SI's not being submitted – CCG chasing	15 (L=5 x I=3)	Risk Opened: 25/01/2019 Reviewed: 12/04/2019	[25/01/2019] Written report around the implementation of improvements including the SI process to be provided to QCIC in February 2019 Rationale for closure: written report received from DPT including the SI process and trajectory and has been added to the agenda for next Quality Assurance Committee (formerly QCIC) as required by the risk. In addition I am meeting with the deputy director of nursing monthly to track improvement, [25/01/2019] Request to provider to provide a trajectory for reducing overdue numbers. Assurance requested about the quality of 72hr reporting. Provider and CCGs to monitor these. Rationale for closure: Written report received from DPT including the trajectory and has been added to the agenda for next Quality Assurance Committee (previously QCIC) as required by the risk. In addition I am meeting with the deputy director of nursing monthly to track improvement ,	February 2019 - CCG received assurance from the DON DPT regarding actions to address the SI backlog (SP) The CCGs and provider monitor overdue serious incident reporting. Reporting is completed by the provider and the CCGs report progress through QCIC. Risk has been identified on the provider risk register, currently scored at 16 and monitored at the Quality & Safety Meeting that the CCG Associate Director of Nursing (N&E) attends [Assurance Gaps] Action planning for overdue incidents is not visible whilst overdue. The quality of 'immediate' 72hr reporting is important in assuring that identified safety issues have been implemented.	Executive Lead: Lorna Collingwood-Burke Owner: Simon Polak	10

8	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that Providers will not meet their response times for requests for contributions to Education Health Care Plans, from Devon County Council and Torbay Council. The impact of this is that Children Young People and families don't get their plans within the statutory timeframe, or that plans are sent out incomplete to meet timeframes and have to be redrafted once health information has been submitted, causing duplication in the system that children's needs are not addressed in a timely way. The CCG/ health will be assessed as one element of any local area inspection for SEND. (HISTORIC ID: 230)	Nov 2017 - action plan agreed and updated via JTWG. Feb 18 - Devon Special Educational Needs and Disability (SEND) IB has own risk register. DCC has a SEND Improvement Board which CCG commissioners sit on. DCC has an Operational Delivery Group, which SDTs Designated Medical Officer attends. TC has strategic and Operational delivery groups which commissioners/ providers attend. DCC has a quality assurance audit planned in early 2018. Commissioners have established a health provider group, to focus on addressing health needs. Clarity has been gained on legal position of CCGs. DMOs are in place across the STP Multi agency training has been offered to health providers -supported by DMOs. In addition the DMO has attended specific professional group meetings to look at improving the health contribution of plans. CCGs have agreed to share Education Health and Care Plans (EHCP) SAF data on a shared portal DCC use a panel process which commissioners have been involved in to look at individual EHCPs. Oct 18 - DCC have implemented new weekly moderation process for s selection of plans TC have implemented monthly deep dive audit t consider the content on plans. SDIP agreed with VCL for South Devon, currently going through contracting. Action Plan agreed with TSDFT. Both for 2018/19. [Control Gaps] Provider resources are limited to support the SEND agenda and staff involved are also key to the reprocurement of children's community health services. Requests often come though in spikes and additional clinics can not be provided at short notice. DMO time is limited and what is commissioned isn't enough to meet the draws on this time. Panels are weekly which is a capacity issue for commissioners, attendance will be delegated to providers in 2018. Providers submissions need to be improved to lessen the chance of EHCPs being taken to tribunal.	15 (L=5 x I=3)	Risk Opened: 25/07/2017 Reviewed: 09/10/2018	[09/10/2018] ICO have been asked for a more detailed action plan Nov 17 - Action plan has been agreed with the ICO ICO have reported that Speech and Language Therapy (SALT) responses are now being returned during the agreed timeframe. ICO have reported that by mid October all Children and Young People (CYP) awaiting a paediatric appointment will have been offered a slot and future bookings will have moved to within required time scales. Feb 18 - Both DCC and TC have engaged directly with providers. Commissioners have developed an action plan with TSDFT, this is being monitored through JTWG. Commissioners are developing an STP wide proposal for the Designated Medical/ Clinical Officer roles which would support the improvement to the content of plans. SDT CCG to meet with DfE and NHSE in February to discuss issues/ solutions for Torbay. A similar meeting will be replicated for Devon later in 2018. CCGs have agreed to take part in a joint project with the Council for Disabled Children, to review what data we should collect from providers to gain an accurate picture of our local SEND services. This work is being led by PCC. May 18 - Service Development Improvement Plans to be agreed with Virgin Care Ltd and TSDFT - other providers in Devon will need similar agreements. Functions of DMO/ DCO to be reconsidered across the STP footprint. October 2018 - SDIP agreed with Virgin Care L for South Devon, currently going through contracting. Action Plan agreed with TSDFT. Both for 2018/19. Options paper to reconsider DMO options across the STP to be drafted, in light of increased concerns around the response of health services to tribunal and mediation requests for EHCPs (Education Health Care Plans).,	Nov 17 -TSDFT have provided assurance that 6 week deadlines are being met. Meeting scheduled between Torbay Council and TSDFT in November. Both DCC and TC have engaged directly with providers. Commissioners have developed an action plan with TSDFT, this is being monitored through JTWG. Commissioners are developing an STP wide proposal for the Designated Medical/ Clinical Officer roles which would support the improvement to the content of plans. SDT CCG to meet with DfE and NHSE in February to discuss issues/ solutions for Torbay. A similar meeting will be replicated for Devon later in 2018. CCGs have agreed to take part in a joint project with the Council for Disabled Children, to review what data we should collect from providers to gain an accurate picture of our local SEND services. this work is being led by PCC. TSDFT have appointed an EHCP co-ordinator to improve the response from health services. DCC has appointed a health and social are co-ordinator to support the co-ordination of health information in drafting EHCPs. [Assurance Gaps] CHIS Team provide a single point of contact at the ICO, from April 2018 the CHIS will no longer be provided by TSDFT, so an alternative SPoC will need to b provided. Nov. 17 - Torbay Council report 6 week deadlines are not being met consistently and report a 0% return rate for 6 weeks for Speech and Language Therapy (SALT). Commissioners regularly quality assure EHCP plans for DCC - there are a number of issues with the content of health provided submissions.	Executive Lead: Simon Tapley Owner: Jo Hooper	8

104	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that the CCG does not have the required resource to effectively administer Datix which is used to deliver a number of functions including statutory requirements. In addition, it has been identified that there is no governance infrastructure. The impact of this is the likelihood of user error and inconsistency with the use of application due to lack of training. There will also be a financial cost to increase the modules within Datix and source the appropriate level of resource to effectively manage the system. (HISTORIC ID: Na)	April 2019 - A meeting has taken place with the Head of Solution Delivery Delt Shared Services Ltd. to scope a business plan which will highlight the full requirements of a system and its resource required for the CCG to manage and coordinate the functions identified. Delt to produce a business plan to ensure all identified users are provided with a Datix account and introduced to the system (LD) [Control Gaps] April 2019 - The impact of having only two identified staff members (not amounting to a WTE post) supporting the DATIX information system is that there is no resilience in place across the CCG to maintain or develop the framework required to properly support a significant number of critical information, in line with current business continuity arrangements. Identified functioned required on Datix which have yet to begin including: • Corporate Risk Register • CCG Internal Incidents • Continuing Healthcare (CHC) • Significant Event Audits (Primary Care) • QEIA • Safeguarding: o Operations o Suspensions o Allegation Management o Care Intelligence o Deprivation of Liberty o Looked After Children • Claims (to be developed or deleted?) Identified gaps are reviewed regularly to ensure the business need for the functions required on Datix have not changed and to prioritise them in order of requirement once resource is available.	12 (L=4 x I=3)	Risk Opened: 09/04/2019 Reviewed: 09/04/2019	[09/04/2019] To ensure all identified users are provided with a Datix account and introduced to the system, [09/04/2019] To ensure all identified users are provided with a Datix account and introduced to the system, [09/04/2019] To complete a baseline assessment, [09/04/2019] DELT to produce a business plan,	April 2019 - The system continues to function, providing key information for the following statutory duties: • Serious Incidents • Patient experience o Complaints o Patient advice and concerns o Friends and Family Test data (for the purpose of reporting) o Care opinion feedback data (for the purpose of reporting) o Yellow Cards • Safeguarding o Adults o Children • Quality and Equality Impact Assessment (QEIA) Baseline assessment to be completed (LD) [Assurance Gaps] April 2019 - A baseline assessment is required of the key information that flows through Datix to help understand what governance requirements are required (LD)	Executive Lead: Lorna Collingwood-Burke Owner: Emma Greenslade	10
96	To improve collaborative working arrangements with communities promoting self-care, prevention and make continuous improvements in health and wellbeing for the population of Devon	There is a risk that Devon continues to have a high avoidable amputation rate. The impact of this can have a considerable personal impact on the patient as well as a financial impact on the health and care system. (STP Wide risk - See Risk 77 on NEW Devon risk register) (HISTORIC ID: Na)	Action plans have been developed as part of the Diabetes Transformation Programme. These are wide ranging and comprehensive and are available on request covering all 3 elements of the pathway, prevention and self-help; achievement of treatment targets and NICE NG28 and compliance with NG19 for MDFT. Reported on Quality improvement group dashboard. Internal reporting via Diabetes delivery Board which reports to Long Term Conditions Board Additional ad hoc reporting to Exe [Control Gaps] None identified	12 (L=4 x I=3)		[06/11/2018] Risk reporting committee changed to Quality Committee with agreement of Executive Lead ST,	Close scrutiny of data and finances to demonstrate changes in care and pathways occurring Investment in staff are enacted and activity monitored [Assurance Gaps] Long delays in getting national data returns back (NDA) making it hard to monitor	Executive Lead: Simon Tapley Owner: Pru Fong	9
98	To empower, motivate and maximise staff expertise and knowledge by harnessing our most important asset – our staff	There is a risk that following restructure in 2018 there be a lack of workforce Capacity within the CCGs. The impact of this is that the CCGs are unable to deliver on all aspects of their corporate objectives see risk 99 SDT CCG (HISTORIC ID: Na)	Restructure now completed and all directorates are filling remaining vacancies Regular review and prioritisation of work done at Exec team In conjunction with STP team, ensuring no duplication across commissioning business as usual functions and redirection of resource to other priorities as appropriate [Control Gaps] no gaps identified	12 (L=3 x I=4)	Risk Opened: 08/01/2019 Reviewed: 14/03/2019		review about to get underway to review this area as an initial benchmark against which mitigating actions can be derived. Restructure now completed and all directorates are filling remaining vacancies Regular review and prioritisation of work done at Exec team In conjunction with STP team, ensuring no duplication across commissioning business as usual functions and redirection of resource to other priorities as appropriate. [Assurance Gaps] no assurance gaps identified	Executive Lead: Andrew Millward Owner: Piers Tetley	9
99	To empower, motivate and maximise staff expertise and knowledge by harnessing our most important asset – our staff	There is a risk that following restructure in 2018 there be a lack of workforce Capacity within the CCGs. The impact of this is that the CCGs are unable to deliver on all aspects of their corporate objectives see risk 98 (NEWD CCG) (HISTORIC ID: Na)	Restructure now completed and all directorates are filling remaining vacancies Regular review and prioritisation of work done at Exec team In conjunction with STP team, ensuring no duplication across commissioning business as usual functions and redirection of resource to other priorities as appropriate [Control Gaps] no gaps identified	12 (L=3 x I=4)	Risk Opened: 08/01/2019 Reviewed: 14/03/2019		Review about to get underway to review this area as an initial benchmark against which mitigating actions can be derived. Restructure now completed and all directorates are filling remaining vacancies Regular review and prioritisation of work done at Exec team In conjunction with STP team, ensuring no duplication across commissioning business as usual functions and redirection of resource to other priorities as appropriate [Assurance Gaps] no gaps identified	Executive Lead: Andrew Millward Owner: Piers Tetley	9

70	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that harm could be increased if there is a delay in a patient accessing diagnostics. The impact is that the RTT/future treatment pathway will be compromised. CT risk is reducing however MRI and Echo risk has increased dramatically (HISTORIC ID: 84)	1. MRI breaches decreased from 404 to 260 in Oct-18. Large number of breaches due to increase in inpatient demand. 2. CT breaches decreased from 195 to 60 3. Alternative capacity for ultrasound is continuing to be explored and referral mechanism being reviewed to allow equitable waits between acute and AQP providers 4. CCG attendance at weekly diagnostic meetings (updated 03/12/2018) Updated - 16/04/2019 - the number of MRI breaches has reduced significantly – from 629 in April 2018 to 94 in Feb '19; CT breaches also reduced – from 310 in April '18 to 8 in Feb '19. Endoscopy breaches are the main modality of concern – this is being addressed through insourcing in the short term and longer term the STP report on endoscopy is anticipated will help to resolve the situation. [Control Gaps] 1. Activity plan largely dependent on sub-contracts and recruitment of appropriate trained staff. (reviewed – no change 03/12/2018)	12 (L=3 x I=4)	Risk Opened: 10/09/2015 Reviewed: 16/04/2019	[06/11/2018] 1. UHP Planned Care Forum meetings to seek assurance (reviewed – no change 03/12/2018) , [05/07/2018] 1. MRI action plan & Trajectory produced by UHP with CCG and NHSE. Sickness and absence plus internal pressure creating additional pressure 2. RTT Meetings to seek assurance. ,	1. Monthly RTT meeting signposting queries to relevant board. 2. CQC Improvement notice issued in relation to waiting times and subsequent action plan developed 3. Weekly diagnostic meeting focussing on CQC improvement action plan (reviewed – no change 03/12/2018) [Assurance Gaps] 1. Unsighted on demand/capacity analysis for 2017/19. 2. Western team seeking additional evidence. 3. No sight of waiting list size. Requested access through BI and PHNT BI team. (reviewed – no change 03/12/2018)	Executive Lead: Simon Tapley Owner: Fiona Phelps	9
72	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that there are long internal waits for tier 3 & 4 psychological therapies. The impact of long waits for therapy is likely to increase the length of treatment required and reduce recovery rates further impacting on demand and capacity in the system 212 people waiting over 18 weeks (October 2018) (reviewed updated 22/11/18) (HISTORIC ID: 119)	1. People who require secondary M/H services will be seen by Community Mental Health teams (CMHT) whilst waiting. 2. CMHTs have psychologists within the team who will be able to provide some support and guidance to staff working with individuals or 1:1 support. 3. If individuals are discharged from community teams pending therapy they will have fast track access back into services (reviewed 22/11/18)No Change [Control Gaps] Referral patterns have now re-stabilised following wider system changes. Service capacity should be able meet demand however backlogs have still to be addressed The service continues to experience staffing difficulties to remove the backlog. Speed of backlog reduction does not indicate it will be addressed in the financial year Overall numbers waiting have decreased May (369) October (290). Numbers waiting over 18 May (244) –Oct (212) and 52 weeks May (115) Oct (89) have decreased. (reviewed updated 22/11/18)	12 (L=4 x I=3)	Risk Opened: 14/02/2014 Reviewed: 25/02/2019	[01/11/2018] 1. Review staffing plan to deliver backlog clearance (reviewed 22/11/18) No change, [07/09/2018] 1. Funding has been agreed to remove the backlog over 18 weeks and staff are in place. 2. Baseline data was developed for the historic referral patterns, however increases in numbers of people referred means that revised data is required to understand service requirements - to be produced by July 2018 (reviewed 25/09/18) , [05/07/2018] 1. Funding has been agreed to remove the backlog over 18 weeks and staff are in place. 2. Baseline data was developed for the historic referral patterns, however increases in numbers of people referred means that revised data is required to understand service requirements - to be produced by July 2018 ,	1. Funding and staff are in place to remove the backlog. 2. Numbers waiting are decreasing 3. Waiting times are reviewed by Livewell performance committee attended by commissioner 4. (reviewed updated 22/11/18) [Assurance Gaps] There remain gaps in some specific therapeutic skills and staff absences (reviewed 22/11/18)No Change	Executive Lead: Simon Tapley Owner: Derek OToole	9
73	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that the national target for recovery rates for IAPT services will not be achieved. The impact of this is increased scrutiny by NHSE. In Q2 the recovery rate was achieved and target was exceeded in Aug and Sept. (HISTORIC ID: 338)	1. Livewell Southwest has an improvement plan in place to deliver the 50% recovery target. 2. Livewell have implemented a process of evaluating the impact of the range of delivery models and options they have implemented to ensure that the options delivered are the most effective 3. The recovery plan is monitored via their performance committee attended by commissioners (reviewed 31/10/18) [Control Gaps] 1. The actions completed need to be embedded to achieve sustained delivery. 2. Recruitment of staff to remove the step 3 waiting lists remains challenging 3. The recovery rate for Q1 was 39.6%. Recovery rate in Q2 was 51.8% but continues to fluctuate (reviewed 31/10/18)	12 (L=4 x I=3)	Risk Opened: 03/11/2016 Reviewed: 06/03/2019	[01/02/2019] The Senior commissioning team reviewed the current corporate risk register at their meeting on 22.11.18. Agreed to remove risk from corporate risk register, to be included on mental health program risk register for oversight by mental health care partnership board., [05/07/2018] 1. Additional funding has been agreed to remove step 3 waits. (reviewed 31/10/18) ,	1. Performance and delivery of the action plan in monitored via the Livewell performance committee (reviewed 31/10/18) [Assurance Gaps] No gaps in assurance currently identified. (reviewed 31/10/18	Executive Lead: Simon Tapley Owner: Derek OToole	8

74	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that RTT for children's Speech and Language service continues to breach national standards The impact of this is children and young people are at risk of a delayed intervention and/or support being received at the right time. (HISTORIC ID: 342)	1. Commissioner remains reassured that all new referrals are assessed within 6 weeks as all referrals are triaged and those at risk are prioritised. 2. LSW now working under MOU and information sharing agreement with PCC and UHP to enable MDT working to reduce delays and avoid duplicate assessments and waiting times. 3. New 'Access' single point of access went live in August 2018. 4. Preferred bidder for new integrated children's services announced as LSW. Awaiting contract award following GB in common on 29 November 2018. Updated 26.11.18 [Control Gaps] 1. Longer term plans/strategy aim to deliver early intervention and should reduce the numbers needing individualised therapy. 2. Although waiting for formal contract award, the CYP SLT service has been making changes in order to try to move towards a preventative and early help offer. On this basis, referrers now submit a 'request for help' form, where they need to discuss their request with a therapist, who can offer advice and signposting, as alternatives to coming onto a waiting list. 3. The information from these 'requests for help' is being used to target settings and schools to offer generalised training and specific packages, so that children can be helped at this level. This is starting to reduce the numbers going onto the waiting list but has also taken staff time away from working on the waiting list. However, it is going in the right direction. 4. Team managers have also reviewed the waiting list to see if children can be offered input within settings and schools, rather than needing individualised therapy. Updated 26.11.18	12 (L=4 x I=3)	Risk Opened: 25/11/2016 Reviewed: 06/03/2019	[05/07/2018] 1. LSW are fully engaged with Phase 1 of the integration of Community Health, Wellbeing and Special Educational Needs & Disability (SEND) Support Services. 2. Single Point of Access went live in August 18 and early indications are that system working well. no change 26.11.18 ,	1. Data book RTT data 2. Phase 1 Integration work through Access 3. LSW cSALT Action Plan 4. Voice of Children, Young People and their families through regular engagement. reviewed, no change 26/11/2018 [Assurance Gaps] Current waits as of 29/8/18: 56.6% (reduction from 68.3%) under 18 weeks Waiting longer than 18 weeks - 170 with 16 having appointments Longest wait 33 weeks Mean wait 14.7 weeks Updated 26.11.18	Executive Lead: Simon Tapley Owner: Sharon Matson	8
75	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that the wait for completion of assessment following initial consultant/ referral for Plymouth School Age Autistic Spectrum Disorder Assessment continues to breach national standards. The impact of this is children and young people are at risk of a delayed intervention and/or support being received at the right time. (Current wait for assessment is 9 months as of June 2018) (HISTORIC ID: 343)	1. UHP continue to make progress with the ASD pathway – both the number of children waiting and the length of wait. Figures below: Improving picture - as at November 2018 there are 87 (from 102) children waiting for assessment with the longest wait without an appointment booked being 26 weeks from 37 weeks. If staffing levels remain stable it is anticipated the wait for an assessment to commence will have fallen to below 6 months by the new year. Updated 26.11.18 [Control Gaps] Preferred provider for integrated children's service now confirmed as LSW. Await contract award following GB in common 29 November 2018. Updated 26.11.18	12 (L=4 x I=3)	Risk Opened: 25/11/2016 Reviewed: 06/03/2019	[05/07/2018] 11. UHP are fully engaged with Phase 1 of the integration of Community Health, Wellbeing and Special Educational Needs & Disability (SEND) Support Services. Plans to create single ASC pathway with LSW underway. No change 26.11.18 ,	1. Data book RTT data 2. Phase 1 Integration work through 'Access' 3. UHP ASC Action Plan – quarterly reporting 3. Voice of Children, Young People and their families through regular engagement - CDC are communicating with those waiting and no complaints about the wait have been received to date. No change 26.11.18 [Assurance Gaps] 1. Possible staffing/ recruitment issues. No change 26.11.18	Executive Lead: Simon Tapley Owner: Sharon Matson	8

77	To improve collaborative working arrangements with communities promoting self-care, prevention and make continuous improvements in health and wellbeing for the population of Devon	There is a risk that Devon continues to have a high avoidable amputation rate. The impact of this can have a considerable personal impact on the patient as well as a financial impact on the health and care system. Risk is mirrored on the SDT risk register as risk 96 (HISTORIC ID: 376)	1. Action plans have been developed as part of the Diabetic Transformation programme. These are wide ranging and comprehensive and are available on request covering all 3 elements of the pathway: prevention & self-help; achievement of treatment targets and NICE NG28 and compliance with NICE NG19 for MDFT. Programme of work using an integrated team across organisations. Reviewed 14/03/19 [Control Gaps] 1. 1. Internal reporting via Diabetes Delivery Board which reports into the Long-Term Condition Board 2. Additional ad hoc reporting to COTM, OLG and QC 3. External reporting to NHSE via six weekly returns which is next due on 22 March 4. Sustainability post-NHSE diabetes transformation funding period. Risk to reputation. Reviewed 14/03/19	12 (L=4 x I=3)	Risk Opened: 19/09/2017 Reviewed: 03/04/2019	[15/11/2018] 1. Community based specialists working with primary care to improve diabetes care 2. Foot care teams offering education for primary care 3. System-wide audit of major diabetes related amputations in place 4. Offer of funded diabetes education programmes for all practices in place. Updated 14/03/19 , [05/07/2018] 1. Investment is time limited and there needs to be a system wide agreement to transfer resources into the correct services to ensure continue.,	1. 1. Close scrutiny of data and finances to demonstrate changes in care and pathways are occurring 2. Investments in staff are enacted and activity monitored 3. NHSE attend internal Delivery meeting for assurance and scrutinize quarterly reports 4. MDFT Peer Review at Derriford on 07/02/19 – awaiting report. Issues highlighted: a) DRSS process required to action urgent MDFT referrals via DRSS and not straight to foot clinic; b) urgent hot-slots not yet set up in foot clinic. Progress will be reviewed via Diabetes Board meetings. Updated 14/03/19 [Assurance Gaps] 1. Long delays in getting national data returns back (NDA was extracted in May, results due Oct) making change hard to monitor 2. Some internal audits depend on self-assurances which may not be the same as external ones Reviewed 14/03/19	Executive Lead: Simon Tapley Owner: Pru Fong	9
78	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that patients waiting over 52 weeks and experiencing delayed treatment may be adversely affected. The impact is: • Potential reduced clinical outcome and adverse impact on patients • Compromised patient experience • Exacerbation of inequality The rights and pledges set out within the NHS Constitution still remain however there will be less emphasis on the 18 week RTT standard going forward. (HISTORIC ID: 71)	1. Forecast RTT incomplete Mar-19 position to be no worse than Mar-18. On-going monitoring at specialty level through monthly Planned care forum 2. Mar-19 trajectory for reduction of 52 week breaches forecasts a 50% decrease on Mar-18 position of 108. 136 breaches were recorded in September against a forecast trajectory of 131 3. UHP outsourcing of Orthopaedics and Cardiology activity. Further exploration in relation to other specialties underway 4. On-going monitoring of utilisation of additional theatre capacity (reviewed – no change 03/12/2018) [Control Gaps] Patient choice – may continue to choose UHP despite long waiting times. Bed pressures continue to lead to theatre cancellations. The national shortage in junior doctors continues to impact on reported RTT performance, senior consultants and registrars are acting down in order to maintain safety. (reviewed – no change 03/12/2018)	12 (L=4 x I=3)	Risk Opened: 10/09/2015 Reviewed: 15/03/2019	[05/07/2018] 1. Additional Cardiology capacity commissioned, now delayed until Feb-19 2. Review of theatre utilisation at other providers, adoption of good practice (reviewed – no change 03/12/2018),	1. UHP contract & schedules. 2. Monthly UHP databook & RTT presentations. 3. Bi-weekly joint review meeting to monitor current situation and identify areas where the CCG can have an impact. 4. DRSS support with outsourcing patients to alternative capacity, when required (reviewed – no change 03/12/2018) [Assurance Gaps] Contracted capacity broadly aligns with expected demand. However backlogs continue to build for procedures and this is, in part, due to non-elective demand and the current financial constraints It should be noted that whilst year-on-year growth is down referrals were removed from UHP plans as there remain some capacity constrained specialties – as such the CCG is above plan for referrals. (reviewed – no change 03/12/2018)	Executive Lead: Simon Tapley Owner: Fiona Phelps	11

89	To make continued improvements in performance against core standards to deliver measurable results	The risk is that the NHS Constitution target will not be achieved. The impact is that not achieving the NHS continuation target will have a reputational impact on the overall system. (HISTORIC ID: 97)	1. New A&E improvement plan from NHS England 2. Local A&E Board - comprising executive representation across system, who receive monthly updates on the progression of the whole system action 3. Western System Improvement Board established for oversight of the whole system 4. Peer review of ED completed, and an action plan has been developed. 5. A&E Delivery Board received and agreed winter escalation plan. 6. Gold command hard reset to focus on ED (Updated 22/11/2018) [Control Gaps] 1. A&E activity levels influenced by many external factors 2. Acute assessment unit not at full capacity(see phase 2 plan) (Reviewed no change 22/11/18)	12 (L=4 x I=3)	Risk Opened: 10/09/2015 Reviewed: 04/12/2018	[06/11/2018] 1. System wide flow programme incorporates HIC and safer quality initiatives 2. System wide winter plan developed 3. Escalation 4. Second phase of delivery plan for AAU drafted and to be agreed 5. Hard Reset still continues but some actions are now business as usual. 6. Specific work plan developed to improve ED performance 7. Hard reset week planned for w/c 8.10 and then on into gold command process with bi-weekly calls intended. All teams in UHP first week of New Year. 8. Hard Reset of ED w/c 29/10/18 - ongoing 9. Additional SI support from Commissioning Manager (Updated 22/11/2018) , [05/07/2018] 1. System wide flow programme incorporates HIC and safer quality initiatives 2. System wide winter plan developed 3. Escalation 4. Second phase of delivery plan for AAU drafted and to be agreed 5. Hard Reset still continues but some actions are now business as usual. 6. Specific work plan developed to improve ED performance 7. Hard reset week planned for w/c 8.10 and then on into gold command process with bi-weekly calls intended. All teams in UHP first week of New Year. (Updated 26/09/2018) ,	1. Robust performance metrics agreed for hard reset. Monitoring and managed through Gold Command. Updates and actions cascaded to system. 2. Daily reporting through emails 3. PAG reports 4. PSQ monitored complaints, compliments, SIRIs 5. Reported to Locality Board monthly 6. Performance monitored through A&E Board and PAG, including ECIST and tactical control centre 7. Daily operational call to discuss system flow and escalation of any issues 8. Recommendations of reviews incorporated into relevant Action Plans and progress monitored. 9. Internal replacement for ALAMAC being developed 10. Performance metrics improving. 11. Quality monthly walk throughs commencing,. (Reviewed no change 22/11/18) [Assurance Gaps] 1. Workforce and clinical leadership availability 2. System wide review of the impact and benefit of various actions to be undertaken and timescale agreed. (Reviewed no change 22/11/18)	Executive Lead: Simon Tapley Owner: Elaine Fitzsimmons	11

90	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	The CCG is not assured that NDHT is able to fully demonstrate safe and effective service. Northern Devon Healthcare NHS Trust (NDHT) cannot appropriately demonstrate that quality & safety of patient care is being met by the for key services including Maternity, end of life and outpatient services due to system, leadership & workforce issues that are currently impacting on the provider's ability to maintain these service and as highlighted in the CQC report (Feb 2018). The impact of this is that the delivery of patient care may be negatively impacted upon with a potential for patient harm, poor patient experience and wider health economy reputational damage. (HISTORIC ID: Na)	March 2019 - Scrutiny continues by the CCG, NHSE & NHSI through the System Oversight Meeting (SOM). Positive clinical engagement and support for the new governance arrangements have been observed through CCG attendance at a range of provider assurance and governance meetings. Specific issues in respect to quality and patient safety still require further review and assurances from the provider. Until the further embedding of change is evidences, the assurance position remains (SW) February 2019 - NDHT have now appointed a Safety & Quality Lead a vacancy that has been covered by the CNO for some time (ME) February 2019 - whilst the risk score was reduced in January 2019, close monitoring continues, due to the need to ensure full implementation and embeddedness. Therefore the risk remains the same currently. The System Oversight Meeting (SOM) took place on 20/02/19 that reiterated the progress NDHT is making on performance and governance processes however work continues around the developments put in place (SP/SW) January 2019 - Following the January System Oversight Meeting and in discussion with colleagues from NHSI and CQC the work that NDHCT has completed to progress the performance of key services and reduce the risk of harm to patients has provided assurance of improvement. However there is a delay in completing the governance reform and improvements will need to be sustained for further risk reduction (SP) December 2018 - Following the System Oversight Meeting on the 21st November the work of the Trust with RDE was acknowledged including progress on the governance process. However this in progress so there is no recommendation to amend the current risk level (SP) November 2018 - IDM meetings continue with all regulators chairing and CCG in attendance. Good level of assurance given to the meeting with respect to intended governance processes, performance, workforce, IT systems and additional actions within the CQC inspection report. The (normally 'closed') performance meeting has been opened to all participants ensuring that quality and performance and finance are linked. An organisational governance alignment to RDEFT governance processes (where appropriate) is about to commence. 3 members of the CCG nursing and quality team are working collaboratively with the providers to take this forward. Further assurance assistance has been requested from the CEO to the CCG which has been responded to as part of the IDM assurance process. IDM meetings will continue until assurance is improved throughout the system (LCB) July 2018 - The CCG continue to attend the monthly IDM meetings & key quality assurance meetings, to scrutinise the NDHT action plans, review lower level incidents and have extended the timeframe for embedded staff (SP) Risk No: 85 (Historic ID 380) Nephrology Outpatient Waiting Times. [Control Gaps] January 2019 - There is a delay in completing the governance reform and improvements will need to be sustained for further risk reduction (SP) June 2018 - • NDHT is unable to provide reliable activity data to regulators and the CCG and as such there is a continued lack of assurance of the validity and accuracy of the information gathered and provided as assurance. • NDHT are unable to provide assurance of effective governance processes, e.g. lapses in duty of candour, workforce capacity and use of locums and senior leadership capacity to manage the leadership and governance agendas.	12 (L=4 x I=3)	Risk Opened: 26/06/2018 Reviewed: 12/04/2019		March 2019 - Scrutiny continues by the CCG, NHSE & NHSI through the System Oversight Meeting (SOM). Positive clinical engagement and support for the new governance arrangements have been observed through CCG attendance at a range of provider assurance and governance meetings. Specific issues in respect to quality and patient safety still require further review and assurances from the provider. Until the further embedding of change is evidences, the assurance position remains (SW) February 2019 - NDHT have now appointed a Safety & Quality Lead a vacancy that has been covered by the CNO for some time (ME) January 2019 - Following the January System Oversight Meeting and in discussion with colleagues from NHSI and CQC the work that NDHCT has completed to progress the performance of key services and reduce the risk of harm to patients has provided assurance of improvement. December 2018 - Following the System Oversight Meeting on the 21st November the work of the Trust with RDE was acknowledged including progress on the governance process. However this in progress so there is no recommendation to amend the current risk level (SP) November 2018 - Assurance gained from System Oversight Meeting on 21st November 2018 & quality intelligence. The Trust is making tangible progress on systems for operational management with new & credible improvement trajectories for constitutional and specialty standards. There is a change in culture with open & accountable approach being taken in delivering operational standards. There is key progress in the area of maternity & in managing Trackcare with key improvements planned in Jan 19. Improvements in the governance process are taking place with the implementation of a new aligned governance system being planned across NDDH & RD&E. Sustainable change in performance, governance & culture is anticipated but taking time to manifest as expected. NHSE & NHSI colleagues are supportive of the current approach taken by the Trust & welcome the changes put into place (SP/SW) November 2018 - IDM meetings continue with all regulators chairing and CCG in attendance. Good level of assurance given to the meeting with respect to intended governance processes, performance, workforce, IT systems and additional actions within the CQC inspection report. The (normally 'closed') performance meeting has been opened to all participants ensuring that quality and performance and finance are linked. An organisational governance alignment to RDEFT governance processes (where appropriate) is about to commence. 3 members of the CCG nursing and quality team are working collaboratively with the providers to take this forward. Further assurance assistance has been requested from the CEO to the CCG which has been responded to as part of the IDM assurance process. IDM meetings will continue until assurance is improved throughout the system (LCB) October 2018 - Assurance has been gained through the regulator led System Oversight Meeting of the conclusion of the diagnostic review completed through the RD&E partnership with NDHT. Further assurance of the development of clinical, service, IT and governance action plans with clear deliverables in place. There is good engagement with	Executive Lead: Lorna Collingwood-Burke Owner: Simon Polak	11

							the changes processes from the Executive and Senior Team. However the change programme is coming into place and has not yet reduced the overall risk (SP) [Assurance Gaps] July 2018 - Top issues discussed at a meeting between CCG Chief Nursing Officer, RDEFT Chief Executive Officer and CCG Chief Executive. These issues will all be discussed at the next IDM meeting. The CCG are therefore not able to have a sustained level of assurance at the current time. (LCB) June 2018 - • There is a lack of assurance in the systems relied on by NDHT to manage performance and information. • There is a lack of assurance regarding full transparency regarding key information and has an internally focussed approach.		
3	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that crews may be delayed responding to 999 calls on days when there are delays in handing over patients to Emergency Department. This also means that the ambulance handover performance standard may not be met and the immediate handover Standard Operating Procedure (SOP) may be implemented. (Cross reference with Risk 91) (HISTORIC ID: 110)	Daily reporting regarding ambulance handover and ED performance activity. Monthly dashboard discussed at A&E Delivery Board monthly meeting. On call provider to provider discussion as required. Performance against trajectory reviewed monthly. Acute handover plan in place, will be updated. Handover monitor discussed at SWASFT IQPMG. [Control Gaps] No gaps identified	12 (L=3 x I=4)	Risk Opened: 16/07/2014 Reviewed: 18/01/2019	[18/01/2019] The Senior commissioning team reviewed the current corporate risk register at their meeting on 22.11.18. Agreed to remain on register, however this will form part of the urgent care risk, see risk NEWD 89., [09/10/2018] May 2018 - Continued improvement in hours lost, NHSE led initiative to improve handover with Derriford - workshop to follow. 21 Jun 18 - continued improvement in hours lost. NHSE workshop planned for Jun. 7 Aug 18 - NHSE workshop took place and well attended by Devon CCGs and Acutes. Key points to be adopted by all Acutes. Oct 18 - work on this continues , [25/04/2018] Apr 18 - New handover system fully embedded, resulting in an improved position of 130 hours lost in March with 13 handovers above 60 minutes.,	Ambulance handover position regularly discussed at A&E Delivery Board. Handover delays discussed at monthly SWASFT IPQMG (Integrated Performance and Quality Management Group) meeting including review of performance against trajectory. Fortnightly operational meetings to improve handover processes, with CCG in attendance including clinical lead. [Assurance Gaps] No gaps identified	Executive Lead: Simon Tapley Owner: Christine Branson	11
5	To ensure that the organisation contributes to system financial balance and maintains improvements in efficiency, productivity and sustainability for the wider benefit of the NHS	There is a risk to the CCGs delivering a medium to longer term financially sustainable plan which achieves breakeven within the Financial Recovery Plan timeframe, which for South Devon & Torbay CCG was planned for 2019/20. In addition, as the RSA with T&SDFT & TC represents in excess of 60% of total CCG expenditure (and that the CCG is exposed initially to 50% of the variance from the Trusts overall plan) it is subject to additional scrutiny if the total value payable by the CCG to TSDFT under the terms of the contract plus Risk Share Agreement exceeds the affordable level described and that this excess cannot be mitigated sufficiently. (HISTORIC ID: 224)	1) Plans being developed through CCG Planning (FCiC) and system-wide approach through financial principles. 2) Joint Chief Executive (PDEG) and Finance Working Group agreed on level of system, Joint Executives of CCG & TSDFT and RSOG of savings plan driven and managed through joint executive teams. Plan following detailed work, which will continue into 2019-20. 3) MOU signed by all parties within Devon to support returning CCG to financial balance/sustainable financial position. 4) Detailed system peer review and due diligence process undertaken across each individual organisations plan, carried out by System review team and NHS Regulators. 5) CCG supported in External NHS England planning meeting to maintain system plan view. [Control Gaps] No gaps identified	12 (L=4 x I=3)	Risk Opened: 03/07/2017 Reviewed: 11/04/2019	[16/01/2018] Revised Risk Share Agreement agreed with TSDFT and Torbay Council in October 2017, in conjunction with medium term financial plan, delivery of trust control totals and the CCG returning to financial balance.,	1) The CCG has met the 2017/18 financial plan and is anticipated to meet their share of the 2018/19 system control total, recognised as being different to the CCG formal control total by NHS England 2) Robust CCG 2018/19 financial plan aligned to the CCG System Plan 3) Signed MOU demonstrating system support 4) outcome of system due diligence process reported CCG plan as Assured in terms of Finance and Technical ability, Strategic approach, service sustainability and workforce planning but limited assurance on delivery of Saving plan and organisational readiness 5) Periodic attendance of Trust finance committee. [Assurance Gaps] No gaps identified	Executive Lead: John Dowell Owner: Derek Blackford	11

11	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that the Trust may not be able to fully implement the four clinical standards for seven day services in urgent and emergency care by 2020. The impact of this is that the Trust would not be complying with national guidance to enable it to continue to provide a safe and sustainable urgent and emergency care pathway. (HISTORIC ID: 217)	The Trust has appointed Dr Ian Currie, Deputy Medical Director, as the clinical lead for 7DS locally; he is supported by Liz Davenport, Chief Operating Officer. A Trust working group has been established, and the CCG invited to join (Christine Branson to attend). The standards are clear and nationally mandated and audited bi-annually. Trust participate in national audits as required. [Control Gaps] No gaps identified	12 (L=3 x I=4)	Risk Opened: 27/04/2017 Reviewed: 09/10/2018	[09/10/2018] Oct 2018 - position remains the same, [26/04/2018] 14 Mar 18 - Current key risks identified by the recent audit relate to lack of progress on reaching the target of admitted emergency patients being seen and assessed within 14 hours by a consultant. There continues to be limited or emergency on call services at weekends, particularly linked to complex discharge arrangements, therefore maximising patient flow at weekends remains a challenge. Apr 18 - no update,	Progress with seven day services is reported monthly to the SDT A&E delivery board. The ability to comply with 7DS standards across the Urgent and Emergency Care (UEC) pathway was a key consideration in the UEC arm of the Devon STP acute service review and is a “gateway” for the service configuration proposals. NHSE in contact with the Trust and CCG on progress inc telecons. NHSE/I completed stocktake of TSD in May, action plan produced as a result. [Assurance Gaps] No gaps identified	Executive Lead: Simon Tapley Owner: Christine Branson	9
36	To ensure that the organisation contributes to system financial balance and maintains improvements in efficiency, productivity and sustainability for the wider benefit of the NHS	There is a risk to the CCGs delivering a medium to longer term financially sustainable plan which achieves breakeven within the Financial Recovery Plan timeframe, which for NEW Devon CCG was planned for 2020/21 (HISTORIC ID: 33)	1) Plans being developed through CCG Planning (FCiC) and system-wide approach through financial principles 2) Joint Chief Executive (PDEG) and Finance Working Group agreed on level of system plan following detailed work, which will continue into 2019-20 3) MOU signed by all parties within Devon to support returning CCG to financial balance/sustainable financial position 4) Detailed system peer review and due diligence process undertaken across each individual organisations plan, carried out by System review team and NHS Regulators 5) CCG supported in External NHS England planning meeting to maintain system plan view [Control Gaps] 1) CCG 17/18 finance plan does not meet NHS England's issued control total 2) NHS England and NHS Improvement are not fully aligned on views of individual organisaiosn versus system working	12 (L=3 x I=4)	Risk Opened: 01/04/2016 Reviewed: 11/04/2019	[11/04/2019] following the closure of risk 5, this has been merged with risk 36 which is being rewritten to reflect the development of a medium to long term financially sustainable plan which achieves breakeven for NHS Devon CCG. Derek Blackford deadline 10 May 2019,	1) The CCG has met the 2017/18 financial plan and is anticipated to meet their share of the 2018/19 system control total, recognised as being different to the CCG formal control total by NHS England 2) Robust CCG 2018/19 financial plan aligned to the CCG System Plan 3) Signed MOU demonstrating system support 4) outcome of system due diligence process reported CCG plan as Assured in terms of Finance and Technical ability, Strategic approach, service sustainability and workforce planning but limited assurance on delivery of Saving plan and organisational readiness [Assurance Gaps] None - the technical accuracy of the plan is robust. The gap to formal control total is due to the systems ability to dleiver level of savinsg required within a 1 year timeframe	Executive Lead: John Dowell Owner: Derek Blackford	8
42	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is currently insufficient capacity and a lack of flow in local acute mental health bed stock, with a number of people resulting in people needing to be placed out of area for their acute care and/or for people to be waiting for transfer in the community, in police cells or waiting longer than 4 hours in A&E. There is a financial risk if the use of out of area beds is not reduced to a level that has been allowed for within the Financial Plan. There is also clinical risk related to people waiting in the community for an inpatient bed to be identified before they are admitted. There is a reputational risk to the CCG where transfers from police cells are not able to be made in a timely manner. (HISTORIC ID: 126)	DPT have completed bed capacity modelling which was discussed in a meeting between CCG’s DCC, TCC and DPT in April 2017. A joint approach was agreed in which commissioners and DCC would join the DPT Urgent Care Board from the end of April 2017. The primary action is to agree a joint acute care pathway improvement plan which seeks to enable access by managing occupancy levels, avoiding admissions and reducing delayed discharges. This plan needs to be supported by a financial plan and agreed KPI’s and delivery timeline and be delivered at pace. A series of meetings have occurred between DPT, NEW Devon CCG and RDE re A&E trolley breaches to agree a plan and it was agreed that the block of out of area beds would be increased by 3. A further meeting took place in early May 2017. A&E Breaches to be discussed through the A&E Delivery Board DPT have scoped the gap in CRHT capacity and will share the business case with the CCG but will be included in the improvement plan. DPT have been offer additional CCG commissioning capacity for DTOC and Acute Care Pathway Redesign but have not yet made use of this. 12 ED trolley breech escalation protocol, DPT Bed Management Protocol & DPT daily bed management meetings are in place. CCG has made investment for ACP available through 17/18 DPT contract. June 17 ACP Board will agree how investment will be deployed. 04/07/17There has been 1 week slippage on agreeing improvement plan [Control Gaps] DPT Acute Care Pathway Business Case and plan has not be formally approved by the CCG. CCG’s now attending DPT ACP Board and investment to be approved at that board. No plan for adult DTOC has yet been received by N&E A&E Delivery Board. DTOC is a workstream within the ACP Programme.	12 (L=3 x I=4)	Risk Opened: 13/04/2014 Reviewed: 06/03/2019	[01/02/2019] 22.11.18 The Senior commissioning team reviewed the current corporate risk register at their meeting on 22.11.18. Agreed to remove risk from corporate risk register, to be included on mental health program risk register for oversight by mental health care partnership board., [09/11/2018] 09.11.18 High usage of out of area beds peaked in October but further actions have since been implemented by DPT in order to reduce the flow of people out of area. DPT have procured a number of block beds with Cygnet Healthcare, in two locations, Taunton and Weston Super mare which will be able to offer additional capacity for South Devon and Torbay CCG geographical area and allow DPT to better manage their acute stock by Locality. The DPT Acute Care Pathway Action continues to be implemented. DPT have also strengthened the operational leadership of the urgent mental health pathway by designating a Deputy Director of Operations to this role.,	DPT report the use of out of area beds through the monthly performance databook Mental Health Commissioning Coordinating Centre is aiming to coordinate commissioning activity across NEW Devon and SD&T CCG from May 2017 Commissioners have been invited to attend the DPT Urgent Care Board alongside DCC Jointly agreed ACP Improvement Plan and KPI’s are not yet in place Urgent Mental Health care pathway is an agenda item at N&E A&E Delivery Board DPT DTOC plan for older people is in place and receives high level oversight at the A&E Delivery Board. Acute Care Pathway forms part of the new STP Crisis and Urgent Care Workstream. [Assurance Gaps] DPT Integrated Provider Assurance Board has been stood down and there is no formally agreed trajectory for the reduction in the use of out of area beds DPT ACP Board has developed a suite of metrics, the summary sheet will be made available to CCG. KPI's and reduction trajectory still require further development	Executive Lead: Simon Tapley Owner: Derek OToole	10

44	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	Adults: Autism Bill makes it a statutory requirement to provide diagnosis. However there are no resources for provision of treatment. Autism is not always recognised as a disability by systems and diagnosis is important. Access to diagnostic pathways is limited as there is insufficient capacity. Waiting times are high and there are complaints from users. Following diagnosis there are limited support options for individuals. The total care pathway is inadequate Children: There is a risk that Children and Young People are experiencing significantly longer waiting times for Autistic Spectrum Condition (ASC) Diagnosis. (HISTORIC ID: 111)	Adults: Dave McAuley leading on a piece of work that seeks to address: Access to mainstream services Access to a specialist diagnosis Post diagnostic support The aim is to provide a consistent, high quality offer across the STP footprint. I am aiming to have recommendations in May and am engaging with users and stakeholders in April to present our findings and co-produce a solution. the CCG PSQ Team have requested VCL provide assurance, in order to mitigate against the risk of harm to a young person experiencing a long wait for this service,. The following assurance has been provided: Implementation of ICS Access policy (January 18): a process where teams can check harm has not occurred. Policy includes: senior clinical lead reviewing every referral, scores against RAG system to triage/ prioritise, on-going review of long waiters, letters to contain SPA telephone number and actions to take if require earlier assistance/ have concerns, report each long wait over 18 weeks as an incident. Additional work planned with SPA team to ensure clinical escalation when calls come in. Audit plan in place (by Clinical Effectiveness Lead), to ensure changes/ Access Policy embedded. CYP champions plans include their involvement in addressing experience during long waits, improving signposting etc. Children: Waiting times are regularly reviewed through CRM. Regular meetings with commissioners to review work plans. Business case for additional resource to address the backlog of patients waiting has been considered by senior managers. Waiting times were identified as an issue in the re-procurement of Children's Community Health Services. CYP waiting for a significant amount of time have been highlighted as a cost pressure to the CCGs for 2019/2020. Action plan: Waits for ASD will be focused on as part of the mobilisation of the new contract, although it is noted that VCL have been asked to discontinue trajectory forecasts as the end of the current contract approaches. ASD is a more general theme for Devon County Council and the NPSI, led by VCL have taken a multi agency approach to developing this. [Control Gaps] Control Gaps Commissioners require additional information and evaluation of the current challenges. ASD Children - understand the impact of changing and increasing demands and referral patterns and how waiting times target will be achieved and sustained. Adults: There are long waiting times for access to the diagnostic service, and resources in Devon are limited compared to demand	10 (L=5 x I=2)	Risk Opened: 01/04/2013 Reviewed: 05/03/2019		Trajectories show a gap between new referrals and capacity to undertake these is slowly closing. New contract for Children's Community Health services from April 2019 will bring together neurodevelopmental conditions into a single diagnostic service, bidders have been asked to consider what this might look like as part of their submissions at tender and the preferred bidder will be identified as a system leader in addressing ASD more widely. NPSI multi agency group reports to the SEND Improvement Board led by DCC. VCL and CCG Patient Experience Team report less patient complaints/concerns, as families are better informed. The following assurance has been provided: - Implementation of ICS Access policy (January 18): a process where teams can check harm has not occurred. Policy includes: senior clinical lead reviewing every referral, scores against RAG system to triage/ prioritise, on-going review of long waiters, letters to contain SPA telephone number and actions to take if require earlier assistance/ have concerns, report each long wait over 18 weeks as an incident. - Additional work planned with SPA team to ensure clinical escalation when calls come in. - Audit plan in place (by Clinical Effectiveness Lead), to ensure changes/ Access Policy embedded. [Assurance Gaps] ASD diagnostic and post-diagnostic pathways across health ,education and social care that are consistent with standards and is sustainable. IPAMs are not monitoring autism regularly, there are no agreed KPIs and autism pathway is not on the IPAM dashboard	Executive Lead: Simon Tapley Owner: Sharon Matson	10

13	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that the Orthotics service in Devon will continue to offer unacceptable waiting times for assessment and treatment. This is a consequence of failing to recruit and retain key members of staff. The service takes approx. 600 referrals/month. The impact of this is long waiting times for patients. (HISTORIC ID: 171)	Temporary arrangement provided by a single FTE Band 4 Assistant Practitioner supported by a clinical lead Physiotherapist. [Control Gaps] none identified	10 (L=5 x I=2)	Risk Opened: 01/04/2016 Reviewed: 13/06/2018	[08/05/2018] Oct17 - It has been confirmed that there will not be a wider procurement, therefore Virgin Care is working on an options paper to see what can be done about each element. Also working with Plymouth in relation to wheelchairs, to see if there is any opportunity for collaboration. Nov 17 - workshop planned for late November (Vikki Cochrane attending). An options paper will be complete after this has taken place, which will shared within the Commissioning Team. Jan 18 - work going May 18 - paper prepared however no plan for a re-procurement, but a realignment of service specifications incorporating Personal Health Budgets is being reviewed. However there is a need for a commissioning manager for both CCGs and this is being raised as an issue.,	The proposal from the lead Provider is that having considered their options they would like to suggest an option to commissioners that the Orthotics service is procured externally and sub-contracted along with the Prosthetics service which is due for renewal in May 2017. This would include the new provider establishing an assessment centre. However, for providers to commit to this level of investment the duration of the contract would need to be longer than normal NHS contracts. Providers have indicated that a 7-year contract would be preferable. The lead provider will provide their proposal in writing to commissioners by the end of March 2016 in order that a decision of agreement or rejection can be made. Within the ICO tender for the community orthotic service we have asked for flexibility under future developments that we can increase the number of orthotists hours should we want to take advantage of that. August 2016 - Devon: Work to review the EMC service will begin with the RD & E in September. The current RD&E service has high overhead costs which need to be understood before any view about a wider procurement is formed. The ICO has procured a new orthotics service which will launch in September. Commissioners have been involved in the development of the specification and the evaluation of the tender to ensure best value and processes to reduce the risk of overspend on devices (VC) [Assurance Gaps] none identified	Executive Lead: Simon Tapley Owner: Jenny Turner	9

15	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk of long waits for children's neurological assessments. The impact is that currently children without a diagnosis are not able to access all appropriate levels of support for example in education settings or from other community/ diagnostic services. (HISTORIC ID: 32)	Joint working with Devon on community based pathways and service specification supported by clinical leads and health care professional. Close scrutiny by BPP. Raised through Joint Technical Working Group. Dec 2015 - Service review meeting scheduled for end of January 2016 to consider pathway and trajectories. Finalisation of service specification to take place end January 2016 (JH) Jan 2016 - Finalisation of service specification to now take place end March 2016 (JH) Autism assessment services are included in the reprocurement proposals for childrens services. July 2017 - action plan updated by TSDFT and shared with commissioners. Commissioner requested meeting with Virgin Care Ltd planned for September to update on position. In the longer term Autism Spectrum Disorder assessment will form part of the children's services reprocurement from April 2019, as part of that commissioners have engaged with incumbent providers across Devon, Torbay and Plymouth and parent groups looking at existing good practice and aspirations for the future. Further engagement is planned during the school summer holidays with young people. Oct 17 - Service specifications to be shared with potential providers/ public in October providing opportunity for discussion. May 18 - Business case with Children's team to manage waiting lists to an acceptable level, to be agreed for the STP footprint. Oct 18 -business case was not deemed appropriate at this time, potentially there are implications to the reprocurement if additional funds are offered to the preferred bidder within a defined time period. Providers were notified of the outcome of the business case. Torbay have made further improvements to their waiting times. future planning had ben put on hold with providers as ASD assessment was part of the reprocurement of children's community health services. Planning will resume as part of mobilisation to consider . Meetings also scheduled with both Torbay and South Devon Providers in October to consider position by April 2019. [Control Gaps] none identified	9 (L=3 x I=3)	Risk Opened: 15/06/2012 Reviewed: 05/03/2019	[09/10/2018] October 2018 - Business case with Children's Team to consider waiting lists in preparation for any new service provider. Business case was not progress as CSU advised any aware of additional resources could impact on the reprocurement of childrens community health services. , [01/05/2018] May 18 - Business case with Childrens Team to consider waiting lists in preparation for any new service provider.,	April 2016 - End of year statement produced detailed trajectories to reduced waiting times by Torbay. Lead has been nominated in Virgin to support review of South Devon position on Autism Spectrum Disorder (JH) Virgin Care Limited have been asked to provide a 15/16 review of service by 10th June. The ICO will also be asked to update their 15/16 review . VCL have confirmed they will not meet the 18 week target. They have agreed to lead county wide workshops to look at a new condensed pathway which should reduce waiting times in 2017/18. VCL - workshops continue. Aug 17 - VCL - workshops continue moving toward a revised pathway - JADES Model which would reduce the number of appointments for parents and make better use of existing information. In the last quarter joint paediatric appointments have been trialled. SFHFT have maintained a waiting time of 8 months despite carrying staff vacancies. Trust has confirmed they have now appointed to all vacancies and should be running at full capacity by the end of September 2017. Waiting times should being to decrease again from there. The Trust are also working towards better supporting information for families who have been accepted onto the pathway- parents have told the CCG the do not mind waiting longer if they are better supported during the wait. Oct 17 - TSDFT have prioritised clinical psychology hours into the service, allocated a paediatrician lead who is also part of the CDC pathway and a new Clinical ASD Lead came into post in September, all training is now complete. Oct 18- Torbay Council has reported improved return rates. [Assurance Gaps] April 2016 - Torbay needs to appoint new service lead following resignation of the current post holder which could delay trajectories (JH) Virgin Care Ltd have not reached agreed target - 18 week waits by August 2016. VCL have not been able to confirm a date when they will achieve the 18 week wait target. Aug 17 - Neither TSDFT or VCL have confirmed when they will reach an 18 week target. It is anticipated this will be confiremd during September 2017. October 2017 -update meetings with both providers will be scheduled for Q3.	Executive Lead: Simon Tapley Owner: Jo Hooper	11

17	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk of ever growing demand on services supporting patients with Long Term conditions. The impact is that we will continue to have to invest more and more in services to meet an increasingly complex population without any effective interventions in place to reduce the growth of LTCs within our population, or motivate and support our patients with LTCs to avoid co-morbidities and/or live as healthy lives as possible for as long as possible. (HISTORIC ID: 87)	Prevention, Wellbeing and Self-Care Board; Vanguard Project Board. Prevention, Wellbeing and Self-care implementation plan (draft). Stakeholders in partnership organisations (PH) Self Care Procurement. Stakeholders in partnership organisations. [Control Gaps] No gaps identified	9 (L=3 x I=3)	Risk Opened: 09/01/2014 Reviewed: 05/06/2018	[15/03/2018] Jan 2018 - Insight report containing a series of recommended projects / change will be available mid January for sign off by joint exec team. Newly appointed Assistant Director for Organisational Development meeting with enabler leads to discuss alignment of plans. Mar 2018 -Revised governance now live. Enablers now being piloted / deployed across STP programmes. Some issues remain re infrastructure to support some of the key enablers within the prevention model. Behavioural change workstreams progressing well - initial workforce INsight report & accompanying recommendations well received within the local system and resultant workstreams now in initiation or live development.,	March 2017 - rollout of self-care model via 3 delivery work streams (Learning and Dev Programme; Comm Asset Dev; & Info Asset Dev). Info asset and comm asset work streams focussed on delivering requirements of Health and Wellbeing teams + focus in primary care for emerging health navigators roles. Further detail & assurances required from Learning & Dev work stream. July 2017 – local engagement event in July will establish the work programme for behavioural change partner, along with assisting us in profiling benefits / savings for each work stream. Local implementation group proposing increased governance of delivery through Care Model Delivery Group to ensure local buy in from services to delivery. Sept 2017 Joint Execs sign off of proposed plan for Insight gathering and addressing a number of quick win opportunities (21/09/17). Implementation work under way across a number of areas, including support to UEC; Torquay and Newton Abbot Health and Wellbeing Teams; Shared Decision Making (whole Devon approach showing portability / scalability of the model that has been developed). Proposed model road testing well in implementation areas. Nov 2017 - prevention, wellbeing and self-care enablers now described and either in place or in development. Revised governance processes for local prevention programme (agreed Nov 2017) will give increased focus to implementation via existing groups such as CMDG and A&E Delivery Board. A number of STP workstreams are also in play to embed elements of the model at a whole-Devon level. Mar 2018 -Revised governance now live. Enablers now being piloted / deployed across STP programmes. May 2018 - Some issues remain re infrastructure to support some of the key enablers within the prevention model. Behavioural change workstreams progressing well - initial workforce INsight report & accompanying recommendations well received within the local system and resultant workstreams now in initiation or live development. [Assurance Gaps] Sept 2017: Further work needed to establish system wide narrative into which the behavioural change work will be fed. Following Joint Exec meeting it is proposed that "chapter 2 of the care model" is the overarching narrative. Further work required with comms teams to embed the requirements of the prevention & self-care work in the development and delivery of this message. Nov 2017 - investment will be required in elements of infrastructure (for example: online information; platform for electronic patient activation measure). Programme still operating in the absence of an evaluation framework. Mar 2018 - assurance gaps remain largely the same from the last update - investment will be required in elements of infrastructure (for example: online information; platform for electronic patient activation measure). Programme still operating in the absence of an evaluation framework.	Executive Lead: Simon Tapley Owner: Pru Fong	8

20	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that tier 2 patients who have shown no significance of healing following 4 weeks of treatment with compression therapy, will not receive a consistent standard of care across the South Devon and Torbay footprint. Just 10 practices are signed up to deliver the tier two specification of care, the Lower Limb Therapy Service is currently caring for a number of tier two patients on behalf of primary care. This position is unsustainable. The impact of this is inconsistent patient care and pressures in the service. (linked to risk 94) (HISTORIC ID: 162)	Significant work undertaken to determine the right long-term pathway of care for patients and the interface between the LLTS, primary care and other services. [Control Gaps] Patients of practice who have not signed up to deliver the Tier Two Service or attended training are being treated by the LLTS. This work is clogging up the waiting list for the LLTS tier one service and is an unsustainable long-term solution. The waiting list for the LLTS has been significantly reduced as of February 2018.	9 (L=3 x I=3)	Risk Opened: 10/12/2015 Reviewed: 08/08/2018	[08/08/2018] Aug 18 - A proposal for service redesign has been shared with the Business Meeting 03/08/18. , [25/04/2018] March 2018: A clinical audit of activity in primary is being undertaken by an MDT of LLTS, podiatry, vascular and lymphoedema services. This will support the development of accurate clinic capacity modelling to inform the business case. April 2018: Clinical audit in process which is due to complete 15 May 18,	All tier 2 patients are being treated either by LLTS or general practice. A monthly LLTS operational group has been established to review service performance activity and discuss issues. The Commissioner has shared future service proposals with the Practice Managers at their monthly meeting, with the LCG meetings and PPG's. [Assurance Gaps] No gaps identified	Executive Lead: Simon Tapley Owner: Jenny Turner	9
22	To ensure that the organisation contributes to system financial balance and maintains improvements in efficiency, productivity and sustainability for the wider benefit of the NHS	There is a risk that the CCG will see direct intervention if directions not implemented. (HISTORIC ID: 198)	26/06/18 Directions under review following discussion with NHSE and being overseen by Director of Strategy. Success Regime financial recovery plan to be forwarded by Joint Director of Finance to NHSE for evidence of compliance. 18/05/2018 - KLOEs updated by relevant area leads to ensure progress against directions. Financial recovery plan in place and overseen by Interim Director of Finance and assurances offered to NHSE as part of annual accounts reporting 02/03/2017 - meeting between CCG, NHSE and NHSI where a plan of action was agreed to address the risk share agreement and financial plan. At the quarterly NHS England assurance meeting 10.10.16, no indication was given of further intervention. [Control Gaps] no known gaps	9 (L=3 x I=3)	Risk Opened: 21/09/2016 Reviewed: 13/03/2019	[18/05/2018] 05/06/18 pending outcome from NHSE assurance visit. Evidence being gathered with NHSE to begin to positively review issued directions.,	10/10/2018 Formal letter awaited to review CCG directions 18/05/2018 - Assurance meeting with updated KLOE's to be held with NHSE on 05 June 2018. NHS England were assured about the strategic direction and directions action plan at the quarterly assurance meeting 10.10.16. Feb 2017 - joint working with ICO and NEW DevonCCG Joint director of strategy Deputies in all directorates Leadership development i n progress [Assurance Gaps] no known gaps	Executive Lead: Simon Tapley Owner: Clare Doble	10

25	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that the 111 non-clinical call handling service (111 clinical triage) commissioned by the Integrated Urgent Care Service (IUCS) is not providing safe, effective care for its service users. The impact of this is that some patients may be put at risk or may have a poor experience of the service and that patient safety could be compromised. (duplicated on NEWD RR - risk number 87) (HISTORIC ID: 244)	February 2019 - The CCG continue to monitor the progress through the IUCS Quality & Governance meeting. Next meeting 20/02/19 and then monthly for the rest of the year (SZ) November 2018 - Recovery action plan continues to focus on recruitment, retention and sickness management. Quality monitoring of calls, incidents and complaints continues (AS) October 2018 - A recover action plan (RAP) continues and is reviewed weekly. Quality & Clinical Governance Group review NHS111 performance and safety, including End to End reviews monthly. This is also reported to the Contract Assurance Meeting (CAM). Recruitment and retention have been a focus for recovery (AS) August 2018 - A recovery action plan (RAP) is now in place for the 111 element of the service, weekly performance meetings are now taking place, which include representatives from the IUCS and the CCG. The RAP is updated weekly and covers all aspects of recruitment, performance, ambulance dispatch and validation. Sickness absence continues to be managed as priority & this is being closely monitored, managers are observing return to work interviews especially for staff that have been absent on key weekend shifts (JPJ) [Control Gaps] January 2019 - There are no quality meetings with IUCS this month so next update will be after the Feb meeting – date still to be confirmed (SZ) November 2018 - Call handling performance has stabilised but continues below the contracted standard (AS) August 2018 - Vocare call advisers have reached their WTE establishment however it will be approx., 6 weeks until the staff are taking live calls. Recruitment, training and consolidation of staff remains ongoing. Attrition during June has increased however, most of this months attrition was due to staff failing pathways training and consolidation (JPJ) July 2018 - Concerns have been raised regarding the impact of the roll out of 111 on line from the 31 July 2018 across Devon, how it will integrate with and/or impact on 111 and our urgent care services. May 2018 - Some of the data to inform the end to end review process is incomplete or lacking in areas. The providers Business Intelligence team are actively working to improve the quality and validity of the data (SH)	9 (L=3 x I=3)	Risk Opened: 02/05/2018 Reviewed: 05/03/2019	[30/11/2018] Risk scoring increased inline with the new matrix. Risk scoring reviewed and agreed that it needs to remain the same scoring, [02/08/2018] A recovery action plan (RAP) is now in place for the 111 element of the service and is updated weekly and covers all aspects of recruitment, performance, ambulance dispatch and validation (JPJ) March 2019 - the recovery action plan is now business as usual and we are satisfied that actions are embedded (SZ), [02/05/2018] Action not given,	March 2019 - The recovery action plan is now business as usual and we are satisfied that actions are embedded (SZ) January 2019 - Performance is improving although a sustained improvement needs to be seen before we can recommend closure (SZ) October 2018 - Recruitment activity has produced a full rota resulting in an improvement in call handling performance, including weekend activity (AS) August 2018 - A rota alignment has been carried out as there were concerns regarding over-staffing during the week, this has been resolved and staff will now be realigned to 3 out of 4 weekends, this will commence from Monday 6th August 2018 (JPJ) July 2018 - Quality Committee in Common received a presentation from Devon Doctors and Vocare regarding the delivery of the 111 service (JPJ) [Assurance Gaps] August 2018 - weekend performance continues to be challenging with high levels of unplanned absence also contributing to the decrease in performance (JPJ) July 2018 - A number of areas of further action have been identified which include: assurance that the workforce plan provides adequate cover for bank holiday and weekend peaks, what happens to calls that are not answered or where calls are terminated prior to connection and to pursue work around early exit for under 1's and over 80's. SDT CCG continue to have little assurance about what happens to calls that don't connect and work is ongoing to establish a way of identifying these calls and to track them, similarly we don't have any assurance about what happens to 111 online when people follow the disposition and then don't connect to the recommended service (JPJ) June 2018 - The provider still fails to send a senior clinician to the quality and governance meetings. This has been escalated and is being actioned (SH) May 2018 - Provider Senior Management and Director level at the Quality Governance meeting is lacking and is to be escalated to the Director of Nursing, SDT CCG (SH)	Executive Lead: Lorna Collingwood-Burke Owner: Sarah Zanoni	9

87	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that the 111 non-clinical call handling service (111 clinical triage) commissioned by the Integrated Urgent Care Service (IUCS) is not providing safe, effective care for its service users. The impact of this is that some patients may be put at risk or may have a poor experience of the service and that patient safety could be compromised. (Duplicated on SDT RR - risk number 25) (HISTORIC ID: 389)	February 2019 - CCG continue to monitor progress through the IUCS Quality & Governance meeting. Next meeting is 20/02/19 and then monthly for the rest of the year (SZ) November 2018 - Recovery action plan continues to focus on recruitment, retention and sickness management. Quality monitoring of calls, incidents and complaints continues (AS) October 2018 - A recovery action plan (RAP) continues and is reviewed weekly. Quality & Clinical Governance Group review NHS111 performance and safety, including End to End reviews, monthly, This is also reported to the Contract Assurance Meeting (CAM). Recruitment and retention have been a focus for recovery (AS) August 2018 - A recovery action plan (RAP) is now in place for the 111 element of the service, weekly performance meetings are now taking place, which include representatives from the IUCS and the CCG. The RAP is updated weekly and covers all aspects of recruitment, performance, ambulance dispatch and validation. Sickness absence continues to be managed as priority & this is being closely monitored, managers are observing return to work interviews especially for staff that have been absent on key weekend shifts (JPJ) [Control Gaps] January 2019 - There are no quality meetings with IUCS this month so next update will be after the Feb meeting – date still to be confirmed (SZ) November 2018 - Call handling performance has stabilised but continues below the contracted standard (AS) August 2018 - Vocare call advisers have reached their WTE establishment however it will be approx., 6 weeks until the staff are taking live calls/recruitment, training and consolidation of staff remains ongoing. Attrition during June has increased however, most of this months attrition was due to staff failing pathways training and consolidation (JPJ) July 2018 - Concerns have been raised regarding the impact of the roll out of 111 online from the 31st July 2018 across Devon, how it will integrate with and/or impact on 111 and our urgent care services (JPJ) May 2018 - Some of the data to inform the end to end review process is incomplete or lacking in areas. The providers Business Intelligence team are actively working to improve the quality and validity of the data	9 (L=3 x I=3)	Risk Opened: 26/04/2018 Reviewed: 05/03/2019	[30/11/2018] Risk scoring increased inline with the new matrix. Risk scoring reviewed and agreed that it needs to remain the same scoring, [06/08/2018] A recovery action plan (RAP) is now in place for the 111 element of the service and is updated weekly. It covers all aspects of recruitment, performance, ambulance dispatch and validation (JPJ) March 2019 - the recovery action plan is now business as usual and we are satisfied that actions are embedded (SZ) ,	March 2019 - the recovery action plan is now business as usual and we are satisfied that actions are embedded (SZ) January 2019 - Performance is improving although a sustained improvement needs to be seen before we can recommend closure (SZ) October 2018 - Recruitment activity has produced a full rota resulting in an improvement in call handling performance, including weekend activity (AS) August 2018 - A rota alignment has been carried out as there were concerns regarding over- staffing during the week, this has been resolved and staff will now be realigned to 3 out of 4 weekends, this will commence from Monday 6th August (JPJ) July 2018 - Quality Committee in Common received a presentation from Devon Doctors and Vocare regarding the delivery of the 111 service (JPJ) [Assurance Gaps] August 2018 - weekend performance continues to be challenging with high levels of unplanned absence also contributing to the decrease in performance (JPJ) July 2018 - A number of areas of further action have been identified which include: assurance that the workforce plan provides adequate cover for bank holiday and weekend peaks, what happens to calls that are not answered or where calls are terminated prior to connection and to pursue work around early exit for under 1's and over 80's. SDT CCG continue to have little assurance about what happens to calls that don't connect and work is ongoing to establish a way of identifying these calls and to track them, similarly we don't have any assurance about what happens to 111 online when people follow the disposition and then don't connect to the recommended services (JPJ) June 2018 - the provider still fails to send a senior clinician to the quality and governance meetings. This has been escalated and is being actioned (SH) May 2018 - Provider Senior Management and Director level at the Quality Governance meeting is lacking and is to be escalated to the Director of Nursing, CCG	Executive Lead: Lorna Collingwood-Burke Owner: Sarah Zanoni	9
79	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	If Stroke patients do not spend 90% of their stay on an acute stroke unit, then there is a risk of delayed clinical outcomes/ harm to patients who have had a stroke. (HISTORIC ID: 98)	1. Stroke Clinical Pathway Group (CPG) re-established. 2. Remedial action plan from CPN, now part of the Stroke CPG 3. Acute Stroke Review now reviewing whole pathway. (Reviewed no change 22/11/18) [Control Gaps] 1, Relationships between providers (Reviewed no change 22/11/18)	9 (L=3 x I=3)	Risk Opened: 10/09/2015 Reviewed: 04/12/2018	[15/11/2018] 1. Remedial action plan from CPN is now part of the Stroke CPG and continues to be monitored through the CRM. Ongoing 2. DTA 3 beds commissioned for Stroke patients. Complete 3. HASU/ASU Stroke STP review 4. Hard Reset reviewing the Stroke pathway and processes ongoing (Updated 22/11/18) ,	1. Hard reset for stroke pathway – review of all delays in order to maintain flow (Updated 22/11/18) [Assurance Gaps] 1. Workforce & clinical leadership (Updated 22/11/18)	Executive Lead: Simon Tapley Owner: Elaine Fitzsimmons	10

80	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that the dementia diagnosis rate will not be achieved The impact of this is A combination of the following: • social factors – early diagnosis gives the patient more opportunity to plan for the future and to improve their own and their carer's wellbeing • reputational to the CCG if target is not achieved (reviewed 25/09/18) (HISTORIC ID: 121)	1. NHSE new assurance framework now includes annual GP reviews as a measure of performance. 2. Plan is monitored bimonthly (reviewed 31/10/18) [Control Gaps] 1. Consistent permanent psychiatrists have not been recruited. 2. Date for additional clinic space has yet to be confirmed 3. Plan has not delivered improvement (reviewed 31/10/18)	9 (L=3 x I=3)	Risk Opened: 10/09/2015 Reviewed: 01/02/2019	[01/02/2019] The Senior commissioning team reviewed the current corporate risk register at their meeting on 22.11.18. It was agreed that the risk remain on the corporate risk register as dementia diagnosis is a direct national commissioning target. ACTION: JT to review risk narrative and scoring and reflect risk across both CCGs., [04/12/2018] Consultant Psychiatrists recruitment is challenging with substantial vacancies across the UK. Plan to be revisited to improve levels of assurance (reviewed 22/11/18)No Change , [14/11/2018] It is being clarified as to whether this risk is a duplication of risk 59 and it has been suggested that it should be a whole Devon risk. This is being reviewed. , [05/07/2018] 1. An action plan is in place to improve the diagnosis rate required number of diagnosis have been made in individual months however consistency has not been reached. 2. NHSE have agreed a further 12 months for NEW Devon to achieve target of 67% diagnosis rate. This will allow completion of revised pathway 3. The new post-diagnosis support service will be has been procured and is in mobilisation phase operational May 2018 (reviewed 31/10/18) No Change ,	1. Quarterly performance data is being supplied by Livewell South West. 2. Plan is monitored bimonthly (reviewed 31/10/18) [Assurance Gaps] Consultant Psychiatrists recruitment is challenging with substantial vacancies across the UK. Plan to be revisited to improve levels of assurance (reviewed 31/10/18)	Executive Lead: Simon Tapley Owner: Derek OToole	10

82	To deliver integrated care closer to home	A number of individuals are at risk of having to be referred out of area for treatment due to a lack of local specialist autism services, particularly in regard to people with behaviours that challenge. The lack of services could also potentially be challenged legally. The impact is likely to be reputational damage as well as financial. (21/09/18) (HISTORIC ID: 116)	1x1= 1 1. A comprehensive action and local delivery plan for service improvement has been developed and signed off by senior management. 2. Work is being carried out to improve data recording processes on diagnosis. 3. Data collection processes have been put into place by Livewell South West. 4. In Plymouth diagnosis for individuals with no Learning Disability is undertaken by the Community Mental Health Teams (CMHTs). (reviewed - no change 01/11/2018) [Control Gaps] 1. The strategy and action plan requires robust data to base service planning on across the STP footprint. 2. Further work needs to be completed to obtain data across the STP Footprint. 3. JSNA for Plymouth is being developed 4. Investigation on options to improve post diagnostic support pathways. 5. The current diagnostic service does not meet NICE guidance. (reviewed - no change 01/11/2018)	8 (L=4 x I=2)	Risk Opened: 02/12/2013 Reviewed: 01/02/2019	[01/02/2019] The Senior commissioning team reviewed the current corporate risk register at their meeting on 22.11.18. Agreed to remove risk from corporate risk register, to be included on mental health program risk register for oversight by mental health care partnership board., [01/10/2018] 1. Development of comprehensive autism action plan requires senior management sign off – Completed June 2017 2. Improve the autism data collection process for Autism across the STP Footprint. Reviewed March 2018 3. One central location on the Plymouth Online Directory (POD) for Autism information. Ongoing and will be completed by March 2018 4. Autism Case for Change to obtain sign off through the STP Governance route from March18 onwards. Supported by CCG and LA's. To be presented at PDEG in October 2018. (reviewed and updated 21/09/18) , [03/08/2018] 1. Development of comprehensive autism action plan requires senior management sign off – Completed June 2017 2. Improve the autism data collection process for Autism across the STP Footprint. Reviewed March 2018 3. One central location on the Plymouth Online Directory (POD) for Autism information. Ongoing and will be completed by March 2018 4. Autism Business Case to obtain sign off through the STP Governance route from March18 onwards. Supported by CCG and LA's. To be presented at PDEG in November 2018 (reviewed and updated 01/11/2018) , [03/08/2018] 1. Scrutiny- monthly at PHNT Quality sub-group (of the board). 2. Projects are monitored at Planned Care Control Centre. 3. Long waits monitored by the service lines (weekly) 4. UHP managed discharge process (targeting over 40 week waits (Ongoing) 5. UHP – NHSI IST reviewing backlog (on-going) 6. UHP service line FUP backlog meetings (on-going) Updated Action List added.,	1. Plans are reviewed and monitored by the Autism Partnership Board and the STP LD and Autism Leadership Meeting. 2. Benchmarking is available against the Autism Self -Assessment framework. 3. Plans are being developed at STP level to address gaps in autism provision. Case for change developed and will be presented at PDEG in November (reviewed and updated 01/11/18) [Assurance Gaps] 1. There are no agreed KPIs and autism pathway is not on the performance dashboard. (reviewed - no change 01/11/2018)	Executive Lead: Simon Tapley Owner: Shona Charlton	8

83	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	There is a risk that variable and limited capacity in general practice and networks in the Western patch could affect the ability to transform, improve sustainability and enable system wide developments The impact is that general practice and networks may experience difficulty responding in a timely way to national timelines. (HISTORIC ID: 345)	4-weekly meetings of the Western System Primary Care Partnership. Wide representation from commissioners and providers including groups of practices. This group holds the Primary Care Improvement Plan. The Primary Care Improvement plan is reported to the Western System Improvement Board. Action Plan: Working with practices to identify resource requirements for priority improvements (ongoing through GP forums and other engagement) Ensure sufficient resource is invested into primary care (GPFV, NHSE, CCG) and through STP Investment to be provided to the four groups of practices with funding and human resource to drive improvements as part of the system's primary care plan (complete for 17/18) [Control Gaps] No known gaps.	8 (L=4 x I=2)	Risk Opened: 25/11/2016 Reviewed: 11/04/2019	[05/02/2019] Feb 19 - working with practice to support and develop the formation of networks held 16th Jan 19. Follow up expected Mar 2019. Primary Care Development teams supporting with practice plans. CCG development leads completing Train the Trainer Primary care home training to support progression through primary care home development stages. Investment in ongoing management of Investment funding. Monitoring of Improved Access utilisation and improving uptake. Mar 19 - CCG met with practices providing care to the most deprived areas of Plymouth; we are supporting the formation of a 'Deep End' practice group covering said deprived localities Apr 19 - Working with practices to implement contract reform. Supporting Primary Care Network development , [25/06/2018] 1. Working with practices to identify resource requirements for priority improvements (ongoing through GP forums and other engagement) 2. Ensure sufficient resource is invested into primary care (GPFV, NHSE, HEE, CCG) and through STP 3. General Practice Forward View Transformation Funding – Plans in development with support from CCG. 4. Improved Access – Two Lead Providers for Western agreed at PCC. Proposals in development for Oct implementation 5. Primary Care Transformation Plans are aligned with Health and Wellbeing Hubs plans. Joint working with Plymouth City Council 6. Expression of Interest submitted for First Contact Practitioner Physiotherapy Service at four Sound Health practices ,	Reported through the Western Primary Care Partnership and the Western Locality System Improvement Board [Assurance Gaps] Insufficient change capacity at all required levels	Executive Lead: Mark Procter Owner: Paul Baker	10
55	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk the CCG could lose access to some or all of its ICT services. This will have a negative impact on the whole CCG if departments do not have robust business continuity plans in place. Our IT Service provider, Delt, also has to have robust Business Continuity and IT Service Continuity (Disaster Recovery) plans in place in place for the CCG. The main risks to the CCG's ICT Services are from physical damage (e.g. fire, flood, damage to communications links), accidental damage caused by changes implemented by Delt and cyber-attack (virus, hacking, malware etc). (HISTORIC ID: 164)	All CCG departments have appropriate Business Continuity Plans in place to outline how they will still function in the event of a major loss of ICT Systems. Delt have appropriate Business Continuity Plans in place to ensure essential ICT services can be delivered in the event of a major incident. Delt provide an active Security Monitoring Service, currently provided by a specialist third party Babcock Managed Security Services. Delt commission annual Penetration Tests on the CCG ICT Infrastructure. [Control Gaps] None identified	8 (L=2 x I=4)	Risk Opened: 05/01/2015 Reviewed: 16/04/2019	[12/12/2018] Risk reviewed 12 December 2018, no changes identified.,	Annual Penetration test of CCG ICT Infrastructure and Services. CCG completion of DPS Toolkit. Annual review of business continuity plan as part of NHS England EPRR core standards of assurance. [Assurance Gaps] None identified.	Executive Lead: Mark Procter Owner: Jim Goodwin	8

88	To ensure that the organisation contributes to system financial balance and maintains improvements in efficiency, productivity and sustainability for the wider benefit of the NHS	Following recent internal review process against the 2014 changes to the definition of deprivation of liberty whereby more people in the community may be subject to a DoL, the CCG has identified that some patients have not had a community DOL application, which could have a financial impact on the CCGs, the level of which is currently unknown. (Duplicated on SDT RR - risk number 24) (HISTORIC ID: 390)	April 2019 - Issues regarding staff time in DPT to complete applications has been escalated to CCG senior leadership team (nursing directorate) (RA) March 2019 - RD&E have re-issued their request for all case holders to review their caseload against the criteria for community deprivation of liberty and report them through the appropriate channels. TSDFT have sent information relating to their estimated number of incidence of community deprivation of liberty. Further information has been requested on confirmed figures and priority level (RA) February 2019 - A further meeting has been held between CCG and DPT and the community DOL Development Plan has been updated accordingly. Livewell SW are undertaking a review of their waiting list to ensure the correct priority has been allocated to each (RA) January 2019 - The development plan has now been written up and will be kept under review at the safeguarding steering group (DG) January 2019 - NEW Devon CCG's MCA lead has now incorporated South Devon & Torbay CCG MCA / DoLS work stream into a combined CCGs work plan which she is leading on (TB) December 2018 - The detailed report proposed in August has been submitted to the risk owner and chair of the safeguarding steering group. The contents have been approved and the risk template updated accordingly (RA) August 2018 - progress has been made in identification of children and young people who may be deprived of their liberty. The project involving CCG staff completing court applications has encountered an obstacle in working with the case management teams in Devon Partnership Trust who are unable to dedicate time to providing the required documentation, such as care plans and risk assessments to support the applications. This is being followed up by the MCA Lead for DPT (SB) August 2018 - risk is a standing agenda item for discussion and review at the safeguarding steering group. Next meeting is on the 9th August. (SB) [Control Gaps] Need to implement a triage system risks from overdue reviews affect the level of assurance deprivation of liberty not yet recognised as such information used for triage will be limited to information available to the CCG (that is, not that held by providers)	6 (L=2 x I=3)	Risk Opened: 18/05/2018 Reviewed: 12/04/2019	[12/12/2018] A development plan will be written up including clear actions to be appended to the report. A copy of this will be provided to the executive lead Rationale for closure: This development plan is complete an has been provided to the risk owner and the safeguarding steering group (RA), [07/11/2018] RDE have again committed to circulating the guidance and asking for notifications from community teams Rationale for closure: This action has been circulated again. There has not been a significant response as yet but the action is complete, [07/11/2018] A meeting has taken place with Livewell MCA Lead to clarify the applications which are required Rationale to close: Livewell are maintaining their own list and progressing in order of priority, [07/11/2018] Progress has been made in identification of children and young people who may be deprived of their liberty Rationale for closure: Notifications of all known cases have been sent to local authorities, [07/11/2018] Applications were started for the highest priority cases. These have encountered an obstacle in working with the case management teams in DPT who are unable to dedicate time to providing the required documentation such as care plans and risk assessments to support the applications. This is being followed up by the MCA Lead for DPT April 2019 - This is now going to the CCG SLT and has been escalated to the safeguarding lead for DPT. , [07/11/2018] The cases already known and identified in the desktop review were prioritised Rationale for closure - this retrospective work is now complete, the work of triaging new cases as they are reported will be ongoing, [07/11/2018] NEW Devon carried out a desktop review of commissioned care over a certain weekly cost and identified anyone deprived of their liberty. Rationale for closure - There may be people deprived of their liberty whose care cost is lower; however it was decided it would be disproportionate to continue with this process for all smaller funded packages of care,	April 2019 - A further meeting has been arranged with TSDFT. Issues regarding staff time in DPT to complete applications has been escalated to CCG senior leadership team (nursing directorate). Livewell have completed the re-check of the prioritisation level of all those requiring an application. This will be added to the CCG records (RA) February 2019 - A further report has been drafted around the obstacles encountered with the DPT case management teams in dedicating time to provide required documentation such as care plan and risk assessments to support the applications. The report will be submitted to DPT Director of Nursing and the matter has been raised for discussion in the review of the DPT specification (RA) January 2019 - The development plan has now been written up and will be kept under review at the safeguarding steering group (DG) January 2019 - NEW Devon CCG's MCA lead has now incorporated South Devon & Torbay CCG MCA / DoLS work stream into a combined CCGs work plan which she is leading on (TB) December 2018 - The detailed report proposed in August has been submitted to the risk owner and chair of the safeguarding steering group. The contents have been approved and the risk template updated accordingly. The score has been reviewed and agreed. A development plan will be written up including clear actions to be appended to the report. A copy of this will be provided to the executive lead. The plan will be kept under review at the safeguarding steering group (RA) November 2018 - A meeting is scheduled fro 9th November with DPT to look at the obstacles and progress in relation to community DoL. A detailed review report has been submitted to the risk owner. Clarification is being sought from Livewell relating to systems in place for routine identification of deprivation of liberty by the 117 panel (RA) October 2018 - The CCG work together with providers to identify and respond to community deprivation of liberty. There is a meeting scheduled with DPT on 9th Nov to discuss staff time to make applications. A further meeting has taken place with Livewell MCA lead to clarify the applications which are required. RDE have again committed to circulating the guidance and asking for notifications from community teams. Conversations have also taken place with local authorities to discuss young people who may be deprived of their liberty in both Devon & Plymouth council areas. There is no action required from UHPNT. Actions with NDHT will be picked up in November with their new MCA Lead (SB) September 2018 - The risk was discussed at the Safeguarding Steering Group on 9 August. A detailed report will be submitted to the risk owner and chair of the steering group providing a detailed update on the risk, controls and assurances. Datix has now been updated to enable recording of community deprivation of liberty, triage level and actions taken. Information already held by both CCGs will be entered to enable management reporting (RA/DG) [Assurance Gaps] The demand on care coordinators which impacts on their ability to undertake necessary work is reviewed by the control centre and it will be necessary for communication between	Executive Lead: Lorna Collingwood-Burke Owner: Tamsin Banks	9

							the safeguarding steering committee and the quality/CHC team to monitor the risk.		
91	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that a combination of reduced infection prevention and control (IPC) capacity within the joint CCGs, combined with systemic issues in accessing, analysing and storing the necessary primary care data, will result in a failure to achieve the E coli bloodstream infection audits requested within the national Quality Premium: * Part a - ii. Collection and reporting of a core primary care data set for all E coli BSI in Q2-4 2017/18. This will require completion of requisite data through the existing Public Health England Data Capture Set (PHE DCS) reporting system for E coli BSI and the refined data collection for primary care related aspects. Collection and reporting of a core primary care data set for all E coli BSI will continue during 2018/19. The impact of this is reputational, in that the CCGs will not achieve a nationally set objective; financial, in that the CCGs will not be eligible for this aspect of the Quality Premium payment (~£150,000, with a further ~£300,000 for reduction of E coli bloodstream infections based on this data); patient safety, in that the CCGs will not have the information recommended nationally to address the problem of E coli bloodstream infections. (duplicated on SDT RR - risk number 92) (HISTORIC ID: Na)	2019 April - Continued discussions with NHSE at SW IPC meeting. Job description for System IPC lead post drafted and progressing to job evaluation. Awaiting confirmation on agreed funding for additional posts within providers to enable recruitment to commence (LW) 2019 March - Role definitions/JDs and service specification for CIMS are drafted and a task and finish group comprising microbiologists, IPC specialist nurses and DIPCs from across Devon with the CCG Nursing & Quality Directorate is working to progress this (LW) 2019 February - Further discussion with NHSE and neighbouring CCGs about actions taken to evidence work within the Quality Premium and a SW Regional IPC meeting has commenced to share challenges and ideas with NHSE. The proposal for a Community Infection Prevention Service for Devon was discussed and supported at Devon Clinical Cabinet on 10th January and development of the roles and service specification is underway (LW) 2019 January - Further discussion with NHSE and neighbouring CCGs about actions taken to evidence work within the Quality Premium and a SW Regional IPC meeting has commenced to share challenges and ideas with NHSE. The proposal for a Community Infection Prevention Service for Devon was discussed and supported at Devon Clinical Cabinet on 10th January and development of the roles and service specification is underway (LW) 2018 December - NHSE are planning a SW region HCAI group for regular discussion and review of progress against HCAI as many CCG areas experiencing challenges in the quality premium requirements for primary care GNBSI reporting specifically (LW) 2018 November A sample of Ecoli case reviews (22) has been undertaken supported by one NHS acute provider in order to establish the application of the dataset requirements in practice for the CCG. Findings from this have been discussed and there were no new themes identified that could lead to inform a stronger case for completing case reviews on all Ecoli infections. This test review of 22 patient cases will be used to inform the QP requirement. We continue in discussion with NHSE, along with other South West region CCGs about the challenges of achieving the QP requirement (LW) 2018 October - A collaborative call with other CCGs and NHSE to further discuss is planned for 22/10/18. Further amendments have been made to the proposal for Community Infection Management service following discussions with the Devon Anti-microbial stewardship group (LW) 2018 September - The issue has also been included in the outline business case for a Community infection management service - this was discussed at the Devon Antimicrobial stewardship group on 05/09/18 (LW) 2018 August - Further discussion held with NHSE and other CCG areas as also experiencing challenges in undertaking this aspect of the Quality Premium (QP), Small test of data collection from 26 hospital records to ascertain how much of this data can be extracted easily, however these are patients that have had an admission. Draft QEIA completed to support the outline business case for CIMs. Further action to review other evidence that could be used to support the QP (LW) [Control Gaps] 2018 July - * There is no mandated requirement for current acute/community providers to report on or review primary care Ecoli infections and this is defined in the guidance as a CCG reporting requirement from 18/19 (Q2). * Outline business case not yet approved	6 (L=3 x I=2)	Risk Opened: 06/07/2018 Reviewed: 16/04/2019	[06/08/2018] 2018 August - LW had further discussion with NHSE and other CCG areas as also experiencing challenges in undertaking this aspect of the Quality Premium (QP). Small test of data collection from 26 hospital records to ascertain how much of this data can be extracted easily, however these are patients that have had an admission. Draft QEIA completed to support the outline business case for CIMs. Further action to review other evidence that could be used to support the QP (LW) Rationale to close action: This review info was previously fedback to NHSE and has been discussed since at the SW IPC meeting. It was also reported as part of the IPC report to QCiC back in Nov or Dec 2018 . Action to be closed,	2019 February - Further discussion with NHSE and neighbouring CCGs about actions taken to evidence work within the Quality Premium and a SW Regional IPC meeting has commenced to share challenges and ideas with NHSE. The proposal for a Community Infection Prevention Service for Devon was discussed and supported at Devon Clinical Cabinet on 10th January and development of the roles and service specification is underway (LW) 2018 November - The outline business case for a community infection management service has been finalised following consultation and is going to Clinical Cabinet in January. This service would enable community/primary care infections to be reviewed and additional resource provided to support IPC in community and primary care settings including care homes (LW) 2018 October - A collaborative call with other CCGs and NHSE to further discuss is planned for 22/10/18. Further amendments have been made to the proposal for Community Infection Management service following discussions with the Devon Anti-microbial stewardship group (LW) 2018 July - * Regular internal meetings around IPC and E coli reduction planning * Regular access to and monitoring of the HCAIDCS database, allowing up to date monitoring of infections across Devon * Regular external meetings with both regional (Kernow CCG, Somerset CCG) and national (NHS England) stakeholders * Quarterly report to the Quality Committees in Common, with E coli reduction as a regular item on this report * Informal engagement with acute provider organisations and access to E coli reduction plans from these organisations * Engagement with care home manager groups (Devon Kitemark group, QAIT teams) [Assurance Gaps] 2018 July - * Engagement with primary care * Regular formal engagement with acute IPC teams	Executive Lead: Lorna Collingwood-Burke Owner: Lorraine Webber	10

92	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that a combination of reduced infection prevention and control (IPC) capacity within the joint CCGs, combined with systemic issues in accessing, analysing and storing the necessary primary care data, will result in a failure to achieve the E coli bloodstream infection audits requested within the national Quality Premium: * Part a - ii. Collection and reporting of a core primary care data set for all E coli BSI in Q2-4 2017/18. This will require completion of requisite data through the existing Public Health England Data Capture Set (PHE DCS) reporting system for E coli BSI and the refined data collection for primary care related aspects. Collection and reporting of a core primary care data set for all E coli BSI will continue during 2018/19. The impact of this is reputational, in that the CCGs will not achieve a nationally set objective; financial, in that the CCGs will not be eligible for this aspect of the Quality Premium payment (~£150,000, with a further ~£300,000 for reduction of E coli bloodstream infections based on this data); patient safety, in that the CCGs will not have the information recommended nationally to address the problem of E coli bloodstream infections. (duplicated on the NEWD RR - risk number 91) (HISTORIC ID: Na)	2019 April - Continued discussions with NHSE at SW IPC meeting. Job description for System IPC lead post drafted and progressing to job evaluation. Awaiting confirmation on agreed funding for additional posts within providers to enable recruitment to commence (LW) 2019 March - Role definitions / JDs and service specification for CIMS are drafted and a task and finish group comprising microbiologists, IPC specialist nurses and DIPCs from across Devon with the CCG Nursing & Quality Directorate is working to progress this (LW) 2019 February - Further discussion with NHSE and neighbouring CCGs about actions taken to evidence work within the Quality Premium and a SW regional Infection Control Committee has commenced to share challenges and ideas with NHSE. LW attended the SW Infection Control Committee on 29th January. 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The outline business case for a community infection management service has been finalised following consultation and is going to Clinical Cabinet in January (LW) 2018 October - A collaborative call with other CCGs and NHSE to further discuss is planned for 22/10/18. Further amendments have been made to the proposal for Community Infection management service following discussions with the Devon Anti-microbial stewardship group (LW) 2018 September - The issue has also been included in the outline business case for a community infection management service - this was discussed at the Devon Antimicrobial Stewardship group on the 05/09/18 (LW) 2018 August - Further discussion with NHSE and other CCG areas as also experiencing challenges in undertaking this aspect of the Quality Premium (QP). Small test of data collection from 26 hospital records to ascertain how much of this data can be extracted easily, however these are patients that have had an admission. Draft QEIA completed to support the outline business case for CIMs. Further action to review other evidence that could be used to support the QP (LW) [Control Gaps] 2018 July - * There is no mandated requirement for current acute/community providers to report on or review primary care Ecoli infections and this is defined in the guidance as a CCG reporting requirement from 18/19 (Q2). * Outline business case not yet approved.	6 (L=3 x I=2)	Risk Opened: 06/07/2018 Reviewed: 16/04/2019	[06/08/2018] August 2018 - LW had further discussions with NHSE and other CCG areas as also experiencing challenges in undertaking this aspect of the Quality Premium (QP). Small test of data collection from 26 hospital records to ascertain how much of this data can be extracted easily, however these are patients that have had an admission. 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This test review of 22 patient cases will be used to inform the QP requirement. We continue in discussion with NHSE, along with other South West region CCGs about the challenges of achieving this QP requirement (LW) 2018 October - A collaborative call with other CCGs and NHSE to further discuss is planned for 22/10/18. Further amendments have been made to the proposal for Community Infection management service following discussions with the Devon Anti-microbial stewardship group (LW) 2018 September - The issue has also been included in the outline business case for a community infection management service - this was discussed at the Devon Antimicrobial Stewardship group on the 05/09/18 (LW) [Assurance Gaps] * Engagement with primary care * Regular formal engagement with acute IPC teams	Executive Lead: Lorna Collingwood-Burke Owner: Lorraine Webber	10

29	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that there is no access to a single shared drive or shared documents for aligned Quality & Nursing and Safeguarding teams/team members. The impact delays the quality surveillance & assurance process and causes duplication of effort and risk of poor version control of documents. Some electronic tools eg: Quality Assurance Framework are developed 'live' and can only be accessed through NEWD CCG shared drive. Additionally this electronic tool, if not used, edited and closed in a single edit/intervention period has previously had multiple versions available which leads to risk of misinformation or inaccurate/out of date information being used to inform the quality assurance process. Version control ability is compromised. Currently SDT CCG Quality & Safeguarding team cannot access NEWD CCG shared drive and therefore all reports and information and indicators recorded on the QAF have to be written and then input separately onto shared area. This is causing unnecessary increased time pressures, increase in workload demands and duplication of work/effort. SDT CCG staff cannot review QAF for providers info. (HISTORIC ID: 235)	April 2019 – The new S drive structure for Nursing & Quality has now been established and plans are in place for Delt to move files from the old N drive to the new S drive. Meanwhile, the Sharepoint solution will remain in place. The QAM meeting has decided to assess use of the S drive vs Sharepoint when the work to move files is complete and staff have got used to the new S drive (JG) February 2019 - Both CCGs continue to use Sharepoint for the time being (SD) January 2019 - SDT CCG have now transferred over to DELT but both CCGS are still working off two individual drives until such time that a single shared drive has been finalised. The basic layout of the new drive for the Nursing and Quality Team has been shared with the IT department. Until such time that the shared drive is up and running the Nursing & Quality Team will continue to use Sharepoint (SD) December 2018 - Access to Sharepoint now set up for staff from both CCGs to access data for the QAM meeting. Some issues around speed & access has been an issue although these have been rectified where needed (SD) November 2018 - The QAM group used Sharepoint to share information between the two CCGs at their October meeting. Some glitches experienced including permission levels . Further work by SD to identify what other information can now be shared on the site for other workstreams of the directorate (SD) October 2018 - SD now piloting Sharepoint as a way of sharing files between the two CCGs. Hoping to roll out to the QAM group the w/c 15/10/18 (SD) September 2018 - Discussion held with the Head of ICT, NEW Devon CCG to further the delays in getting KIteworks up and running for staff (SD) August 2018 - It was requested from the Joint Quality Assurance Meeting not to pursue Kiteworks as there was another possible solution that didnt incur any cost via DELT. SD awaiting outcome from initial requester of the NEWD shared drive (SD) [Control Gaps] September 2018 - In addition to members of staff not accepting the invite to the Kiteworks programme, Kiteworks have changed the process when updating documents stored on the cloud and you now require an plug-in/add-on installed onto your PC. Each member of staff needs to liaise with their IT team to progress this. The programme is managed by SDT IT team and therefore NEWD IT team need to liaise with them to understand what is required of them for the installation (SD) November 2017 - IT systems/shared drive access not available to support single repository for information/reports that can be easily access by joint team (LW)	6 (L=2 x I=3)	Risk Opened: 09/11/2017 Reviewed: 03/04/2019	[02/08/2018] SD to double check with IT that all invitees of Kiteworks are still activated and circulate instructions on how to enable their editing rights Completed although Kiteworks wasn't the right programme for what the N&Q team wanted. Information transferred over to Sharepoint, [14/11/2017] Action not given,	April 2019 – The new S drive structure for Nursing & Quality has now been established and plans are in place for Delt to move files from the old N drive to the new S drive. Meanwhile, the Sharepoint solution will remain in place. The QAM meeting has decided to assess use of the S drive vs Sharepoint when the work to move files is complete and staff have got used to the new S drive (JG) March 2019 - The new shared drive has now been launched and Delt are implementing the structure requested by Nursing and Quality. This will give N&Q the opportunity to see if the new shared drive, or continued use of SharePoint is the best solution (JG) February 2019 - The single shared drive will be launched in February. In the meantime Nursing and Quality continue to use Sharepoint. Once the new drive is available, Nursing and Quality will be given the option to either continue with Sharepoint or migrate documents to the shared drive (JG) January 2019 - SDT CCG have now transferred over to DELT but both CCGS are still working off two individual drives until such time that a single shared drive has been finalised. The basic layout of the new drive for the Nursing and Quality Team has been shared with the IT department. Until such time that the shared drive is up and running the Nursing & Quality Team will continue to use Sharepoint (SD) December 2018 - A new shared drive accessible by both CCGs will be in place in January 2019, solving the issue (JG) October 2018 - SD now piloting Sharepoint as a way of sharing files between the two CCGs. Hoping to roll out to the QAM group the w/c 15/10/18 (SD) September 2018 - NEWD IT dept., have installed the plug-in/add-on to all of the staff members invited to share the workspace (SD) April 2018 - agreement by Deputy Directors as to who will have access to Kiteworks. SD to set this up by w/e 27/04/18 (SD) [Assurance Gaps] October 2018 - SDT CCG working closely with NEWD CCG IT team to support with the installation of the Kiteworks app to enable users to modify work stored on the Cloud. Difficulties have arisen due to the version of Microsoft Office staff are using in NEWD. Chief Information Officer informed and a possible alternative solution to be recommended until such time that both CCGs are on the same network later on in the year. Awaiting progress update from the IT team (SD) August 2018 - SD waiting on the outcome from DELT regarding an initial requester having access to the NEWD shared drive. In relation to Kiteworks SD informed not to pursue as the other option would be at no cost. Work previously done with IT that all staff now have activated their Kiteworks account and set up a password, IT have informed SD that the system has changed recently and a further 'add-on' to the system needs to be installed to give the user editing rights. SD has set up for all members of staff to contact SDT IT service desk (SD) July 2018 SD waiting for IT to assist with the glitches identified in setting members of staff up with Kiteworks (SD) May 2018 - SD has identified a few glitches with the initial invite to	Executive Lead: Lorna Collingwood-Burke Owner: Jim Goodwin	8

							Kiteworks and has escalated these. Work ongoing to get the Quality team up and running (SD) April 2018 - All staff on the distribution list for the JQAM have only been given viewer permission levels due to the monthly cost for anything above this. Deputy Directors currently liaising to confirm who needs contributor permission levels - delay due to annual leave (SD) March 2018 - All staff that are on the distribution list for the JQAM have been invited to share the workspace although due to an individual license fee cost for anything other than viewer consideration being made as to who needs access (SD) February 2018 - this risk is to remain open until SDT CCG Quality team have a solution in place that enables them to access the shared information across the Nursing & Quality directorates of both CCGs. Not being able to easily work as one team/function is impairing on workloads across the joint team and the timeliness with which they can undertake the core work (LW) February 2018 - the said communication via the staff newsletter did not happen. SD to liaise with NH (SD)		
31	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk that Medicines Optimisation pharmacists employed by the CCG are performing a clinical role, including prescribing medicines, in Primary Care and the CCG holds corporate responsibility for their actions whilst not directly supervising this work. (HISTORIC ID: 186)	Regular 121's and team meetings with practice pharmacist to monitor workload and encourage peer support. [Control Gaps] No gaps identified	6 (L=2 x I=3)	Risk Opened: 27/07/2016 Reviewed: 31/01/2019	[04/08/2016] Finalise draft pharmacy handbook and roll-out. Distributed December 2016 Meds Optimisation Team and Quality Team to meet to agree associated job description for NMP.,	24/05/2018 A revised version of the pharmacist handbook is in development with first draft having been completed. Should take into account new GDPR regs Revised assignment agreement to be agreed between pharmacist and practice once handbook finalised. 16/03/2018 NEW Devon's NMP Lead will oversee all non medical prescribing for SDT. Pharmacists have indemnity insurance and honorary contract with practices. All NMP have a nominated prescribing lead in their practice. [Assurance Gaps] the NMP lead role now extends to all of Devon, the support mechanisms have yet to be constructed to support pharmacist NMPs in SDT. IR 24/05/2018 30/01/2019 An up to date NMP policy is not in place	Executive Lead: Mark Procter Owner: Jo Watson	9
38	To improve collaborative working arrangements with communities promoting self-care, prevention and make continuous improvements in health and wellbeing for the population of Devon	As the CCG increases its level of collaborative working within the STP and as part of the wider Devon sustainability & transformation plan governance arrangements, there is a risk that it may fail to adhere appropriately to one or more of its statutory duties or internal governance requirements, thus potentially failing in one or more of its legal duties. (HISTORIC ID: 319)	The CCG will need to contribute to the discussion and design of system wide governance arrangements and appropriately represent its interests and statutory requirements. The CCG, led by the director of strategy, will review the impact of the evolving changes to system governance ahead of their implementation, testing these against CCG internal governance arrangements and statutory requirements. We will take appropriate informal and / or legal advice as appropriate before agreeing to any changes that impact on the CCG. [Control Gaps] As part of the OD work under design, senior officers will be reinformed of their responsibilities and delegations to ensure that decisions/recommendations from the STP are reported through the appropriate governance arrangements within the CCG.	6 (L=2 x I=3)	Risk Opened: 10/10/2016 Reviewed: 10/10/2018	[27/06/2018] 26/06/18 OD work commenced by Accountable Officer with Directors,	System wide governance arrangements and proposed changes will be considered by the director of strategy, debated by the CCG audit and/or executive committees, including assessing the specific impact on the CCG and developing an appropriate course of action to mitigate any material risk. Where such changes impact on or require changes to the CCGs internal governance, approval will be sought through COTM and presented to the Audit Committee to satisfy internal control arrangements ahead of any changes being agreed/implemented. [Assurance Gaps] Clear lines of accountability from the STP and SRO need to be established to provide assurance that the CCG has robust systems of internal control in place.	Executive Lead: Sonja Manton Owner: Clare Doble	12

39	To ensure that the organisation contributes to system financial balance and maintains improvements in efficiency, productivity and sustainability for the wider benefit of the NHS	There is a risk that the CCG will fail to meet its requirements to have its assurance status restored due to non-delivery of one or more of the NHS England components, which will impact on the CCG's reputation and public confidence. Components include: Domain 1 – Better Health Domain 2 – Better Care Domain 3 – Sustainability Domain 4 - Leadership (HISTORIC ID: 328)	Action plans are monitored, maintained and updated quarterly (as a minimum) and performance against assurance requirements are presented to Governing Body no less than quarterly. [Control Gaps] no gaps identified	6 (L=2 x I=3)	Risk Opened: 10/10/2016 Reviewed: 10/10/2018		We have regular quarterly meetings in place with NHS England. Assurances are provided to Governing Body through regular reports following NHS England updates. [Assurance Gaps] no gaps indentified	Executive Lead: Sonja Manton Owner: Clare Doble	13
45	To focus on safe and effective service delivery, improving positive experiences of patient health and care to achieve the best clinical outcome	There is a risk to Children and Young People who are waiting longer to start treatment for Speech and Language Therapy (SALT) services (HISTORIC ID: 360)	It was agreed that 92% of children and young people should be on an incomplete pathway of care within 18 weeks of their referral to the service. When a threshold is not achieved the Speech and Language Therapy Service Provider (Virgin Care Integrated Children's Services) is required to provide an exception report to the Commissioners that outlined details of how the potential impact on the CYP is being managed. What has been done: Within the last 12 months additional resources have been committed to ensure that children and young people can access speech and language therapy services within the commissioned timescale. It has been agreed that additional reporting requirements will be in place to ensure that access after the initial appointment continues to comply with clinical appropriate access standards. VCL ICS are actively engaged in the wider STP review of Speech and Language Services/Support (Improving Access to Communication Services/Support Project). This project is currently at the understand phase – mapping out what is on offer from all main providers in relation to Speech, Language and Communication Needs across 3 tiers of provision (universal, targeted and specialist) in relation to: Family support Environment Training Identification Intervention The project will also focus on capacity and sustainability of provision across the all providers (whole system approach). Our most recent reports from Virgin Care Integrated Children's Services indicate: 94.44% of children and young people were seen within the 18-week period. (1.34% increase from previous reporting period). The median length of time between referral and start of treatment was 8.3 weeks Longest wait: 53.7% (increase) 44 Children/Young People waited more than 18 weeks. Overall there continues to be improvement in performance. [Control Gaps] Control Gaps Commissioners require additional information and evaluation of the current challenges: The threshold for access has not been achieved.	6 (L=3 x I=2)	Risk Opened: 07/02/2017 Reviewed: 15/03/2019		Assurances are gained via the Contract Review Meeting for VirginCare Ltd [Assurance Gaps] Local SALT/ language and communication model of care and the pathways for language and communication across universal to specialist provision needs a review and re-modelling. The changes need to support a sustainable improvement in waiting times.	Executive Lead: Simon Tapley Owner: Sharon Matson	11
49	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that there will be inappropriate access to CCG records, due to confidential documents not being stored correctly and desks not being cleared, this will impact on patient, staff and corporate records confidentiality (HISTORIC ID: 296)	06/12/2018 - All necessary mitigating actions in place at Newcourt House, the corporate office is locked when unoccupied and manned from 8.00am to 6.00pm. Confidential waste bins are in place and actively used and checked by the IG Manager on a routine basis. Where confidential information is in offices, this is the responsibility of the officer to lock away at the end of the day in line with clear desk policy. The accommodation move is underway for staff to move to County Hall A CCG wide clear desk policy has now been ratified. The document includes assessments which will be completed by the IG Department. 10/10/2018 as part of merger data cleansing and records management will form part of the responsibility of the transition merger group. This therefore forms part of a clear programme of work that will be undertaken during quarter3/4 [Control Gaps] Misuse of the unrestricted drive, including PID.	6 (L=2 x I=3)	Risk Opened: 05/07/2016 Reviewed: 13/03/2019	[13/03/2019] MS to raise at the next meeting of IGSG , [05/06/2018] Staff are aware of their personal responsibility through the mandatory data security & protection training, and the clear desk policy/inspections by business managers. ,	The clear desk policy is now in force and the Information Governance Officer is in liaison with business managers to ensure it has been communicated, actioned, reviewed and reported in their departments. Access to buildings/areas in all but one site (Newcourt) is via secure electronic entry. Newcourt has keypad locks for all external doors and visitors pass through reception for access. [Assurance Gaps] Reviews will also be taking place on CCG Unrestricted shared drive.	Executive Lead: Sonja Manton Owner: Clare Doble	8

24	To ensure that the organisation contributes to system financial balance and maintains improvements in efficiency, productivity and sustainability for the wider benefit of the NHS	Following a recent internal review process against the 2014 changes to the definition of Deprivation of Liberty (DoLs) whereby more people in the community may be subject to a DoL, the CCG has identified that some patients have not had a community DOL application, which could have a financial impact on the CCGs, the level of which is currently unknown. (duplicated on NEWD RR - risk number 88) (HISTORIC ID: 243)	April 2019 - Issues regarding staff time in DPT to complete applications has been escalated to CCG SLT (nursing directorate) (RA). March 2019 - TSDFT have sent information relating to their estimated number of incidence of community deprivation of liberty. Further information has been requested on confirmed figures and priority level. RD&E have re-issued their request for all case holders to review their caseload against the criteria for community deprivation of liberty and report them through the appropriate channels (RA) February 2019 - A further meeting has been held between the CCG and DPT and the community DOL Development Plan has been updated accordingly. Livewell SW are undertaking a review of their waiting list to ensure the correct priority has been allocated to each (RA) January 2019 - The development plan has now been written up and will be kept under review at the safeguarding steering group (DG) January 2019 - NEW Devon CCG's MCA lead has now incorporated South Devon & Torbay CCG MCA / DoLS work stream into a combined CCGs work plan which she is leading on (TB) December 2018 - the detailed report proposed in August has been submitted to the risk owner and chair of the safeguarding steering group. The contents have been approved and the risk template updated accordingly. The score has been reviewed and agreed (RA) November 2018 - Clarification is being sought about the reporting mechanism from high cost panel when a deprivation of liberty is identified. We have also followed up the request for information from TSDFT in relation to people identified as deprived of their liberty and the process for prioritisation of applications (RA) August 2018 - The Designated Nurse for Safeguarding Adults met with the Mental Capacity Act (MCA) Lead and Safeguarding Adults Operational Manager on the 1st August and agreed a range of actions to support the CCG in: 1) knowing the number of healthcare funded patients people managed through TSDFT; & of these who either requires approval from the CoP and how TSDFT has triaged them or has received approval from the CoP 2) understand how TSDFT as an organisation is managing the risk within the zones once the cases have been triaged and passed to the zone The Safeguarding Adults Operational Manager is raising this with TSDFT Director of Operations (community) and the Associate Director of Adult Social Care (DG) [Control Gaps] July 2018 - The SDT CCG Designated Nurse for Safeguarding Adults is awaiting a meeting with the MCA lead for TSDFT to develop a process for informing and updating the CCG regarding patients managed by TSDFT (DG) April 2018 - (RA) •Need to implement a triage system •risks from overdue reviews affect the level of assurance •deprivation of liberty not yet recognised as such •information used for triage will be limited to information available to the CCG (that is, not that held by providers)	6 (L=2 x I=3)	Risk Opened: 26/04/2018 Reviewed: 12/04/2019	[12/12/2018] A development plan will be written up including clear actions to be appended to the report, a copy of this will be provided to the executive lead Rationale for closure: This development plan is complete and has been provided to the risk owner and the safeguarding steering group, [07/11/2018] A detailed report has been submitted to the risk owner and chair of the safeguarding steering group providing a comprehensive update on the risk, controls and assurances Rationale for closure: Any actions arising from this will be added in the December 2018 update, [07/11/2018] In July 2018 the Designated Nurse for Safeguarding Adults met with the Mental Capacity Act (MCA) Lead and Safeguarding Adults Operational Manager on 1st August and agreed a range of actions to support the CCG in: * knowing the number of healthcare funded patients managed through TSDFT * knowing of these who either requires approval from the CoP and how TSDFT has triaged them or has received approval from the CoP * understand how TSDFT as an organisation is management the risk within the zones once the cases have been triaged and passed to the zone The Safeguarding Adults Operational Managers is raising this with the TSDFT Director of Operations (Community) and the Associate Director of Adult Social Care April 2019 - the above bullet points will all be addressed during a meeting with TSDFT the week commencing 15/04/19. Action to remain open (RA), [17/05/2018] Risk to be added also to the NEWD Risk Register although monitored via SD at SDT CCG (risk 390),	April 2019 - A further meeting has been arranged with TSDFT. Issues regarding staff time in DPT to complete applications has been escalated to CCG SLT (nursing directorate). Livewell have completed the re-check of the prioritisation level of all those requiring an application. This will be added to the CCG records (RA) February 2019 - A further report has been drafted around the obstacles encountered with the DPT Case Management teams in dedicating time to provide required documentation such as care plan and risk assessments to support the applications. The report will be submitted to DPT Director of Nursing and the matter has been raised for discussion the review of the DPT specification (RA) January 2019 - The development plan has now been written up and will be kept under review at the safeguarding steering group (DG) January 2019 - NEW Devon CCG's MCA lead has now incorporated South Devon & Torbay CCG MCA / DoLS work stream into a combined CCGs work plan which she is leading on (TB) December 2018 - the detailed report proposed in August has been submitted to the risk owner and chair of the safeguarding steering group. The contents have been approved and the risk template updated accordingly. The score has been reviewed and agreed. A development plan will be written up including clear actions to be appended to the report, a copy of this will be provided to the executive lead. The plan will be kept under review at the safeguarding steering group (RA) October 2018 - The CCG work together with providers to identify and respond to community deprivation of liberty. SDT CCG have formally asked for an update from TSDFT to the actions requested in August (SB) September 2018 The risk was discussed at the safeguarding steering group on 8th August. A detailed report will be submitted to the risk owner and chair of the safeguarding steering group providing a detailed update on the risk, controls and assurances. Datix has now been updated to enable recording of community deprivation of liberty, triage level and actions taken. Information already held by both CCGs will be entered to enable management reporting (DG/RA) [Assurance Gaps] May 2018 - SGA Lead is due to meet with DPT and discuss a process similar to that with the CHC team in SDT (DG) April 2018 - The demand on care coordinators which impacts on their ability to undertake necessary work is reviewed by the control centre and it will be necessary for communication between the safeguarding steering committee and the quality/CHC team to monitor the risk (RA)	Executive Lead: Lorna Collingwood-Burke Owner: Tamsin Banks	9
19	To make continued improvements in performance against core standards to deliver measurable results	There is a risk that intermediate care placements cannot be placed out of area whilst we await new funding agreement for primary care from TSDHFT. The impact of this is that it will increase admissions to hospital and/ or delay discharge from hospital if places are not available. (HISTORIC ID: 161)	ICO and localities are co-designing a proposal for medical cover which will form a key component of the new model of care. The CCGs CFC and SLT meetings are overseeing the implementation of the new model of care. The Care Model Operational Delivery Group and the Finance Committees in common are overseeing the implementation and delivery of the care model. [Control Gaps] No gaps identified	6 (L=2 x I=3)	Risk Opened: 09/12/2015 Reviewed: 08/08/2018	[08/08/2018] April 2018: The Collaborative Board is reviewing the revised proposal from the Trust. Aug 2018 - SPCCB and the LMC have worked with TSDFT to define contracts ,	TSDHFT and the LMC are co-designing a proposal for medical cover which will form a key component of the new model of care. IC contracts are in place with practices [Assurance Gaps] No gaps identified	Executive Lead: Simon Tapley Owner: Jenny Turner	9

59	To commission services to reduce health inequalities and match resources explicitly to improve the local health and wellbeing needs of the population of Devon	Risks are a combination of Clinical (lack of timely diagnosis leads to poorer outcomes), financial (implications for Better Care Fund and Quality Premium)and reputational (NEW Devon CCG lags behind SW and England average). Likelihood score remains at 5 due to continuing likelihood of failing to achieve the target.Given the issues described below it would seem that achievement of diagnosis rates is unlikely and as a result this score should remain at 5. The impact score remains reduced as the risk to patients is relatively small given the assurance in the template about providing support appropriately to carers, maintaining the overall risk score at 10. There are concerns that over the last 3 years we have spent a lot of time, energy, resources in increasing the dementia prevalence. Over the last year our CCG (and nearly all CCGs in the south west) have found the prevalence rates plateau, despite further work streams. We felt this demonstrates that unless you throw vast resources at it, we are unlikely to improve significantly. We unanimously felt this would be wrong when considering dementia care as a whole. Most importantly, the figures of the predicted rates have been questioned via Public Health and SCN Dementia Implementation Group and this has been fed back to NHSE as it supports our view that the blanket application of a 67% rate may be unachievable. For information 'The idea that there is a specific number to hit for a specific location from an overall national prevalence is not epidemiologically justified and as a study we do not endorse such an approach'. CFASII Author (HISTORIC ID: 122)	Progress to date in raising awareness of increasing diagnosis has been via the following: Liaison with the Alzhiemer's Society, who run the Dementia Adviser Service, to increase collaboration with General Practice. This has been well received and it is anticipated that representatives of the organisation will attend each locality meeting before April 2018. A gap analysis has been sent out to organisations, voluntary sector and statutory to see what services are available across Devon and to identify gaps and areas of good practice which can be expanded. A diagnosis audit will be undertaken at each of the four acute hospitals to increase awareness of diagnostic pathways. Liaison with Patient Groups to support awareness of Dementia Diagnosis, including events run by the voluntary sector and Alzheimer's Society. [Control Gaps] There are difficulties in Patients self-identifying/referring themselves for Cognitive Impairment Assessments (Stigma) GPs understanding the value of a Dementia Diagnosis and therefore not referring or diagnosing as appropriate In some areas there are simply not the numbers of individuals with Dementia as per the prevalence due to the demographics within Devon.	4 (L=4 x I=1)	Risk Opened: 16/06/2014 Reviewed: 14/11/2018	[14/11/2018] It is being clarified as to whether this risk is a duplication of risk 80 and it has been suggested that it should be a whole Devon risk. This is being reviewed. ,	Latest figures indicate NEW Devon continues to achieve a diagnosis rate of around 60%. David Jenner instigated a recent meeting with the National Clinical Director for Older People's Mental Health (the portfolio includes dementia) at which it was agreed that more work was needed to see if the prevalence assumptions are accurate. We continue to oversee our diagnosis rate action plan through the OPMH Steering Group which focuses on some key areas: • systematise follow up of people identified as part of the Acute Trust CQUIN. • Clear information for GPs about the Memory Assessment process and post diagnosis pathway. • Raise the profile of post diagnosis services • DeAR GP option initiated by GPs in partnership with their local care homes • simple toolkit for GPs to develop dementia friendly GP practices • build on award winning care home support examples to improve identification/outcomes for people with dementia in care homes • Continuing focus on data accuracy [Assurance Gaps] None	Executive Lead: Simon Tapley Owner: Derek OToole	10

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: INTERIM ACCOUNTABLE OFFICER REPORT	
Date of committee: 25 April 2019 **Date report produced:** 12 April 2019	
Author (s) Name and Title: Simon Tapley, Interim Accountable Officer / Director of Commissioning Contact Details: simon.tapley@nhs.net Andrew Millward, Director of Communications and HR Contact details: andrew.millward@nhs.net Molly Bishop, Business Manager Contact Details: mollybishop@nhs.net	**Supporting Executive:** Simon Tapley **Name and Title:** Interim Accountable Officer / Director of Commissioning **Contact Details:** simon.tapley@nhs.net **Report Approved by:** Simon Tapley **Name and Title:** Interim Accountable Officer / Director of Commissioning **Contact Details:** simon.tapley@nhs.net **Date:** 12 April 2019

Public or Private (Governing Body only):			**Public**	✓	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):						
Purpose and scope of report:	**Consultation**		**Approval**		**Information**	✓
Does this report place individuals at the centre?			**Yes**	✓	**No**	

Executive Summary:

This report contains updates on:

- Merger of NEW Devon and South Devon and Torbay CCGs to become NHS Devon CCG on 1st April 2019
- Delegated Commissioning
- CCG 360 Stakeholder Survey
- Operating Plan for 2019/20
- Key meetings and visits
- EU Exit Preparedness
- NHS Long Term Plan

Management of Conflict of interests:

Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

N/A

Key recommendations and actions requested:				
This report is for information only.				
Reference to other documents or accompanying papers:				
N/A				
Have the legal implications been considered?				
N/A				
Equality Impact Assessment:				
Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	**No**
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?		✓
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will there be a positive benefit to the patients or workforce as a result of the proposed work?		✓
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 4) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**. If a quality and equality impact assessment is not thought to be required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

GOVERNING BODY – INTERIM ACCOUNTABLE OFFICER REPORT

1. Merger to NHS Devon CCG

Following formal approval by NHS England for the merger of NEW Devon CCG and South Devon and Torbay CCG received on 8 March 2019, the two CCGs merged on 1st April 2019 to become NHS Devon CCG.

NHS Devon CCG will serve a patient population of nearly 1.2 million people with a budget of more than £1.8 billion, and the CCG will be made up of 131 member GP practices, all of which are rated either good or outstanding by the CQC. Merging is an important step in the journey to create a single strategic commissioner for Devon as part of the CCG's ambition to better integrate health and care services to benefit our local communities. It will also enable further investment, maximising income to the Devon system.

Simultaneously, with the launch of NHS Devon CCG, the vision, mission and values have also been refreshed and endorsed by the Governing Body and executive team:

Vision: Working together for Devon

Mission: Working together to commission the right services that improve the lives of those who live in Devon

Values: One team; Respect for all; Quality in everything we do; Everyone is a leader

Hundreds of staff joined us to celebrate the launch of our new organisation on 1 April 2019 at Buckfast Abbey Conference Centre. It was a great opportunity to mark the first day of our organisation and start on a positive footing.

Many of the people who attended the two events fed back that they are really looking forward to working in our new organisation and felt that the efforts to do something on the actual launch day was hugely positive.

Staff said that the new values unveiled during the launch had resonated with them, and they felt that the issues that they had shared in the workshops we held at each site had been reflected in the organisation's new vision, values and behaviours.

2. Delegated Commissioning

On 1st April 2019, NHS Devon CCG took on delegated responsibility for the commissioning of general practice from NHS England. Taking on delegated commissioning means that the CCG will have more control over the £165 million primary care budget, facilitating the opportunity for differential enhanced investment in primary care. The CCG will continue to link with NHS England colleagues where their expertise adds value to ensure it discharges its responsibilities efficiently and effectively.

3. 360 Stakeholder Survey

We have now received the results from Ipsos MORI for 2018/19, and the results are very promising.

The full results are being presented at Governing Body, but the highlights show:

- Effectiveness of their working relationship with the CCG: 84% said it was very/fairly good
- Their rating of the CCG as an effective local system leader: 67% said it was very/fairly good
- The CCG considers the benefits of the whole health and care system when making a decision: 74% agreed
- The CCG works collaboratively with system partners to improve the health of the population; 73% agreed.
- 85% of Member Practices said that they had an effective working relationship with the CCG.

These results highlight that our new approach over the past 12 months to enhance stakeholder engagement is working.

4. Operating Plan 2019/20

The CCG submitted its Operating Plan to NHS England on 4th April 2019. The Operating Plan sets out the CCG's commissioning priorities and objectives, its plans to deliver them in 2019/20, and its approach to achieving transformative change during the year and as a foundation for 2020/21 and beyond. This year's plan is considered to be the first year of the NHS Long Term Plan.

Feedback from our regulators is focused on the challenge of the Devon system working towards hitting its control total. At this stage, the system needs to make more progress to ensuring we agree our financial and performance priorities for 2019/20.

5. Key meetings and visits

It has been an extremely productive and busy month, with key meetings and visits as follows:

- CCG Annual Assurance Meeting with NHS England.
- Involvement in the recruitment of key posts, such as our new Lay Members.
- A range of meetings with system Chief Executives in drawing up the system Operating Plan for 2019/20.
- Launch of new CCG – with meetings with our staff and stakeholders.
- Meeting with Sarah Wollaston MP.
- Meetings with PA Consulting, who are undertaking the system capability and capacity review.

6. EU Exit Preparedness

NHS organisations nationwide and in Devon have been working together in recent months to prepare business continuity arrangements in relation to leaving the European Union and the possibility of a 'no deal'. All NHS partners in Devon are part of a national and regional network of EU exit teams and key colleagues in each organisation are developing plans in line with national guidance.

Risks assessments have been carried out and well-rehearsed incident plans have been reviewed, which will help ensure the NHS continues to provide safe and high-quality care to patients and service users. The NHS in Devon hugely appreciates the invaluable work of the 1,200 people from other parts of the EU who are part of our NHS team in Devon. Each person plays a key role in providing high quality care to local people in essential roles such as doctors, nurses, healthcare assistants, domestics, porters, catering and other important areas.

Preparations for an imminent no deal have been stood down, but other preparations are continuing at present although we are awaiting further guidance. We have also received guidance on preparations in primary care and we are working to agree how to implement this.

7. NHS Long Term Plan

The NHS long term plan, published in January 2019, sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. It also set out the intentions for the NHS to:

- strengthen its contribution to prevention and health inequalities,
- improve care quality and outcomes,
- tackle current workforce pressures and support staff
- upgrade technology and digitally enabled care across the NHS.

- put the NHS back onto a sustainable financial path.

Like all areas of the country, Devon Sustainability and Transformation Partnership (STP) will now need to develop a plan for the next five years for publication in the Autumn. This local plan will be expected to describe how partner organisations will continue to work together to improve services and the health and wellbeing of the communities in Devon, building on the progress of the Devon STP to date and realising the ambitions set out in the NHS Long Term Plan.

In anticipation of NHS England planning guidance early preparatory work has been underway including:

- Development and submission of 2019/20 Operating Plan (See 4 above)
- Baseline assessment through STP programmes, CCG work streams and providers to establish how existing plans align to the NHS Long Term Plan commitments
- Refreshing the evidence base including our understanding population changes and needs, as detailed in the 3 local authority Joint Strategic Needs Assessments (JSNA) and projecting the demand for health and care services over the timescale of the long term plan.
- Engagement with the STP clinical cabinet to consider population need and projections of demand.
- Engagement of each Health & Well Being Board of Devon, Plymouth and Torbay local authorities to facilitate alignment with JSNA's, the priorities of the Joint Health and Well Being Strategies and to optimise the involvement of local partnerships in development of our Devon system plan specifically in relation to population well-being and work with communities.
- Preparation for wider engagement on the plan following local elections.

In addition to the outline engagement plan, Local Healthwatch organisations will undertake engagement during April to support local areas with development of their plans. They have launched a series of surveys and focus groups to cover six key themes: cancer, dementia, lung and heart diseases, mental health, learning disabilities and autism.

Over the next month a more detailed planning process and programme governance arrangements will be developed to enable the Devon system to develop its response to the long-term plans including how it will:

- Involve local communities and delivery partners in its development
- Use evidence of population need to inform priorities and targeted action
- Build upon the system existing agreed plans and strategies
- Define how outcomes will be delivered and how local and national good practice initiatives will be adopted consistently across the system
- Outline how financial stability and sustainability will be achieved

The NHS Long Term Plan also sets the ambition that every system will become an Integrated Care System (ICS) by 2021. Therefore, in addition to showing how the Devon system will improve the experience of care, improve the health and wellbeing of population and improve cost effectiveness, our local system plan will also need to demonstrate how we will build on the work completed through the Aspiring ICS programme and be sufficiently comprehensive to evidence the progress towards becoming an Integrated Care System.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Successful launch events for Devon CCG					
Date of committee: 25 April 2019 **Date report produced:** 16 April 2019					
Author (s) Name and Title: Andrew Millward, Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG		**Supporting Executive:** Andrew Millward, Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG **Report Approved by:** Andrew Millward, Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG **Date:** 16 April 2019			
Public or Private (Governing Body only):			**Public**	**Y**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):					
Purpose and scope of report:	**Consultation**		**Approval**		**Information**	**Y**
Does this report place individuals at the centre?			**Yes**	Y	**No**	

Executive Summary:

More than 250 people attended successful launch events for Devon CCG staff and stakeholders on 1 April 2019.

Management of Conflict of interests:
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Committees that have previously discussed/agreed the report and outcomes:

N/A – for information only

Key recommendations and actions requested:
N/A – for information only
Reference to other documents or accompanying papers:
N/A – for information only
Have the legal implications been considered?
N/A – for information only

Equality Impact Assessment:				
Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	**No**
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?	✓	
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will there be a positive benefit to the patients or workforce as a result of the proposed	✓	
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 4) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**. If a quality and equality impact assessment is not thought to be required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS
Devon
Clinical Commissioning Group

Report for Governing Body

Successful launch of Devon CCG

Staff events

Hundreds of staff joined us to celebrate the launch of our new organisation on 1 April 2019 at Buckfast Abbey Conference Centre.

It was a great opportunity to mark the first day of our organisation and start on a positive footing. It gave us the rare opportunity to get together with so many colleagues, reflect on our achievements and look forward to an exciting future.

Many of the people who attended the two events fed back that they are really looking forward to working in our new organisation and felt that the efforts to do something on the actual launch day was hugely positive.

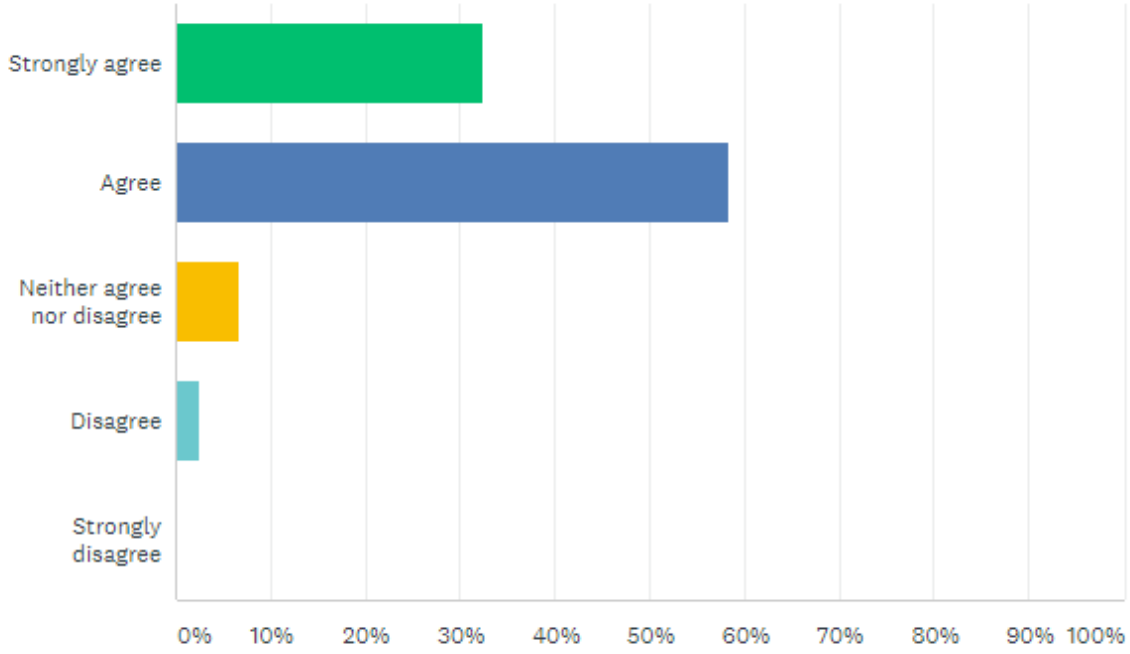
You will see overleaf that 98% of our staff said that the new values unveiled during the launch had resonated with them, and they felt that the issues that they had shared in the workshops we held at each site had been reflected in the organisation's new vision, values and behaviours.

The format of the event was as follows:

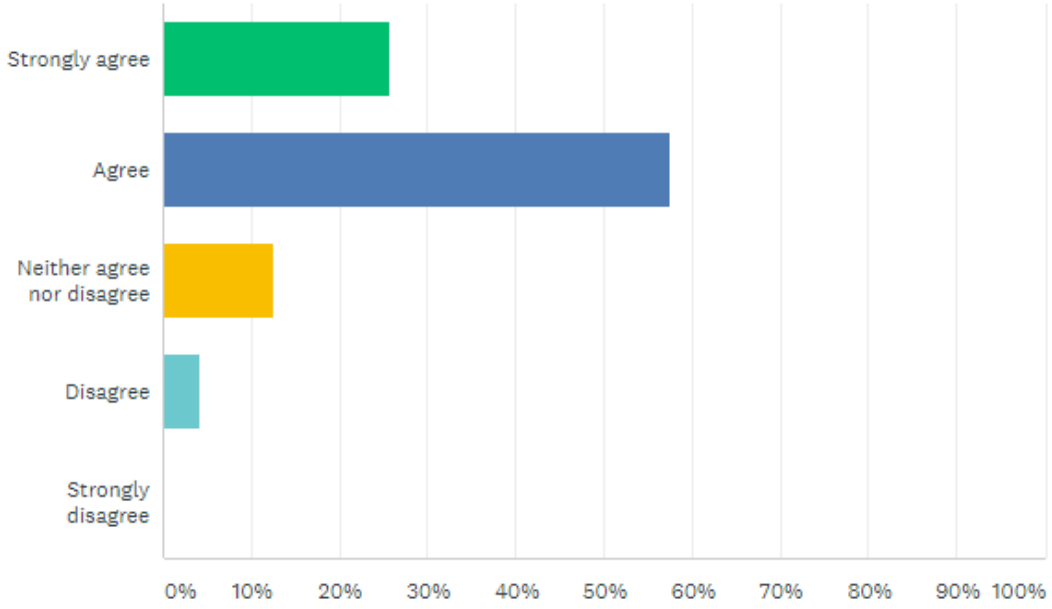
- Opening video featuring colleagues from across the organisation talking about our key achievements over the past six years. The video has since been shared with staff and stakeholders.
- Introductions to our new governing body and senior leadership team.
- Our new vision, mission, values and behaviours.
- Our new website, branding and Induction guide.
- Devon Referral Support Services (DRSS) staff shared how they have successfully embedded a positive culture using a range of innovative measures. This included a strong support network, developmental performance management and a comprehensive induction process.
- The Staff Partnership Forum hosted a session explaining how they will be working together to make our organisation a better place to work, for example, by leading on initiatives to improve health and wellbeing.
- The sessions ended with the launch of our inaugural *Celebrating You Awards* for CCG staff. Nominations are now open with entries to be submitted by Friday 10 May 2019.

Following the event, all 233 attendees were invited to complete a survey to share their feedback about the events. Over 120 of our staff completed it and their views are highlighted overleaf.

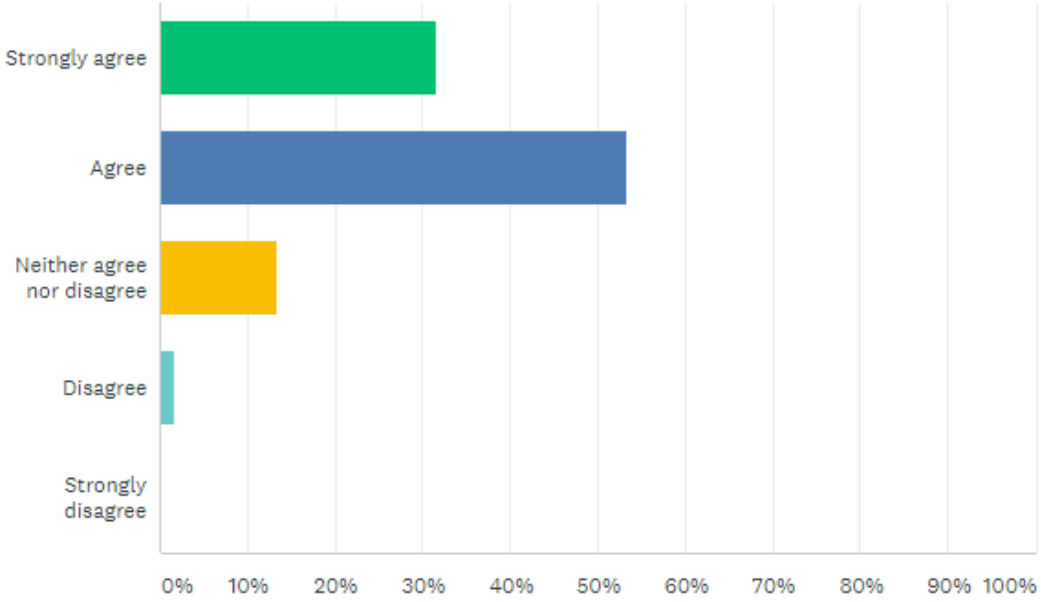
1. **Was the event useful?** 82% either agreed or strongly agreed



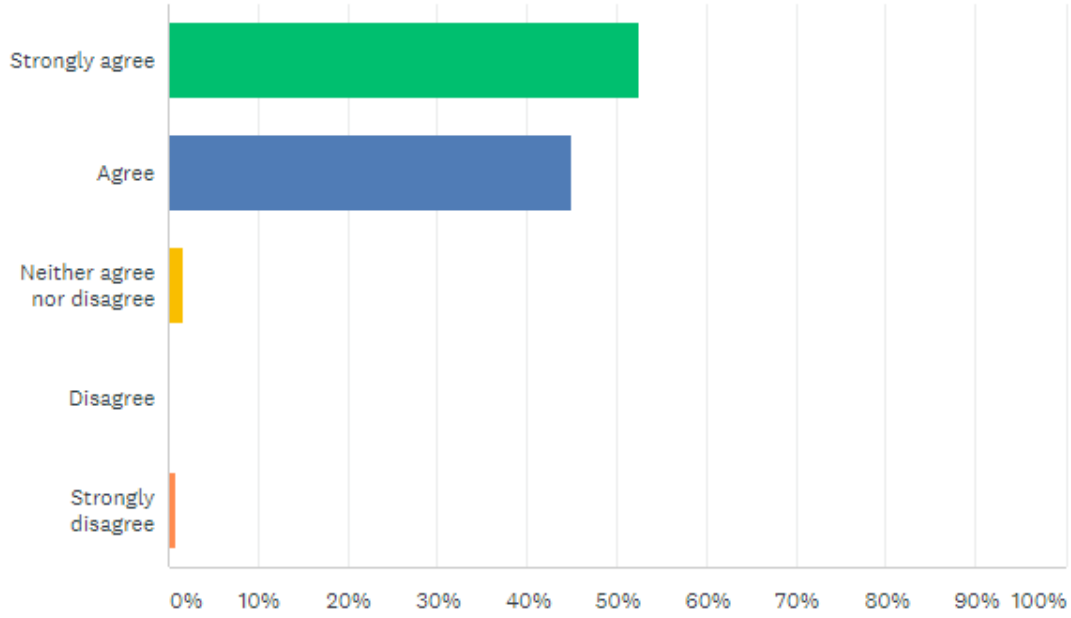
2. **Did the event cover what they wanted to know?** 85% agreed or strongly agreed



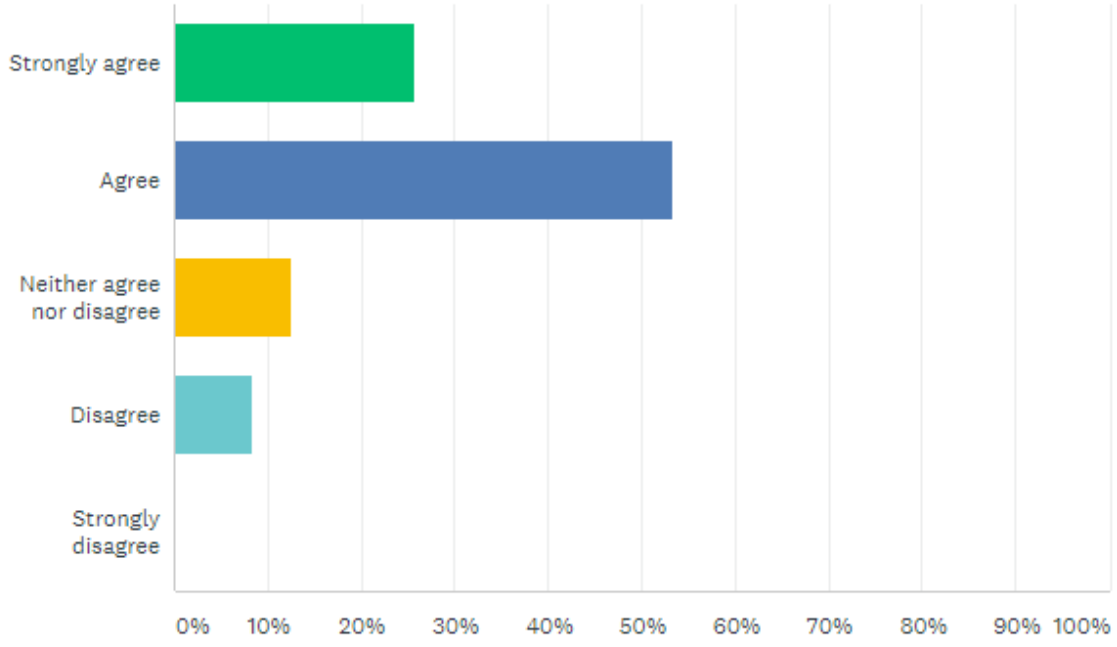
3. **Did you enjoy the event?** 88% agreed or strongly agreed



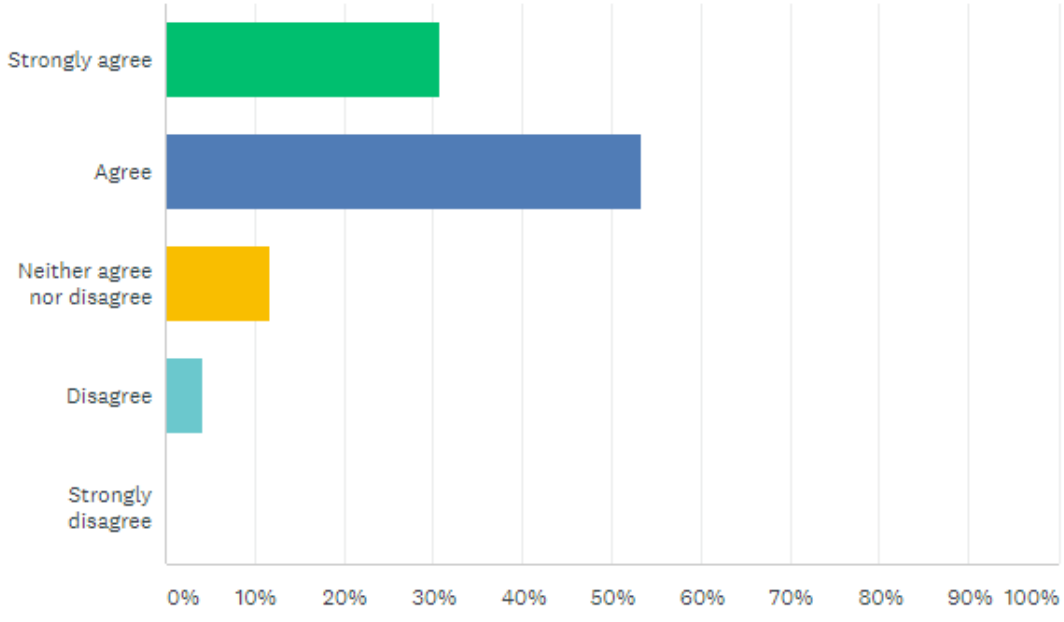
4. **Did the vision, mission and values reflect an organisation you want to be part of?** 98% either agreed or strongly agreed



5. **Did you understand the new CCG structure (e.g. governing body, senior leadership team and locality, directorate and team structures)?**
   77% agreed or strongly agreed



6. **Did you understand the CCG's ambitions and strategic objectives?**
   84% agreed or strongly agreed



Stakeholder event

A number of organisations and groups were invited to attend a session for stakeholders during the afternoon of the launch events.

Councils, NHS providers, local Healthwatch, Patient Participation Groups (PPGs) and the Local Optical and Pharmaceutical Committees all sent representatives.

The aim of the session was to engage stakeholders in a wide-ranging dialogue and discussion on development of the CCG, our priorities and future direction.

The video highlighting the six years of success as separate CCGs, our new values and behaviours and how we planned to engage with stakeholders in the future were all covered at the event.

Dr Paul Johnson led a Q&A session and conversation focused on the role of health education, Primary Care networks and delegated commissioning of primary care medical services, alongside future potential consultation and engagement activity.

The session was very well received, participants shared positive feedback and we look forward to the working with colleagues across the county in the future.

Marketing the new organisation

A range of promotional materials were launched on 1 April 2019 as follows:

- Our new Devon CCG website.
- New brand, including letterheads.
- Newsletter.
- New Social Media account and approach.
- Letter from Simon Tapley sent to over 300 key stakeholders from across Devon highlighting the role, ambitions and direction for our new CCG.

Future event for GP members

The next important step for us to take is to ensure our GP members have the same opportunity to be part of the conversation about our future direction and plans are underway to develop sessions for GPs in each of the localities.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Quality and Performance report					
Date of committee: **Date report produced: 12/04/2019**					
Author (s) Name and Title: **Lorraine Webber – Associate Chief Nursing Officer (South & West) South** **Kelvin Grabham: Associate Director of Business Intelligence** **Karen Helliwell: Senior Information Specialist** **Contact Details: karen.helliwell@nhs.net**			**Supporting Executive:** **Name and Title:** **Kelvin Grabham – Associate Director of Business Intelligence** **Lorna Collingwood-Burke– Interim Deputy Chief Officer** **Report Approved by:** **Name and Title: as above** **Date:** 12 April 2019		
Public or Private (Governing Body only):			**Public**	√	**Private**	
For information and assurance						
Purpose and scope of report:	**Consultation**		**Approval**		**Information**	√
Does this report place individuals at the centre?			**Yes**	√	**No**	
Executive Summary: This report provides the latest information on key quality and performance indicators including those contained in the NHS Constitution. The report includes as an appendix the Improvement and Assessment Framework (IAF) indicators for the latest quarter.						
Strategic risk: (include risk number if on register)			**Mitigating Actions:**			

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to your own organisation via either d-ccg.corporateservices@nhs.net or corporate.sdtccg@nhs.net to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

None

Key recommendations and actions requested:

For information and assurance

Reference to other documents or accompanying papers:

PDEG/SPG reports

Have the legal implications been considered?

Yes

Equality Impact Assessment:

Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	No
1. Will the proposal increase discrimination for people in protected groups?		x
2. Will the proposal reduce discrimination for people in protected groups?		x
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?	√	
4. Will the patients or workforce be disadvantaged as a result of the proposed work?		x
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		x

If the answer to any of the above questions is yes (other than questions 2 and 3) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**.

If an equality assessment is not required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Governing Body – Quality & Performance Report

April 2019

Summary

This report is based on validated nationally reported performance with the latest available data (at the point of this report being collated) being February 2019 for the majority of the indicators. However, it is important that the Governing Body are appraised of current performance across the STP and so where later un-validated data is available this is referenced in the performance commentaries.

Performance against the main constitutional standards is summarised below:

- A&E 4hr wait: February showed a slight improvement in performance at STP level, rising from 81.3% to 82.8% (compared to the national position of 84.4%) with provisional March data showing a further improvement to 85.4% (national position of 86.6%);
- RTT: STP level RTT performance fell slightly in February to 80.6% with all providers seeing a reduction in performance. The waiting list rose by around 1,500 patients but over 52-week waits reduced from 391 to 339 and are expected to fall significantly in March;
- Diagnostic 6 week waits: STP level performance improved in February from 15.3% to 11.9%, the lowest rate seen in 2018/19. There was improvement at all providers and further progress is expected to be seen in March figures;
- Delayed transfers of care (DTOC): Acute DTOC decreased from 4.4% to 3.9% at STP level with NDHT, UHP and TSD all remaining under the 3.5% target and improvement at RD&E from 7.5% to 6.2%;
- Cancer: February saw an improvement in performance at STP level against the 62 day target from 68.4% to 71.5% with a small reduction in the backlog and long wait position. STP level performance improved again against the main 2ww measure at 87.7% although this remains under the 93% target. Breast symptomatic performance fell further to 80% with TSD at 62%.

Patient Safety and Quality assessment against the main constitutional standards is summarised below

The Patient Safety & Quality team (PSQ) uses the quality assurance framework as a surveillance tool under the key domains of effectiveness of care, people's experience of care and the safety of care provided. A range of quantitative and qualitative sources is used to support the assurance process and an 'enhanced quality surveillance tool' which formalises actions where quality risk levels trigger as high, is being implemented.

Children and Young People Services
The smooth transition of services from the incumbent provider to the new provider, NHS Alliance, from 1 April 2019, has been positive and effective due to the on-going collaborative work between the CCG and both provider organisations.

Special Educational Needs and Disability (SEND) Inspection – update
Following the published report in February of the first joint local area Special Educational Needs and Disability (SEND) inspection in Devon, a written statement of action is planned for submission to NHS England and Ofsted in May 2019. A key focus of the action plan will be improving the timeliness of care plans for individuals with autism and co-locating the health and education staff to improve joint working. Planned engagement with children, young people and families will commence during April/May with the aim of gaining an improved understanding of experiences and needs for those waiting for screening assessment, diagnosis and support.

Integrated Development Meetings (IDM)
The regulator led IDM's remain in place for both North Devon Health Foundation NHS Trust and University Hospitals Plymouth as oversight and assurance on the ongoing challenges faced in these localities. Further update reports will be provided through the CCG Quality Assurance Committee (QAC).

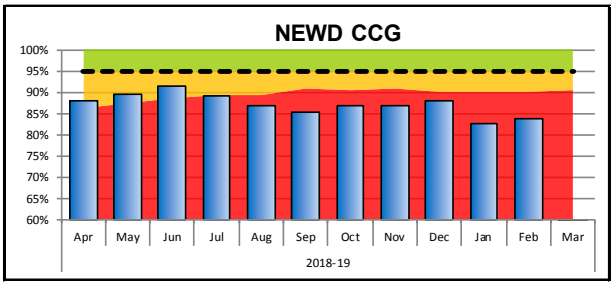
Delegated Commissioning Primary Care
From 1 April the CCG will receive significant events reported by all GP practices across Devon. The process for logging, triaging and reviewing these incidents and for any subsequent serious incident management is now the responsibility of the CCG nursing and quality directorate. Further discussions are now underway with NHS England to plan a transition of other quality functions to the CCG.

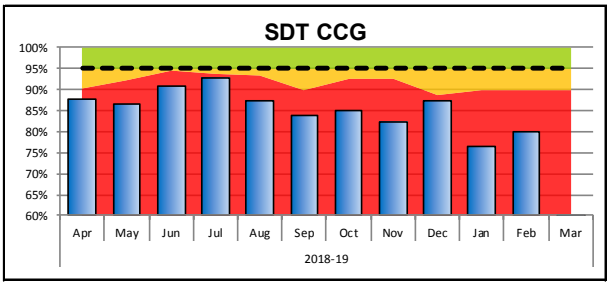
A&E Performance - Percentage of patients waiting less than 4 hours.

All types (including MIU and WiC)

Trust	Trajectory	February	2018/19
RDEFT	90%	92.2%	93.2%
NDHT	90%	81.4%	84.8%
UHP	90%	74.5%	81.2%
TSDFT	90%	79.8%	85.8%

CCG	Trajectory	February	2018/19
NEWD CCG	90%	83.6%	87.1%
SDT CCG	90%	79.8%	85.8%
DEVON STP	93%	82.8%	86.8%
ENGLAND	95%	84.4%	88.5%

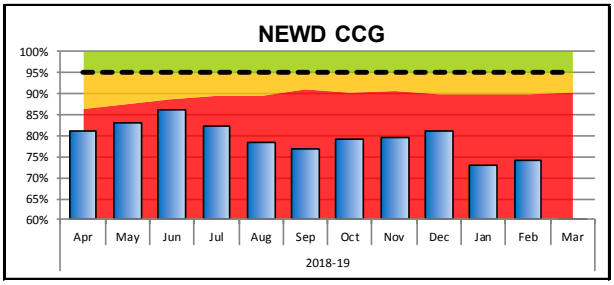


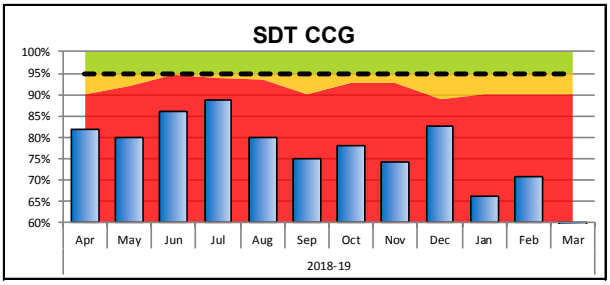


Type 1 A&E only

Trust	Target	February	2018/19
RDEFT	95%	85.2%	86.9%
NDHT	95%	77.5%	80.9%
UHP	95%	63.1%	72.3%
TSDFT	95%	70.8%	78.7%

CCG	Target	February	2018/19
NEWD CCG	95%	74.3%	79.6%
SDT CCG	95%	70.8%	78.7%
DEVON STP	95%	73.5%	79.4%
ENGLAND	95%	76.1%	82.3%





Performance Commentary

February showed a slight improvement in performance at STP level, rising from 81.3% to 82.8%. RD&E remained above 90% at 92.2% whilst NDHT performance was relatively static at 81.4%. Both UHP and TSD saw breaches fall, with UHP moving from 71.8% to 74.5% and TSD increasing from 76.4% to 79.8%.

Provisional March performance shows an STP position of 85.4%, up from 82.9% in February, with RD&E maintaining good performance at 91.7%, TSD moving above 80% at 81.0%, NDHT falling slightly to 83.5% and UHP improving from 74% to 79.9%.

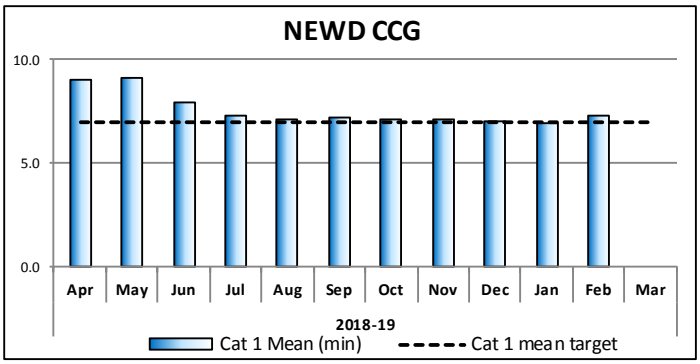
Quality Commentary and Improvement Actions

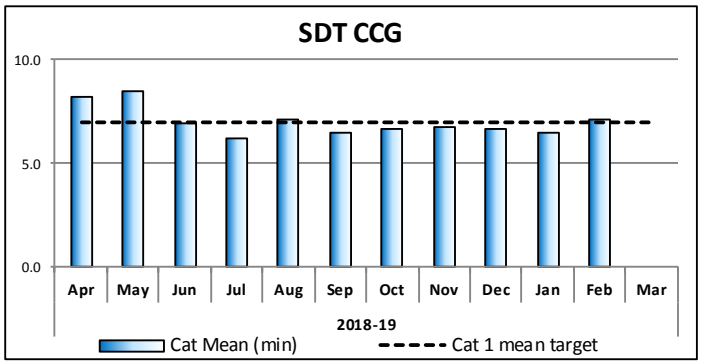
The CCG is maintaining increased levels of quality surveillance during the current period and has undertaken additional review work within the localities experiencing significant pressure. Safety metrics continue to be reviewed on daily ED dashboards and escalation calls between the providers and the CCG include checks on the length of time that patients are waiting in the department, length of time to first assessment, clinical observations, patient risk assessments and staffing levels. In addition, observational audits of the environment have been undertaken in one provider recently and included discussion with patients and staff. This demonstrated the regular patient observations taking place by staff, good handwashing practices, care of patients personal and toileting needs and offer of refreshment when waiting. Patients reported a good level of satisfaction. Further observational audits are being planned to support the quality assurance across other providers.

SWAST Cat 1 Mean response time

Trust	Target	February	2018/19
NEWD CCG	7.00	7.30	7.9
STP	7.00	7.30	7.7

Trust	Target	February	2018/19
SDT CCG	7%	7.10	7.2





Performance Commentary

Both NEW Devon and SDT CCG were slightly above the 7 minute target in February with the STP position at 7.3 minutes against the 7 minute average response time target.

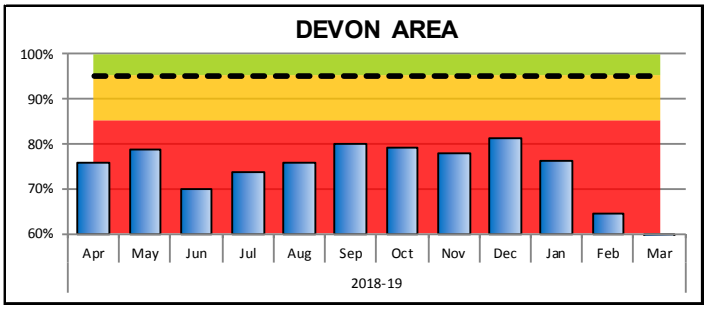
Quality Commentary and Improvement Actions

SWASFT continue to report a significant risk across their footprint in respect to the number of patients waiting for an ambulance following triage (call stacking). There is no reported impact on the most seriously ill patients who need immediate help (with category 1 incident response times within the required target). SWASFT monitor for harm caused by delays in getting to patients and a number of serious incidents have been reported over the last year including two in South Devon. It is clear that patient experience is poor where wait times are lengthy, but generally feedback to SWASFT is positive regardless of this. This risk is monitored weekly by SWASFT executive and is reported through the SWASFT Quality Assurance Group chaired by Dorset CCG as Lead commissioner where it is considered as part of a package of quality indicators.

To support SWASFT in mitigating this risk the CCG is working with emergency department providers in focusing on handover delays (to enable earlier release of ambulances). Each organization has agreed to undertake a deep dive end to end review into a 60 min+ handover delay and results will be reported through to the Devon A&E Delivery Board. Two of the four providers have completed this review and the remaining two have been reminded. It is the collective ambition of the system to ensure that time lost to handover delays continues to reduce as this will positively impact on patient experience, reduce risk and improve patient flow through the system.

NHS 111 anwering calls within 60 Seconds

Trust	Target	February	2018/19
DEVON	95%	64.5%	80.8%
ENGLAND	95%	80.8%	75.9%



Performance Commentary

The proportion of calls answered within 60 seconds fell sharply in February to 64.5% from 76.1% in January. Performance remains well below the target of 95%.

Quality Commentary and Improvement Actions

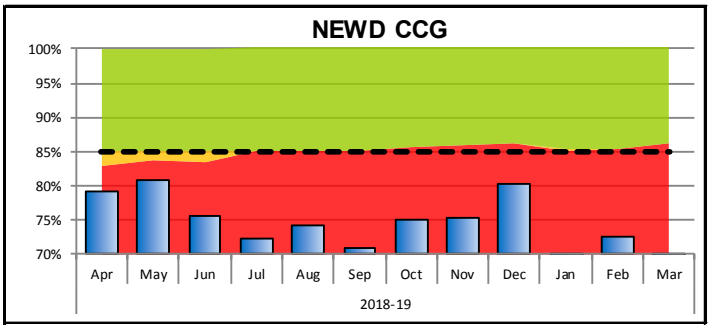
The CCG quality assurance process continues to check for any adverse impact on patient care or experience as a result of delays in call answering. The recovery action plan is now embedded within the 111 service and is business as usual.

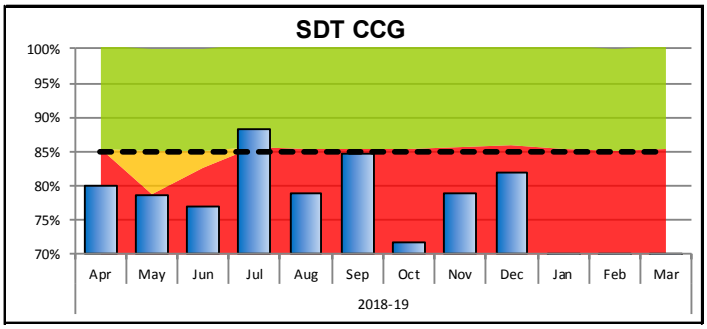
Devon Doctors Ltd are reporting challenges with staffing and this is having an impact on waiting times and experience for patients as well as on the health and wellbeing of staff. The CCG is working with Devon Doctors Ltd to fully understand the challenge and resulting impact on the urgent and emergency care system. The CCG is currently supporting recruitment communications to Advanced Nurse Practitioners who may wish to cover shifts undertaking patient triage and assessment. Strengthening the breadth of roles within this workforce will potentially increase service efficiency and effectiveness and may positively impact on the patient experience. The CCG is also working with a number of providers to assess the benefits of portfolio roles across the urgent and emergency care system.

Cancer 62 day Urgent Referral

Trust	Trajectory	February	2018/19
RDEFT	85%	66.1%	73.1%
NDHT	85%	82.7%	78.1%
UHP	85%	74.3%	74.3%
TSDFT	82%	69.4%	79.0%

CCG	Trajectory	February	2018/19
NEWD CCG	86%	72.5%	74.8%
SDT CCG	85%	68.8%	77.8%
DEVON STP	86%	71.5%	75.5%
ENGLAND	85%	76.1%	76.1%





Performance Commentary

February saw an improvement in performance at STP level from 68.4% to 71.5%. NDHT increased from 72.6% to 82.7% and UHP improved from 68.5% to 74.3%, whilst RD&E remained relatively flat at 66.1%. TSD performance fell to 69.4%.

The backlog of over 62 day waits fell slightly with reductions at NDHT and TSD, but an increase at UHP, whilst the open 108 day waits fell at all providers.

Quality Commentary and Improvement Actions

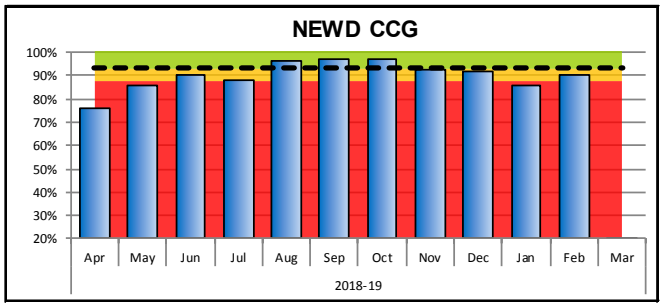
Provider organisations have given assurance on the mechanisms by which they maintain patient safety through clinical triage processes, ensuring long waiting patients on cancer pathways remain safe.

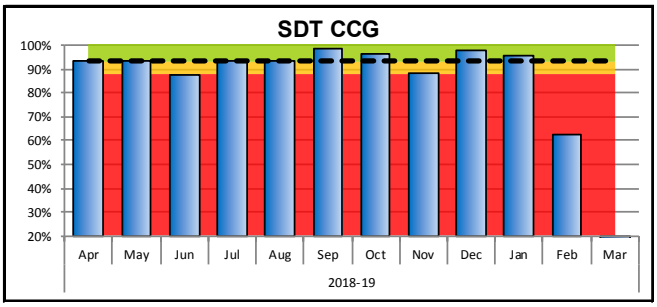
Focused work with local providers to improve diagnostic pathways and subsequent quality of care is on-going and being undertaken at pace. Best practice pathways have been implemented across Devon for prostate and lung cancers and the Devon CCG strategic plan clearly sets out key areas of work that will enable sustainable achievement of the 62 day standard; ensuring reduced risk to patients due to delays and an improved experience of services.

A significant improvement in quality has been achieved by the Devon Referral Support Services (DRSS) who are leading an initiative to offer greater patient choice of treatment with other providers.

Cancer Targets (February-2018)

Target	Measure	NEWD	SDT CCG	STP	RDEFT	NDHT	UHP	TSDFT
93%	2 week urgent	89.8%	81.4%	87.7%	84.2%	89.7%	96.7%	79.9%
93%	2 week breast	90.4%	62.6%	80.0%	85.2%	96.4%	93.8%	61.6%
90%	62 day screening	88.0%	100.0%	91.9%	100.0%	N/A	76.5%	100.0%
85%	62 day consultant	83.1%	71.4%	82.2%	86.8%	83.3%	65.8%	70.0%
96%	31 day first	92.0%	95.4%	92.9%	86.1%	100.0%	91.2%	98.7%
94%	31 day surgery	86.3%	93.5%	88.3%	87.1%	100.0%	87.5%	96.8%
98%	31 day drugs	100.0%	98.6%	99.7%	100.0%	100.0%	100.0%	98.4%
94%	31 day radiotherapy	92.2%	96.3%	93.5%	96.4%	100.0%	76.3%	97.1%





Performance Commentary

Across the wider range of cancer targets NDHT performed well but there was more mixed performance at other providers with RD&E achieving four of the eight measures and UHP three.

Breast symptomatic performance fell in February. UHP and NDHT, who had both underperformed against the 93% target in January, saw performance rise to 96.4% and 93.8% respectively. However, TSD and RD&E, who had met the target in January, saw performance fall to 85.2% and 61.6%, bringing the STP position down to 80.0%.

STP level performance improved again against the main 2ww measure at 87.7% although this remains under the 93% target. UHP continued to perform well at 96.7% and there was improvement at all other Trusts with RD&E rising from 81.7% to 84.2%, and NDHT continuing to improve from 86.6% to 89.7% and TSD performance increasing from 77.9% to 79.9%.

Quality Commentary and Improvement Actions

The CCG continues to seek quality assurance from providers in relation to their actions taken to improve communication with patients and timeliness of patient appointments.

A summary report on the key line of enquiry (KLOE) for planned care extended waits was presented to the CCG Quality Committees in Common during March 2019. This is also being presented at Clinical Cabinet in April 2019. Providers remain committed to ensuring a more consistent approach to patient reviews, as well as sharing learning where good practice has been identified.

RTT Incomplete Waits

RTT Percentage seen within 18 weeks

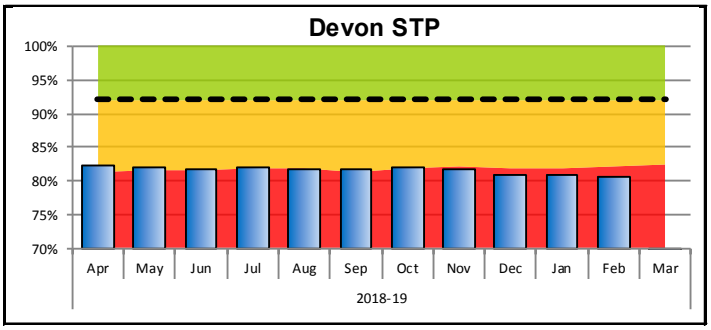
Trust	Trajectory	February	2018/19
RDEFT	84.9%	82.0%	83.3%
NDHT	76.9%	79.1%	78.3%
UHP	80.0%	78.0%	79.3%
TSDFT	82.6%	81.3%	81.8%

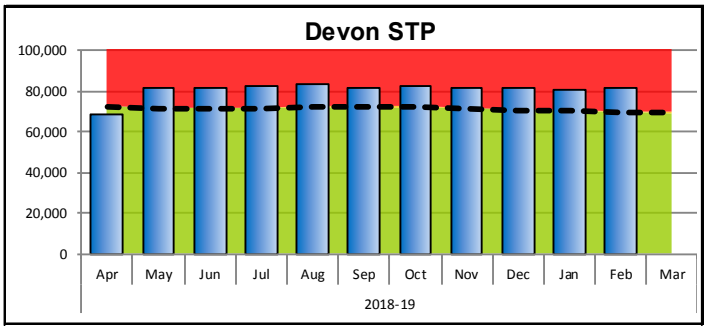
CCG	Trajectory	February	2018/19
NEWD CCG	82.3%	80.5%	81.5%
SDT CCG	83.0%	80.8%	82.1%
DEVON STP	82.4%	80.6%	81.7%
ENGLAND	92.0%	88.2%	89.5%

RTT incomplete waits volume

Trust	Trajectory	February
RDEFT	30,488	33,770
NDHT	12,351	11,633
UHP	24,929	27,872
TSDFT	18,332	18,564

CCG	Trajectory	February
NEWD CCG	51,427	60,163
SDT CCG	18,318	21,498
DEVON STP	69,745	81,661





Performance Commentary

The STP level RTT position fell slightly in February at 80.6% with all providers seeing a reduction in performance. RD&E breaches continued to rise with performance deteriorating from 82.2% to 82.0%, whilst TSD fell by 1% from 82.2% to 81.3%. UHP and NDHT saw performance fall marginally to 78.0% and 79.1% respectively.

The number of incomplete pathways increased by around 1,500 patients at STP level and are around 3,000 higher than March 2018, with increases at all providers in February.

Quality Commentary and Improvement Actions

The CCG continues to apply the principle that where performance is reduced we seek assurance that patient harm has not occurred. As detailed above, there is on-going communication across the system in sharing good practice and willingness to develop a more consistent approach to mitigating the risk of harm when patients experience long waits.

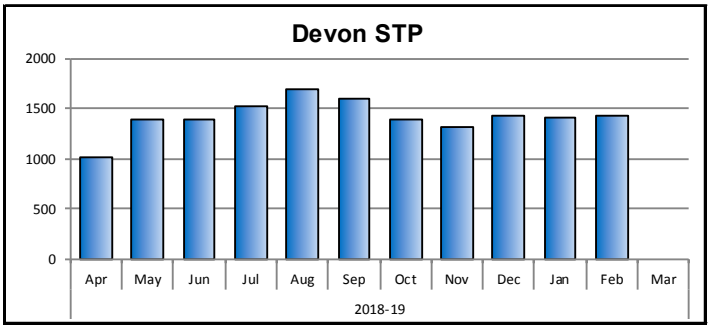
The CCG continue to seek assurance that providers, including DRSS, are ensuring patients are fully informed about waiting times when booking their appointment and that choice is available with up to date waiting times provided by Trusts.

RTT Incomplete Pathways long waiters

40-52 week waits

Trust	Target	February	2018/19
RDEFT		573	5869
NDHT		143	2889
UHP		600	6083
TSDFT		313	3401

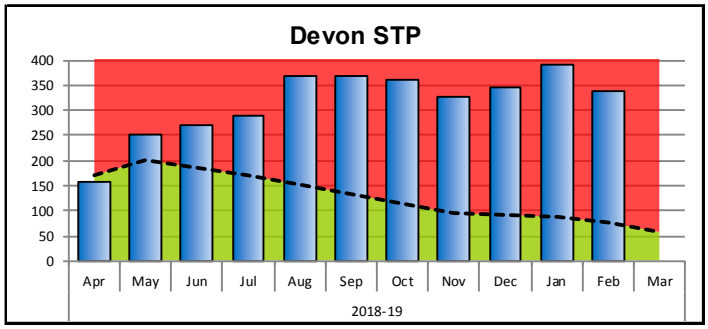
CCG	Target	February	2017/18
NEWD CCG		1050	11677
SDT CCG		370	3895
DEVON STP		1420	15572



Over 52 week waits

Trust	Trajectory	February	2018/19
RDEFT	8	153	1028
NDHT	27	50	917
UHP	79	104	1396
TSDFT	0	92	759

CCG	Trajectory	February	2018/19
NEWD CCG	73	236	2624
SDT CCG	2	103	848
DEVON STP	75	339	3472



Performance Commentary

Over 52 week waits fell in February moving from 391 to 339 at STP level. All providers except TSD saw reductions with UHP decreasing from 125 to 104 breaches, RD&E falling from 179 to 153 and NDHT breaches moving from 67 to 50. The TSD position increased to 92. Across providers breaches are highest for orthopaedics, cardiology and general surgery, with neurosurgery breaches a particular issue at UHP.

Quality Commentary and Improvement Actions

Across the STP providers have given assurance on how they check for harm, as well as ensuring as positive an experience as possible for patients, through clinical reviews and communicating with patients.

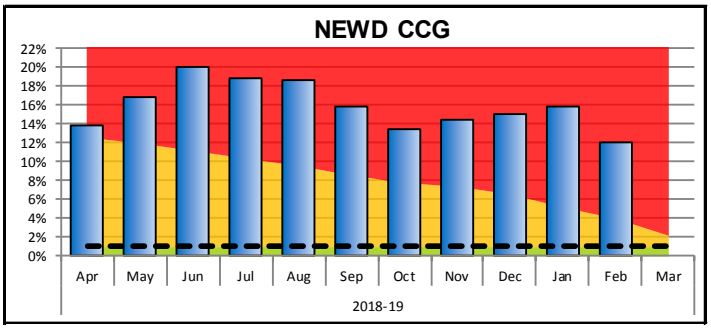
Elements of planned care work continue to be outsourced to the independent sector, with the aim of improving choice and experience and reducing potential risk from a long wait. The CCG's continue to seek assurance that provider Trusts are undertaking surveillance to ensure quality is maintained when outsourcing service provision.

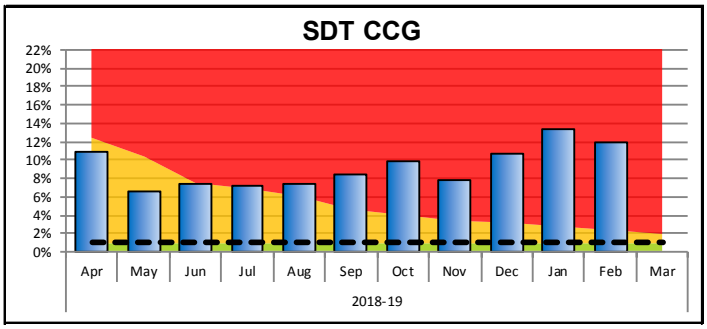
Further assurance has been gained through collaborative work with DRSS on the improvement in communication when choice is offered to patients on appointment locations and waiting times. Patient experience of using the DRSS service is reviewed from the online questionnaire made available.

Diagnostic 6 week wait

Trust	Trajectory	February	2018/19
RDEFT	1.4%	16.4%	13.1%
NDHT	1.0%	17.9%	26.2%
UHP	7.5%	6.8%	16.5%
TSDFT	2.1%	10.7%	8.3%

CCG	Trajectory	February	2018/19
NEWD CCG	2.1%	12.0%	16.0%
SDT CCG	1.9%	11.9%	9.2%
DEVON STP	3.6%	11.9%	14.6%
ENGLAND	1.0%	2.2%	1.9%





Performance Commentary

STP level performance improved in February from 15.3% to 11.9%, the lowest rate seen in 2018/19.

There was improvement at all providers with UHP falling from 12.1% to 6.8%, NHDT dropping from 23.3% to 17.9%, RD&E moving from 18.8% to 16.4% and TSD improving from 12.0% to 10.7%. The majority of the improvement was related to imaging with CT and MRI breaches falling across the providers.

Quality Commentary and Improvement Actions

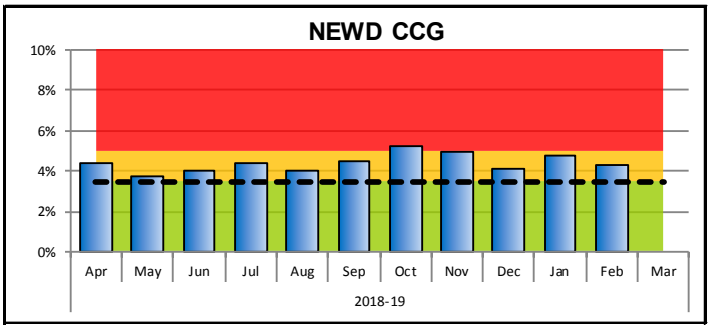
The CCG continues to review clinical and non-clinical information, monitor incidents, complaints and feedback about diagnostic delays and diagnostic reporting delays. Where delays in tests or reporting occur, all providers conduct a review.

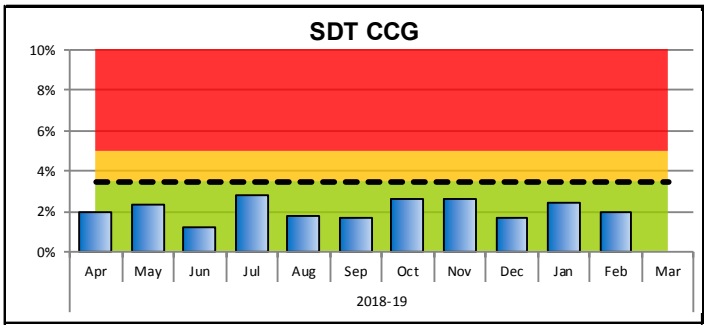
There is evidence of improved experience from reduced waiting times in some areas. Actions across the STP with providers actively working together to improve timeliness of diagnostics, from first appointment to diagnostic reporting to improve outcomes for patients, is continuing. Outsourcing of some diagnostic provision across the system supports the management of demand and supports patients in receiving timely diagnostics.

Acute Delayed Transfers of care

Trust	Target	February	2018/19
RDEFT	3.50%	6.2%	6.4%
NDHT	3.50%	1.3%	1.9%
UHP	3.50%	3.5%	3.3%
TSDFT	3.50%	2.0%	2.1%

CCG	Target	February	2018/19
NEWD CCG	3.50%	4.3%	4.4%
SDT CCG	3.50%	2.0%	2.1%
DEVON STP	3.50%	3.9%	4.0%





Performance Commentary

The acute delayed transfers of care (DTOC) position improved in February from 4.4% to 3.9%, with NDHT, UHP and TSD all remaining under the 3.5% target and improvement at RD&E from 7.5% to 6.2%.

Quality Commentary and Improvement Actions

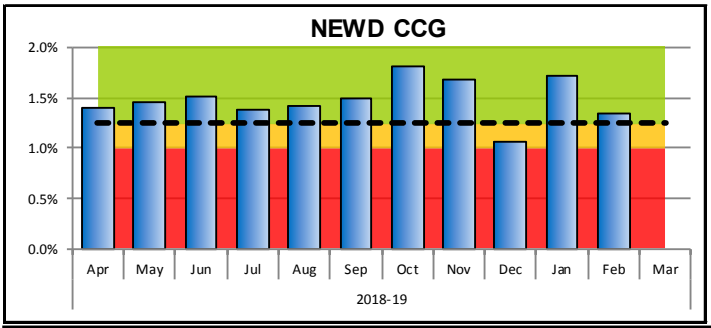
Improvement plans in each locality include both performance and quality actions. Progress continues to be reviewed through the locality A&E Delivery Boards, with reporting and oversight through the Devon A&E Delivery Board. Impact of delayed transfers of care can be seen across the urgent care pathways and the CCG has sight of the position and impact on a daily basis through receipt of the daily situation reports from providers.

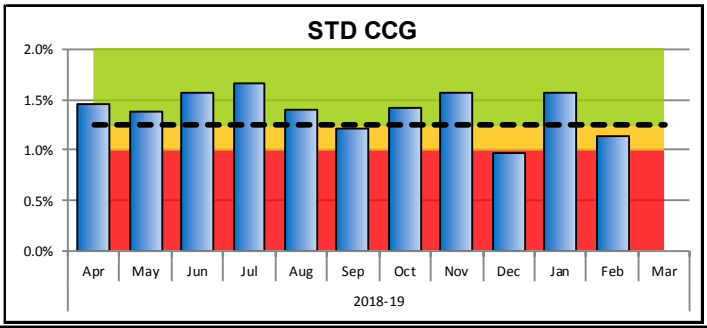
In the Eastern locality there is evidence that quality is improving following an increased focus on improving the timeliness of transfers and there has been a reduction in the number of patients experiencing delayed transfers of care over recent weeks.

IAPT Monthly Access rate

Trust	Target	February	2018/19
DPT	1.25%	1.3%	15.5%
LIVEWELL	1.25%	1.2%	16.5%

CCG	Target	February	2018/19
NEWD CCG	1.25%	1.3%	26.8%
SDT CCG	1.25%	1.1%	24.6%





Performance Commentary

Performance continued to be good against the IAPT indicators with DPT and Livewell both cumulatively above target against the access standard (the annual target is 15%).

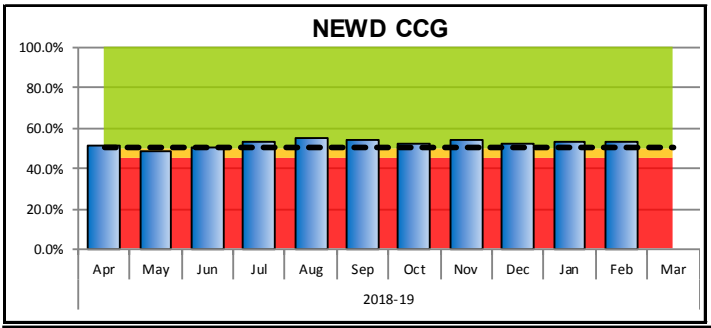
Quality Commentary and Improvement Actions

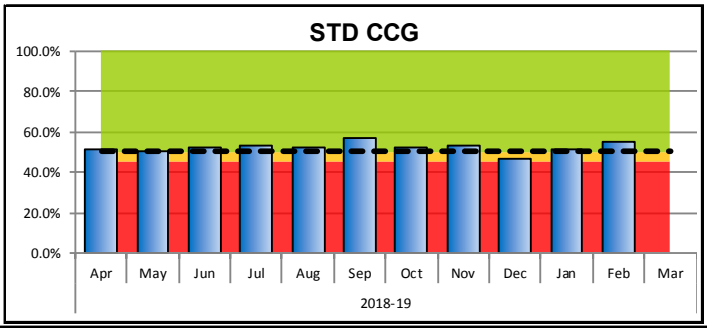
Quality assurance continues through a range of sources and the CCG also receives feedback via the yellow card system from professionals working within the system and these are shared with the providers for review and response. This enables any concerns around crisis response timeliness to be identified.

IAPT Recovery rate

Trust	Target	February	2018/19
DPT	50%	53.3%	53.6%
LIVEWELL	50%	56.8%	48.6%

CCG	Target	February	2018/19
NEWD CCG	50%	53.7%	53.0%
SDT CCG	50%	55.5%	52.5%





Performance Commentary

Both DPT and Livewell continue to perform well against the 50% recovery target with both meeting the standard in February.

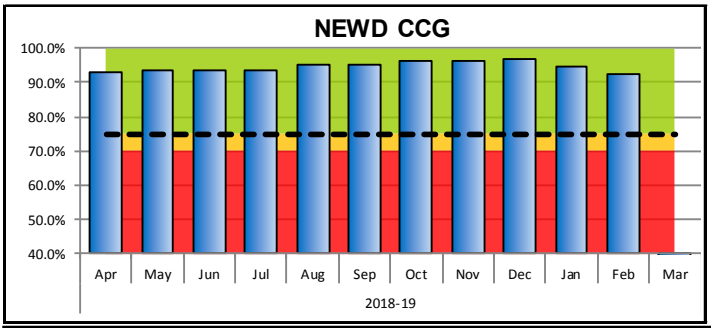
Quality Commentary and Improvement Actions

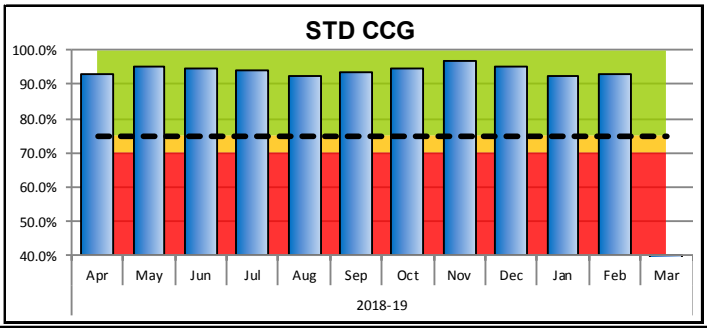
The CCG continues to review all information from provider meetings and other sources to inform the range of indicators within the quality assurance process.

IAPT waiting 6 weeks

Trust	Target	February	2018/19
DPT	75%	92.1%	94.3%
LIVEWELL	75%	93.3%	94.6%

CCG	Target	February	2018/19
NEWD CCG	75%	92.2%	94.6%
SDT CCG	75%	92.8%	93.9%





Performance Commentary

Both providers consistently achieve the 75% target with consistently very good performance.

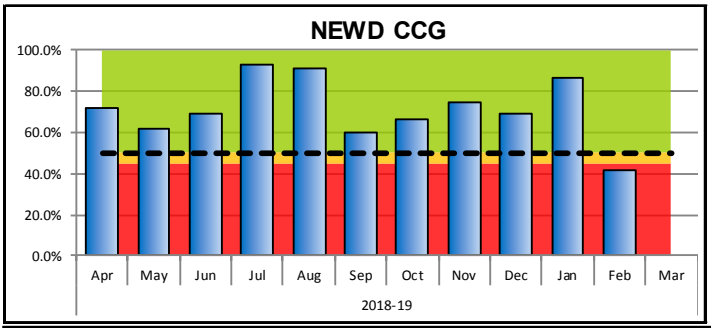
Quality Commentary and Improvement Actions

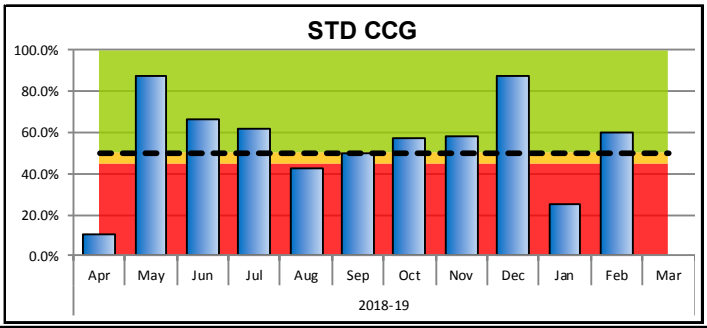
Provider quality assurance continues through the quality assurance framework process.

Mental Health Early Intervention

Trust	Target	February	2018/19
DPT	50%	52.2%	72.7%
THE ZONE	50%	25.0%	25.6%

CCG	Target	February	2018/19
NEWD CCG	50%	41.2%	71.9%
SDT CCG	50%	60.0%	54.1%
ENGLAND	50%	73.2%	75.4%





Performance Commentary

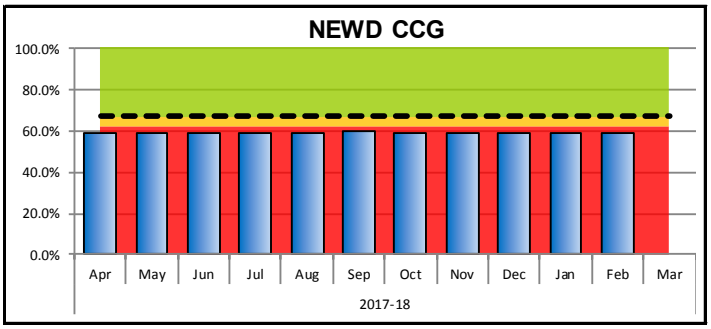
This is a two part indicator for patients with suspected first episode psychosis or at risk mental state on a completed pathway receiving NICE-recommended care package and allocated to and engaged with an EIP care co-ordinator. Very small numbers at The Zone (Plymouth) result in large variances in monthly performance. DPT continues to perform well, achieving the target in February and for the year to date.

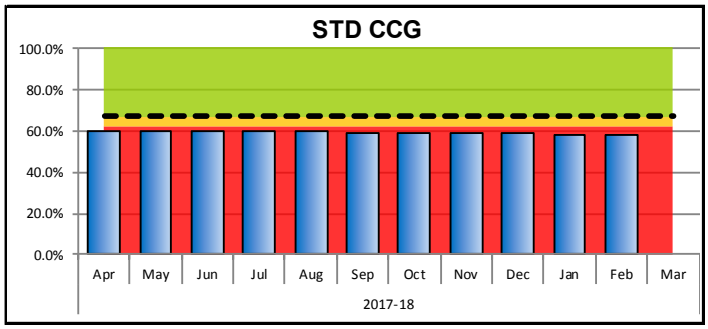
Quality Commentary and Improvement Actions

The CCG assurance process has continued to demonstrate the positive impact of early intervention services. This, along with a lack of complaints and other negative feedback, indicates that patients are receiving a safe and positive experience.

Dementia Diagnosis Rate

CCG	Target	February	2018/19
NEWD CCG	67%	59.2%	59.1%
SDT CCG	67%	58.3%	59.3%
ENGLAND	67%	68.3%	68.7%





Performance Commentary

STP level performance remained static and there has been little change at CCG level over the past year. Nationally performance has been mapped to Local Authority areas which is showing that the lowest rates in Devon are seen in South Hams (42%), Mid Devon (49%) and Plymouth (55%). Conversely Exeter is at 71%, Torbay 62% and East Devon at 64%.

Quality Commentary and Improvement Actions

Improving dementia care including the early diagnosis of dementia will remain a focus of the STP mental health programme for 2019/20. The improvement plan developed with system partners will continue and the established STP Dementia steering group with representation from LA, CCG, third sector and providers have agreed three main priorities.

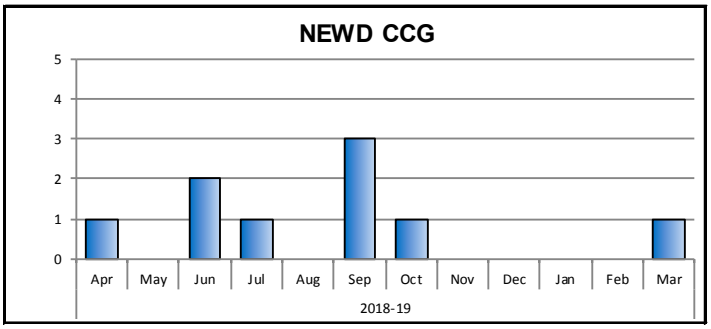
1. Ensure consistent and formal diagnosis will be available for all those who are presenting with dementia related symptoms.
2. A clear diagnosis pathway across the STP and personalised care plan for all those with a diagnosis.
3. Proactive liaison and support for care homes.

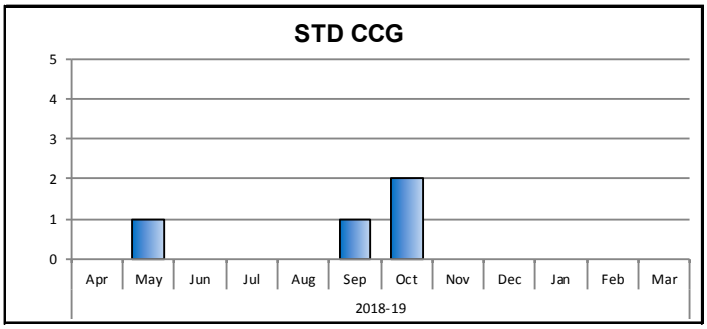
The dementia diagnosis dashboard is in place and gives information on diagnosis rates by locality and individual GP practice.

MRSA breaches

Trust	Target	March	2018/19
RDEFT	0	0	2
NDHT	0	0	0
UHP	0	1	6
TSDFT	0	0	1

CCG	Target	March	2018/19
NEWD CCG	0	1	9
SDT CCG	0	0	4
DEVON STP	0	1	13





Performance Commentary

There was one reported MRSA case in April which was in the RD&E. Note that the single case reported in May from UHP was in a Cornwall patient, so is included in Kernow CCG's figures and not those of NEW Devon CCG or Devon STP. There were two cases reported in June, one at UHP and one out of area and one reported MRSA case in July which was in the RD&E. There were three reported breaches in September for Devon STP and a further two seen in October, one at UHP and one out of area. March saw one breach for Devon although this occurred out of area.

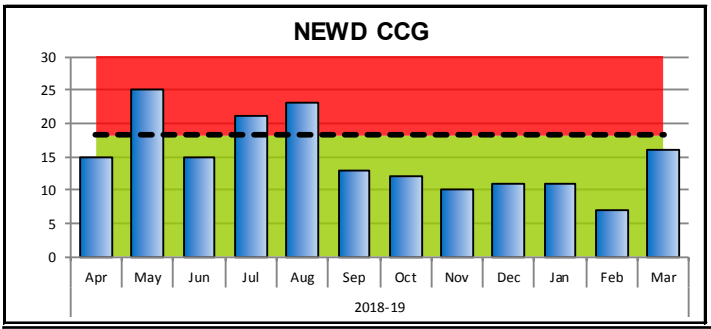
Quality Commentary and Improvement Actions

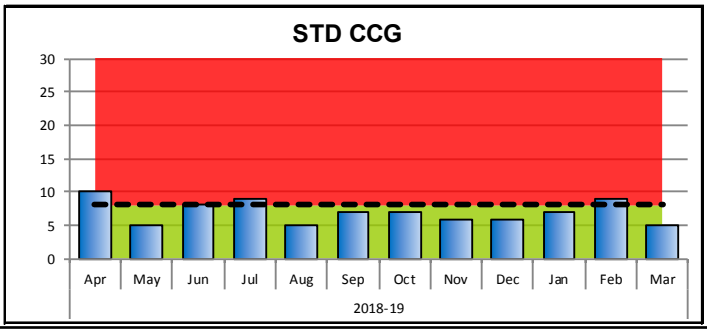
Local reviews of any MRSA case that occurs continues

C-Diff breaches

Trust	Target	March	2018/19
RDEFT	<31	2	16
NDHT	<7	1	5
UHP	<35	6	30
TSDFT	<18	1	13

CCG	Target	March	2018/19
NEWD CCG	<219	16	179
SDT CCG	<97	5	84
DEVON STP	<316	21	263





Performance Commentary

There were 10 C-Diff cases acquired within the acute providers and 21 across the STP in March. Year-to-date performance remains within target for both NEWD CCG and SDT CCG.

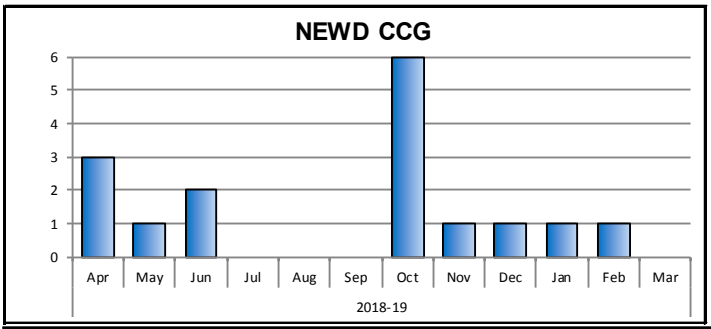
Quality Commentary and Improvement Actions

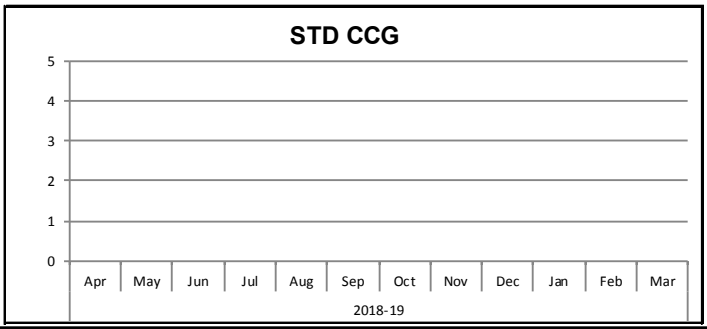
Case numbers for acute Trusts and the CCGs are following the nationally set trajectory, with small individual variation and a general downward trend. Trusts continue to investigate all Trust-apportioned C difficile cases with identified learning and action plans being reviewed by the CCG. C difficile cases have reduced year-on-year, which is a positive quality outcome.

Mixed Sex accomodation breaches

Trust	Target	February	2018/19
RDEFT	0	0	0
NDHT	0	0	0
UHP	0	0	6
TSDFT	0	0	0

CCG	Target	February	2018/19
NEWD CCG	0	1	16
SDT CCG	0	0	0
DEVON STP	0	1	16





Performance Commentary

UHP have seen six breaches in 2018/19 whilst NEW Devon CCG has seen 16 in total, with one in December for a patient treated out of area. SD&T CCG have seen no breaches in 2018/19.

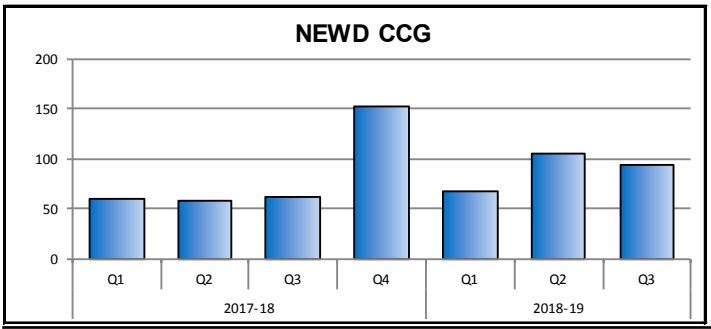
Quality Commentary and Improvement Actions

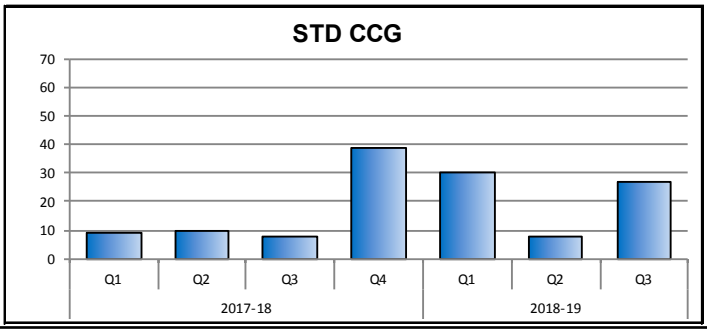
EMSA data continues to be provided on a monthly basis and only where there is a clear clinically justifiable need to do so, will the guidelines be breached. If a breach has occurred the providers EMSA local decision matrix is submitted for the CCG to review.
There have been no breaches reported in the previous month

Cancelled operations not treated with 28 days of cancellation

Trust	Target	Q3	2018/19
RDEFT	0	11	30
NDHT	0	5	14
UHP	0	78	223
TSDFT	0	27	65

CCG	Target	Q3	2018/19
NEWD CCG	0	94	267
SDT CCG	0	27	65
DEVON STP	0	121	332





Performance Commentary

There is a zero breach tolerance for last minute cancelled operations not treated within 28 days of cancellation. Quarter three showed an increase from quarter two due to a rise in breaches at TSD, although breaches remain highest overall at UHP and comparatively low at NDHT and RD&E.

Quality Commentary and Improvement Actions

Regular updates on cancelled operations are now received from providers. Information in relation to quality, including experience, is now more robust and there is more information around communication, options and patient choice. Various complexities are acknowledged for specific complex surgical operations, therefore additional assurance continues to be sought through the planned care forum.

NHS Northern Eastern Western Devon

Summary

	Area	Indicator	Period	England ..	Target	99P: NHS Northern, Eastern and Western Devon CCG Rate	Rank	Change
Better Health	Annual assessment	999a: Annual assessment	2017-18			GD		
	Child obesity	102a: Percentage of children aged 10-11 classified as overweight or obese	2014-15 to 2016-17	33.9%		29.5%	(26/195)	↓
	Diabetes	103a: Diabetes patients that have achieved all the NICE recommended treatment targets: three (Hb..	2017-18	38.7%		36.1%	(158/195)	↓
		103b: People with diabetes diagnosed less than a year who attend a structured education course	2017-18 (2016 cohort)	8.54%		7.44%	(104/195)	↑
	Falls	104a: Injuries from falls in people aged 65 and over	17-18 Q3	1994		1675	(58/189)	↑
	Personalisation and choice	105b: Personal health budgets	18-19 Q2	50		354	(3/195)	↑
	Health inequalities	106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care s..	18-19 Q1	2074		2259	(105/195)	↓
	Antimicrobial resistance	107a: Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	2018 09	0.995	0.965	0.984	(77/195)	↓
		107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	2018 09	8.67%	10%	9.57%	(131/195)	↓
	Carers	108a: The proportion of carers with a long term condition who feel supported to manage their conditi..	2018	0.59		0.60	(90/195)	╳
Better Care	Provision of high quality care	121a: Provision of high quality care: hospital	18-19 Q1			64	(24/195)	↓
		121b: Provision of high quality care: primary medical services	18-19 Q1			70	(7/195)	+
		121c: Provision of high quality care: adult social care	18-19 Q1			64	(14/195)	+
	Cancer	122a: Cancers diagnosed at early stage	2016	52.6%	53.52%	56.4%	(22/195)	↓
		122b: People with urgent GP referral having first definitive treatment for cancer within 62 days of ref..	18-19 Q2	78.6%	85%	72.7%	(166/195)	↓
		122c: One-year survival from all cancers	2015	72.3%		73.6%	(35/189)	↑
		122d: Cancer patient experience	2017			8.9	(35/195)	↑
	Mental health	123a: Improving Access to Psychological Therapies – recovery	18-19 Q2	51.3%	50%	53.5%	(63/195)	↑
		123b: Improving Access to Psychological Therapies – access	18-19 Q2	4.24%		4.29%	(90/195)	↑
		123c: People with first episode of psychosis starting treatment with a NICE-recommended package ..	2018 11	75.3%		66.1%	(156/195)	↑
		123f: Mental health out of area placements	18-19 Q2	121		478	(188/195)	↓
		123i: Delivery of the mental health investment standard	18-19 Q2			Green		+
	Learning disability	124a: Reliance on specialist inpatient care for people with a learning disability and/or autism	18-19 Q2			40	(38/195)	↑
		124b: Proportion of people with a learning disability on the GP register receiving an annual health ch..	2017-18	51.4%		53.8%	(81/195)	↑
		124c: Completeness of the GP learning disability register	2017-18	0.49%		0.54%	(65/195)	↑
	Maternity	125a: Neonatal mortality and stillbirths	2016	Null		3.92	(69/194)	↑
		125b: Women's experience of maternity services	2017	83.0		83.9	(77/195)	╳
		125c: Choices in maternity services	2017	60.8		60.5	(106/195)	╳
		125d: Maternal smoking at delivery	18-19 Q2	10.5%		11.6%	(103/195)	↓
	Dementia	126a: Estimated diagnosis rate for people with dementia	2018 11	68.2%		59.3%	(184/195)	↑
		126b: Dementia care planning and post-diagnostic support	2017-18	77.5%		77.2%	(123/194)	↓
	Urgent and emergency care	127b: Emergency admissions for urgent care sensitive conditions	18-19 Q1	2371		2187	(75/195)	↑
		127c: Percentage of patients admitted, transferred or discharged from A&E within 4 hours	2018 12	86.4%	95%	87.1%	(78/195)	↑
		127e: Delayed transfers of care per 100,000 population	2018 11	10.4		13.7	(159/195)	↓
		127f: Population use of hospital beds following emergency admission	18-19 Q1	500		426	(30/195)	↓
	End of life care	105c: Percentage of deaths with three or more emergency admissions in last three months of life	2017	5.37%		4.15%	(31/194)	↑
	Primary care	128b: Patient experience of GP services	2018	83.8%		89.0%	(13/195)	╳
		128c: Primary care access – proportion of population benefitting from extended access services	2018 10	98.4%		100.0%	(1/193)	↑
		128d: Primary care workforce	2018 03	1.04		1.09	(34/195)	↓
		128e: Count of the total investment in primary care transformation made by CCGs compared with th..	18-19 Q2			Red		+
	Elective access	129a: Patients waiting 18 weeks or less from referral to hospital treatment	2018 10	87.1%	92%	81.8%	(179/195)	↑
	7 day services	130a: Achievement of clinical standards in the delivery of 7 day services	2016-17			2	(56/195)	╳
	NHS Continuing Healthcare	131a: Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital ..	18-19 Q2	12.3%		0.00%	(1/195)	+
	Patient safety	132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritise..	2017			Amber		╳
	Diagnostics	133a: Percentage of patients waiting 6 weeks or more for a diagnostic test	2018 11	2.41%		14.4%	(195/195)	↑
Sustainability	Financial sustainability	141b: In-year financial performance	18-19 Q2			Amber		+
	Paper-free at the point of care	144a: Utilisation of the NHS e-referral service to enable choice at first routine elective referral	2018 10	92.4%		114.2%	(10/195)	↓
	Demand management	145a: Expenditure in areas with identified scope for improvement	18-19 Q2			Red		+
Leadership	Probity and corporate govern..	162a: Probity and corporate governance	18-19 Q2					╳
	Workforce engagement	163a: Staff engagement index	2017	3.78		3.83	(31/189)	↑
		163b: Progress against the Workforce Race Equality Standard	2017	0.13		0.14	(140/189)	↑
	Quality of leadership	165a: Quality of CCG leadership	18-19 Q2			Amber		+
	Patient and community enga..	166a: Compliance with statutory guidance on patient and public participation in commissioning healt..	2017			Amber		╳
	CCGs local relationships	164a: Effectiveness of working relationships in the local system	2017-18			55.8	(180/189)	↑

Direction of change arrows
- ↑ Increase
- ↓ Decrease
- \+ Equal
- ╳ No data

Null
0
0.0
0.4%
0.5%
0.00
0.00%
0.01
0.01%
0.07
0.14%
0.90%
0.94%
1
1.03%
1.20%
2.60%
3
3.8
3.01%
4
6.50%
8
55.0%
62
-0.06%
-0.07%
-0.27%
-0.41%
-0.005
-1
-1.8
-1.21%
-1.44%
-5.77%
-6
-8.5%
-28
-55

Banding
- Highest performing quartile
- Interquartile range
- Lowest performing quartile
- n/app

Indicators with a target
- Pass
- Fail
- n/app

- Null
- Green
- Amber
- Red
- Good

Colour of change arrows
- Improvement
- Deterioration
- No change
- n/app

Summary

	Area	Indicator	Period	England ..	Target		Rate	99Q: NHS South Devon and Torbay CCG Rank	Change
Better Health	Annual assessment	999a: Annual assessment	2017-18				RI		
	Child obesity	102a: Percentage of children aged 10-11 classified as overweight or obese	2014-15 to 2016-17	33.9%			30.9%	(46/195)	
	Diabetes	103a: Diabetes patients that have achieved all the NICE recommended treatment targets: three (Hb..	2017-18	38.7%			35.5%	(164/195)	
		103b: People with diabetes diagnosed less than a year who attend a structured education course	2017-18 (2016 cohort)	8.54%			9.30%	(82/195)	
	Falls	104a: Injuries from falls in people aged 65 and over	17-18 Q3	1994			1904	(89/189)	
	Personalisation and choice	105b: Personal health budgets	18-19 Q2	50			204	(8/195)	
	Health inequalities	106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care s..	18-19 Q1	2074			1836	(57/195)	
	Antimicrobial resistance	107a: Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	2018 09	0.995	0.965		0.990	(81/195)	
		107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	2018 09	8.67%	10%		17.0%	(194/195)	
	Carers	108a: The proportion of carers with a long term condition who feel supported to manage their conditi..	2018	0.59			0.59	(106/195)	
Better Care	Provision of high quality care	121a: Provision of high quality care: hospital	18-19 Q1				63	(39/195)	
		121b: Provision of high quality care: primary medical services	18-19 Q1				72	(2/195)	
		121c: Provision of high quality care: adult social care	18-19 Q1				64	(14/195)	
	Cancer	122a: Cancers diagnosed at early stage	2016	52.6%	53.52%		56.2%	(25/195)	
		122b: People with urgent GP referral having first definitive treatment for cancer within 62 days of ref..	18-19 Q2	78.6%	85%		84.1%	(43/195)	
		122c: One-year survival from all cancers	2015	72.3%			74.3%	(22/189)	
		122d: Cancer patient experience	2017				9.0	(13/195)	
	Mental health	123a: Improving Access to Psychological Therapies – recovery	18-19 Q2	51.3%	50%		53.8%	(55/195)	
		123b: Improving Access to Psychological Therapies – access	18-19 Q2	4.24%			4.23%	(97/195)	
		123c: People with first episode of psychosis starting treatment with a NICE-recommended package ..	2018 11	75.3%			55.9%	(178/195)	
		123f: Mental health out of area placements	18-19 Q2	121			998	(195/195)	
		123i: Delivery of the mental health investment standard	18-19 Q2				Green		
	Learning disability	124a: Reliance on specialist inpatient care for people with a learning disability and/or autism	18-19 Q2				40	(38/195)	
		124b: Proportion of people with a learning disability on the GP register receiving an annual health ch..	2017-18	51.4%			58.9%	(42/195)	
		124c: Completeness of the GP learning disability register	2017-18	0.49%			0.67%	(20/195)	
	Maternity	125a: Neonatal mortality and stillbirths	2016	Null			3.56	(53/194)	
		125b: Women's experience of maternity services	2017	83.0			86.4	(30/195)	
		125c: Choices in maternity services	2017	60.8			66.8	(19/195)	
		125d: Maternal smoking at delivery	18-19 Q2	10.5%			12.5%	(114/195)	
	Dementia	126a: Estimated diagnosis rate for people with dementia	2018 11	68.2%			59.4%	(183/195)	
		126b: Dementia care planning and post-diagnostic support	2017-18	77.5%			76.8%	(134/194)	
	Urgent and emergency care	127b: Emergency admissions for urgent care sensitive conditions	18-19 Q1	2371			2038	(52/195)	
		127c: Percentage of patients admitted, transferred or discharged from A&E within 4 hours	2018 12	86.4%	95%		87.6%	(69/195)	
		127e: Delayed transfers of care per 100,000 population	2018 11	10.4			11.7	(132/195)	
		127f: Population use of hospital beds following emergency admission	18-19 Q1	500			362	(5/195)	
	End of life care	105c: Percentage of deaths with three or more emergency admissions in last three months of life	2017	5.37%			5.61%	(105/194)	
	Primary care	128b: Patient experience of GP services	2018	83.8%			87.4%	(31/195)	
		128c: Primary care access – proportion of population benefitting from extended access services	2018 10	98.4%			100.0%	(1/193)	
		128d: Primary care workforce	2018 03	1.04			1.11	(30/195)	
		128e: Count of the total investment in primary care transformation made by CCGs compared with th..	18-19 Q2				Green		
	Elective access	129a: Patients waiting 18 weeks or less from referral to hospital treatment	2018 10	87.1%	92%		82.3%	(177/195)	
	7 day services	130a: Achievement of clinical standards in the delivery of 7 day services	2016-17				2	(56/195)	
	NHS Continuing Healthcare	131a: Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital ..	18-19 Q2	12.3%			0.00%	(1/195)	
	Patient safety	132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritise..	2017				Amber		
	Diagnostics	133a: Percentage of patients waiting 6 weeks or more for a diagnostic test	2018 11	2.41%			7.71%	(184/195)	
Sustainability	Financial sustainability	141b: In-year financial performance	18-19 Q2				Amber		
	Paper-free at the point of care	144a: Utilisation of the NHS e-referral service to enable choice at first routine elective referral	2018 10	92.4%			80.6%	(111/195)	
	Demand management	145a: Expenditure in areas with identified scope for improvement	18-19 Q2				Amber		
	Probity and corporate govern..	162a: Probity and corporate governance	18-19 Q2						
Leadership	Workforce engagement	163a: Staff engagement index	2017	3.78			3.78	(87/189)	
		163b: Progress against the Workforce Race Equality Standard	2017	0.13			0.12	(98/189)	
	Quality of leadership	165a: Quality of CCG leadership	18-19 Q2				Amber		
	Patient and community enga..	166a: Compliance with statutory guidance on patient and public participation in commissioning healt..	2017				Amber		
	CCGs local relationships	164a: Effectiveness of working relationships in the local system	2017-18				68.1	(94/189)	

Direction of change arrows
- Increase
- Decrease
- Equal
- No data

Colour of change arrows
- Improvement
- Deterioration
- No change
- n/app

Null
Green
Amber
Requires improvement

Null
0
0.1
0.2%
0.3%
0.6%
0.00%
0.02%
0.03
0.09
0.68%
0.82%
1
1.6
2.01%
2.81%
4
4.0
4.96%
5.57%
6.56%
8.46%
11
32
100.0%
212
-0.06
-0.15%
-0.58%
-0.92%
-0.009
-1
-1.21%
-1.47%
-1.85%
-2.11%
-6
-28
-55
Red

Banding
- Highest performing quartile
- Interquartile range
- Lowest performing quartile
- n/app

Indicators with a target
- Pass
- Fail
- n/app

NORTHERN EASTERN WESTERN DEVON CLINICAL COMMISSIONING GROUP (NEW DEVON CCG)																		
PERFORMANCE MEASURES																		
INDICATOR	**TARGET**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**Q1**	**Q2**	**Q3**	**Q4**	**18/19**
Referral to treatment - percentage seen within 18 weeks - Admitted pathways	>=90%	76.4%	74.3%	72.2%	73.2%	75.4%	71.7%	71.7%	69.8%	73.6%	70.7%	68.9%		74%	73%	72%	70%	72.5%
Referral to treatment - percentage seen within 18 weeks - Non-admitted pathways	>=95%	90.5%	91.9%	90.4%	90.4%	89.8%	88.1%	88.1%	87.9%	88.7%	87.8%	88.2%		91%	89%	88%	88%	89.2%
Referral to treatment - percentage seen within 18 weeks - Incomplete pathways	>=92%	82.5%	81.9%	81.6%	82.0%	81.5%	81.6%	81.8%	81.7%	80.8%	80.7%	80.5%		82%	82%	81%	81%	81.5%
Referral to treatment - Number seen over 52 weeks - Incomplete pathways	0	108	195	222	218	290	276	281	250	259	289	236		525	784	790	525	2624
Diagnostics - percentage patients waiting over 6 weeks - 15 key tests	<=1%	13.8%	16.8%	20.0%	18.9%	18.6%	15.9%	13.5%	14.4%	15.0%	15.8%	12.0%		16.9%	18%	14%	14%	16.0%
Cancer - percentage seen within 2 weeks - urgent referral to first seen	>=93%	88.1%	87.1%	86.8%	86.4%	86.8%	84.5%	83.6%	85.4%	86.8%	86.1%	89.8%		87.3%	86%	85%	88%	86.4%
Breast symptomatic- percentage seen within 2 weeks	>=93%	75.7%	86.1%	90.3%	88.2%	96.2%	96.9%	96.9%	92.5%	91.9%	85.8%	90.4%		84.3%	94%	94%	88%	90.0%
Cancer - percentage treated within 62 days - urgent referral to first definitive treatment	>=85%	79.2%	80.7%	75.5%	72.2%	74.3%	71.1%	75.1%	75.2%	80.2%	68.3%	72.5%		78.4%	73%	77%	70%	74.8%
Cancer - percentage treated within 62 days - referral from NHS Cancer Screening Programme	>=90%	90.3%	75.0%	87.5%	95.1%	95.2%	87.5%	88.6%	100.0%	100.0%	90.2%	88.0%		85.0%	94%	95%	89%	90.8%
Cancer - percentage treated within 62 days - consultant upgrade	>=85%	84.2%	90.0%	76.9%	89.3%	78.3%	87.5%	74.0%	82.7%	85.3%	86.0%	83.1%		84.0%	85%	81%	85%	83.5%
Cancer - percentage treated within 31 days - decision to treat to first definitive treatment	>=96%	96.0%	98.3%	95.9%	97.1%	97.7%	95.3%	96.3%	96.5%	97.3%	94.1%	92.0%		96.7%	97%	97%	93%	96.1%
Cancer - percentage receiving subsequent treatment within 31 days - surgery	>=94%	96.2%	96.3%	94.8%	95.9%	93.1%	88.1%	92.9%	89.7%	91.4%	87.1%	86.3%		95.7%	93%	91%	87%	91.9%
Cancer - percentage receiving subsequent treatment within 31 days - drug	>=98%	100.0%	99.6%	99.6%	99.5%	98.8%	99.4%	99.6%	100.0%	99.3%	100.0%	100.0%		99.6%	99.3%	100%	100%	99.6%
Cancer - percentage receiving subsequent treatment within 31 days - radiotherapy	>=94%	98.6%	92.6%	94.6%	98.8%	99.0%	95.8%	98.1%	92.2%	92.0%	93.5%	92.2%		94.4%	98%	94%	93%	95.1%
Accident and Emergency - percentage attendances seen within 4 hours (Acute only)	>=95%	80.9%	82.8%	86.0%	82.4%	78.4%	76.9%	79.1%	79.4%	81.3%	72.9%	74.5%		83.3%	79.3%	79.9%	73.7%	79.6%
Accident and Emergency - percentage attendances seen within 4 hours (Acute & MIU)	>=95%	87.8%	89.4%	91.4%	89.1%	86.9%	85.4%	86.8%	86.8%	87.8%	82.6%	83.8%		89.6%	87.2%	87.1%	83.2%	87.2%
Cancelled Operations - Number of patients not treated within 28 days of cancellation	0			68			105			94				68	105	94		267
IAPT Percentage of people entering treatment against the level of need in the general	1.25%	1.4%	1.5%	1.5%	1.4%	1.4%	1.5%	1.8%	1.7%	1.1%	1.7%	1.3%		4.4%	1.4%	1.5%	2%	4.4%
IAPT recovery rate - percentage of people who are moving to recovery	50%	51.0%	48.7%	50.4%	53.5%	54.8%	54.3%	52.1%	54.5%	52.7%	53.5%	53.7%		51.0%	48.7%	50.4%	53.5%	51.0%
IAPT - started treatment with 6 weeks of referral	75%	93.2%	93.6%	93.7%	93.8%	95.0%	95.3%	96.5%	96.4%	96.7%	94.6%	92.2%		93.2%	93.6%	93.7%	93.8%	93.2%
IAPT - started treatment with 18 weeks of referral	95%	99.8%	100.1%	99.9%	99.8%	100.0%	100.9%	100.0%	100.0%	100.0%	100.0%	100.0%		99.8%	100.1%	99.9%	99.8%	99.8%
Mental Health - Percentage of people on CPA who were followed up with in 7 days of discharge	95%	88.2%	98.1%	100.0%	100.0%	97.3%	100.0%	100.0%	97.4%	97.7%	97.6%	92.8%		88.2%	98.1%	100.0%	100.0%	88.2%
Mental Health - Percentage of patients who have had a CPA review within the past 12 months	95%	92.9%	93.8%	94.9%	92.7%	91.6%	91.1%	91.9%	91.2%	91.4%	94.0%	93.7%		92.9%	93.8%	94.9%	92.7%	92.9%
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	50%	72.2%	61.5%	69.2%	93.3%	90.9%	60.0%	66.7%	75.0%	69.2%	86.7%	41.2%		68%	68%	68%	68%	71.9%
Dementia	62%	58.9%	58.9%	58.9%	59.3%	58.8%	59.7%	58.9%	59.3%	59.0%	59.3%	59.2%		58.9%	59.3%	58.8%	59.7%	58.9%
QUALITY MEASURES																		
INDICATOR	**TARGET**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**Q1**	**Q2**	**Q3**	**Q4**	**18/19**
MRSA bacteraemia - number of hospital infections	0	1	0	2	1	0	3	1	0	0	0	0	1	3	4	1	1	8
Clostridium difficile - number of hospital infections	<=219	15	25	15	21	23	13	12	10	11	11	7	16	55	57	22	34	134
Mixed sex accommodation (MSA) - number of hospital breaches	0	3	1	2	0	0	0	6	1	1	1	1		16	0	6	2	6
Delayed transfers of care (acute) - Percentage of delays per available bed	3.50%	4.4%	3.8%	4.0%	4.4%	4.0%	4.5%	5.3%	5.0%	4.1%	4.8%	4.3%		4.1%	4.3%	5.3%	4.5%	4.4%
Delayed transfers of care (all) - Percentage of delays per available bed	3.50%	4.7%	4.3%	4.3%	4.8%	4.6%	5.1%	5.8%	5.5%	4.4%	5.1%	4.9%		4.5%	4.5%	5.5%	15.1%	4.5%

KEY
GREEN: PERFORMING
AMBER: AT RISK
RED: UNDERPERFORMING

Appendix C. Key performance indicators – SD&T Devon CCG

NHS SOUTH DEVON AND TORBAY CLINICAL COMMISSIONING GROUP (SDT CCG)

PERFORMANCE MEASURES

INDICATOR	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Q1	Q2	Q3	Q4	17/18
Referral to treatment - percentage seen within 18 weeks - Admitted pathways	>=90%	75.3%	74.5%	72.6%	70.0%	69.7%	69.9%	73.3%	69.8%	69.0%	67.1%	68.9%	70.7%	67.8%	64.9%		69.9%	71%	69%	66%	69.2%
Referral to treatment - percentage seen within 18 weeks - Non-admitted pathways	>=95%	87.0%	87.6%	87.7%	88.3%	88.3%	87.6%	87.1%	85.8%	86.1%	85.6%	84.9%	87.5%	86.7%	87.9%		88.1%	86%	86%	87%	86.9%
Referral to treatment - percentage seen within 18 weeks - Incomplete pathways	>=92%	83.1%	82.8%	82.1%	82.2%	82.9%	82.0%	82.2%	82.8%	81.7%	82.4%	82.4%	81.8%	81.5%	80.8%		82.4%	82%	82%	81%	82.1%
Referral to treatment - Number seen over 52 weeks - Incomplete pathways	0	31	37	43	50	58	48	71	80	92	79	78	87	102	103		156	243	244	205	156
Diagnostics - percentage patients waiting over 6 weeks - 15 key tests	<=1%	5.9%	3.6%	8.9%	10.9%	6.6%	7.4%	7.1%	7.4%	8.4%	9.9%	7.7%	10.7%	13.3%	11.9%		8.3%	8%	9%	13%	9.2%
Cancer - percentage seen within 2 weeks - urgent referral to first seen	>=93%	78.8%	69.7%	73.6%	62.1%	58.5%	76.8%	64.8%	77.9%	79.8%	82.0%	81.7%	80.8%	78.7%	81.4%		65.8%	74%	82%	80%	74.8%
Breast symptomatic- percentage seen within 2 weeks	>=93%	93.2%	97.7%	94.6%	93.5%	93.6%	87.3%	93.5%	93.2%	98.8%	96.0%	88.5%	97.8%	95.6%	62.6%		91.7%	95%	94%	78%	90.7%
Cancer - percentage treated within 62 days - urgent referral to first definitive treatment	>=85%	85.8%	83.0%	81.2%	80.0%	78.5%	77.0%	88.3%	78.9%	84.8%	71.7%	78.8%	81.8%	68.8%	68.8%		78.5%	84%	77%	69%	77.8%
Cancer - percentage treated within 62 days - referral from NHS Cancer Screening Programme	>=90%	66.7%	94.4%	100.0%	88.9%	100.0%	75.0%	100.0%	100.0%	92.9%	91.7%	90.9%	92.9%	90.9%	100.0%		88%	98%	92%	96%	93.7%
Cancer - percentage treated within 62 days - consultant upgrade	>=85%	90.0%	71.4%	100.0%	87.5%	92.9%	90.9%	100.0%	78.6%	100.0%	92.9%	85.7%	72.7%	87.5%	71.4%		91%	91%	85%	80%	87.4%
Cancer - percentage treated within 31 days - decision to treat to first definitive treatment	>=96%	90.9%	96.4%	98.3%	97.1%	97.3%	95.5%	97.4%	97.7%	96.6%	94.7%	97.3%	96.4%	95.7%	95.4%		97%	97%	96%	96%	96.5%
Cancer - percentage receiving subsequent treatment within 31 days - surgery	>=94%	94.0%	98.1%	96.6%	98.2%	100.0%	95.7%	93.3%	94.4%	91.1%	92.6%	90.9%	100.0%	91.7%	93.5%		98%	93%	94%	92%	94.8%
Cancer - percentage receiving subsequent treatment within 31 days - drug	>=98%	98.9%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	98.6%		100%	100%	100%	99%	99.7%
Cancer - percentage receiving subsequent treatment within 31 days - radiotherapy	>=94%	96.7%	95.7%	98.4%	89.8%	97.2%	98.2%	97.3%	98.4%	96.3%	95.3%	100.0%	100.0%	92.6%	96.3%		93%	97%	98%	94%	95.5%
Accident and Emergency - percentage attendances seen within 4 hours (Acute only)	>=95%	77.2%	72.8%	72.3%	81.7%	79.9%	86.0%	88.6%	80.1%	75.0%	77.9%	74.3%	82.5%	66.1%	70.8%		82.6%	81.5%	78.2%	68.4%	78.7%
Accident and Emergency - percentage attendances seen within 4 hours (Acute & MIU)	>=95%	83.8%	81.1%	80.6%	87.6%	86.7%	90.9%	92.7%	87.2%	83.8%	85.1%	82.2%	87.5%	76.4%	79.8%		88.5%	88.1%	84.9%	78.1%	85.8%
Cancelled Operations - Number of patients not treated within 28 days of cancellation	0			39																	
IAPT Percentage of people entering treatment against the level of need in the general population	>=15%	1.5%	1.4%	1.2%	1.5%	1.4%	1.6%	1.7%	1.4%	1.2%	1.4%	1.6%	1.0%	1.6%	1.1%		4.4%	1.4%	1.3%	1.4%	24.6%
IAPT recovery rate - percentage of people who are moving to recovery	>=50%	53%	48%	53%	51%	50%	53%	53%	53%	57%	53%	53%	47%	51%	55%		51.3%	54%	51%	53%	52%
IAPT - started treatment with 6 weeks of referral	75%	92%	94%	96%	93%	95%	94%	94%	92%	94%	95%	97%	95%	92%	93%		94.3%	93%	96%	93%	94%
IAPT - started treatment with 18 weeks of referral	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%
Mental Health - Percentage of people on CPA who were followed up with in 7 days of discharge	>=95%	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	75.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	40.0%		66.7%	85.7%	100.0%	72.7%	86.6%
Mental Health - Percentage of patients who have had a CPA review within the past 12 months	>=95%	93.0%	93.1%	88.8%	85.0%	91.6%	91.0%	89.9%	87.3%	86.1%	81.7%	83.9%	85.4%	91.0%	92.4%		89.2%	87.8%	83.7%	91.7%	87.3%
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	>=50%	16.7%	100.0%	100.0%	10.0%	87.5%	66.7%	61.5%	42.9%	50.0%	57.1%	58.3%	87.5%	25.0%	60.0%		51.9%	51.4%	66.7%	44.4%	54.1%
Dementia	>=62%	61.1%	61.0%	60.3%	59.8%	60.1%	59.9%	59.7%	59.7%	59.3%	59.2%	59.4%	58.6%	58.3%	58.3%		59.8%	59.6%	59.1%		59.3%

QUALITY MEASURES

INDICATOR	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Q1	Q2	Q3	Q4	17/18
MRSA bacteraemia - number of hospital infections	0	2	0	0	0	1	0	0	0	1	2	0	0	0	0	0	1	1	2	0	4
Clostridium difficile - number of hospital infections	<=97	7	10	9	10	5	8	9	5	7	7	6	6	7	9	5	23	21	19	21	84
Mixed sex accommodation (MSA) - number of hospital breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Delayed transfers of care (acute) - Percentage of delays per available bed	<=3.5%	2.1%	1.5%	1.2%	1.9%	2.3%	1.2%	2.8%	1.8%	1.7%	2.6%	2.7%	1.7%	2.5%	2.0%		1.8%	2.1%	2.3%	2.2%	2.1%
Delayed transfers of care (all) - Percentage of delays per available bed	<=3.5%	4.6%	4.3%	3.2%	4.9%	4.5%	4.0%	5.8%	4.2%	4.5%	4.9%	5.2%	5.5%	5.9%	4.9%		4.9%	4.8%	15.6%	16.6%	4.9%

Appendix D: Sustainability Transformation Plan (STP) Summary

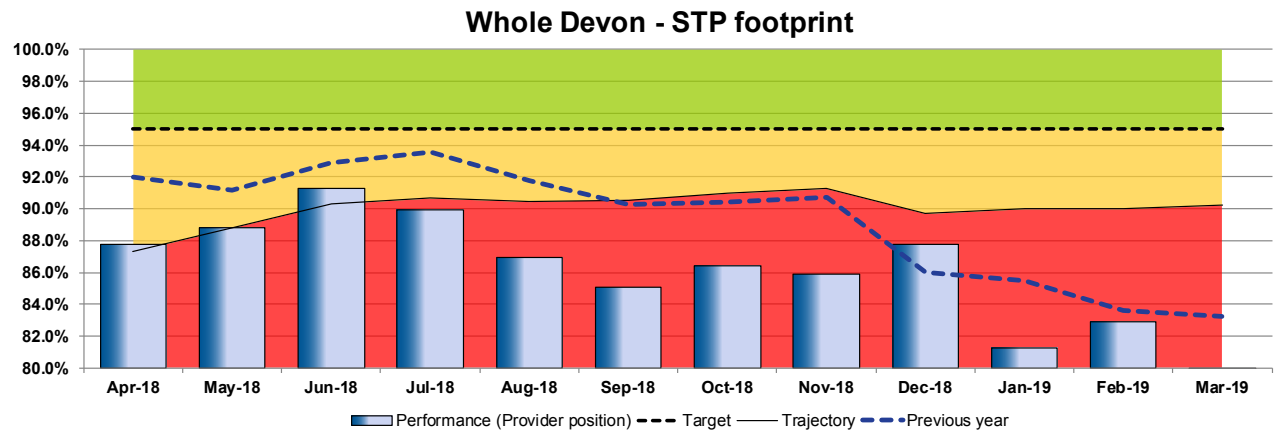
STP KPI Summary

INDICATOR	TARGET	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	ENGLAND January Position	STP Rank January Position	Q1	Q 2	Q 3	Q 4	2018/19 YTD
Referrl to treatment - Incomplete waits	78364	80,395	81,178	81,526	82,273	82,971	81,428	82,049	81,429	81,483	80,089	81,661		N/A	N/A	81,526	82,049	81,483	81,661	81,661
Referral to treatment - percentage seen within 18 weeks - Incomplete pathways	STP Trajectory	82.4%	82.2%	81.7%	82.0%	81.9%	81.7%	81.9%	81.9%	81.0%	80.9%	80.6%		87.0%	43 / 44	82.1%	81.9%	81.6%	80.7%	81.7%
Referral to treatment - Number seen over 52 weeks - Incomplete pathways	0	158	253	270	289	370	368	360	328	346	391	339		N/A	N/A	270	368	346	339	339
Diagnostics - percentage patients waiting over 6 weeks - 15 key tests	STP Trajectory	13.2%	14.6%	17.6%	16.8%	16.5%	14.2%	12.7%	13.0%	14.0%	15.3%	11.9%		2.3%	43 / 44	15.1%	15.9%	13.2%	13.6%	14.6%
Accident and Emergency - percentage attendances seen within 4 hours (Acute)	>=95%	81.1%	82.2%	86.0%	83.9%	78.8%	76.5%	78.8%	78.2%	81.6%	71.3%	73.7%		75.7%	33 / 44	83.1%	79.8%	79.5%	72.5%	79.4%
Accident and Emergency - percentage attendances seen within 4 hours (Acute & Community)	STP Trajectory	87.8%	88.8%	91.3%	89.9%	86.9%	85.0%	86.4%	85.9%	87.8%	81.3%	82.9%		84.2%	30 / 44	89.3%	87.4%	86.7%	82.1%	86.9%
Accident and Emergency over 12 hour trolley waits	0	1	4	4	5	4	13	6	6	8	26	7		1 Average	5 / 44	9	22	20	33	84
Cancer - percentage seen within 2 weeks - urgent referral to first seen	STP Trajectory	81.3%	80.0%	84.2%	81.1%	84.4%	83.2%	83.2%	84.6%	85.3%	84.3%	87.7%		93.4%	42 / 44	81.8%	82.8%	84.3%	86.0%	83.5%
Breast Symptomatic - percentage seen within 2 weeks	>=93%	81.3%	89.0%	89.4%	90.4%	95.3%	97.6%	96.6%	91.0%	94.2%	89.1%	80.0%		82.6%	21 / 44	86.8%	94.3%	93.8%	84.6%	90.3%
Cancer - percentage treated within 62 days - urgent referral to first definitive treatment	STP Trajectory	79.4%	80.1%	75.9%	75.7%	75.3%	74.3%	74.2%	76.1%	80.6%	68.4%	71.5%		76.1%	39 / 44	78.4%	75.1%	76.7%	69.8%	75.5%
Cancer - percentage treated within 62 days - referral from NHS Cancer Screening Programme	>=90%	90.0%	80.0%	85.7%	96.5%	97.0%	90.0%	89.3%	97.4%	97.9%	90.4%	91.9%		84.2%	14 / 44	85.5%	95.0%	94.4%	91.0%	91.5%
Cancer - percentage treated within 62 days - consultant upgrade	>=85%	84.5%	90.4%	78.7%	90.1%	78.4%	89.0%	76.4%	83.2%	84.0%	86.1%	82.2%		82.7%	20 / 44	84.8%	86.0%	81.2%	84.4%	84.0%
Cancer - percentage treated within 31 days - decision to treat to first definitive treatment	>=96%	96.3%	98.0%	95.8%	97.2%	97.7%	95.6%	95.8%	96.7%	97.1%	94.5%	92.9%		96.7%	29 / 44	96.7%	96.9%	96.5%	93.8%	96.2%
Cancer - percentage receiving subsequent treatment within 31 days - surgery	>=94%	97.5%	97.2%	95.1%	95.2%	93.5%	89.0%	92.8%	90.0%	93.4%	88.6%	88.3%		92.8%	29 / 44	96.6%	92.7%	92.0%	88.5%	92.8%
Cancer - percentage receiving subsequent treatment within 31 days - drug	>=98%	99.6%	99.7%	99.7%	99.7%	99.2%	99.6%	99.7%	100.0%	99.5%	99.7%	99.7%		99.4%	11 / 44	99.7%	99.5%	99.8%	99.7%	99.6%
Cancer - percentage receiving subsequent treatment within 31 days - radiotherapy	>=94%	92.3%	93.9%	95.6%	98.3%	98.8%	95.9%	97.3%	94.5%	94.6%	93.2%	93.5%		97.3%	35 / 44	93.8%	97.7%	95.6%	93.3%	95.2%
Cancelled Operations - Number of patients not treated within 28 days of cancellation (Acute only)	0			98			113			121				N/A	N/A	98	113	121		332
Cancelled Operations - Urgent Operations cancelled for a 2nd or more time	0	2	0	0	0	1	1	1	2	2	1			N/A	N/A	2	2	5	1	10
Delayed transfers of care - days delays as a percentage of occupied beds (Acute only)	3.5%	4.0%	3.5%	3.6%	4.1%	3.7%	4.0%	4.8%	4.6%	3.7%	4.4%	3.9%		N/A	N/A	3.7%	4.0%	4.4%	4.2%	4.0%
Delayed transfers of care - days delays as a percentage of occupied beds (Acute &community)	3.5%	4.7%	4.3%	4.2%	4.9%	4.6%	5.0%	5.7%	5.5%	4.6%	5.3%	4.9%		N/A	N/A	4.5%	4.8%	5.2%	3.6%	4.9%
Delayed transfers of care - days delays as a percentage of occupied beds (MH only)	7.5%	5.9%	5.2%	5.0%	3.3%	2.4%	3.9%	3.8%	3.4%	3.7%	4.5%	4.6%		N/A	N/A	5.4%	3.2%	3.6%	4.6%	4.0%
Category 1 Mean response Duration (min)	7	8.8	8.9	7.6	7.0	7.1	7.0	7.0	7.0	6.9	6.8	7.3		18	N/A	8.4	7.0	7.0	7.1	7.7
Category 1 90th response Duration (min)	15	16.8	17.2	15.0	12.7	13.3	12.8	12.6	12.8	12.3	12.0	13.1		31	N/A	16.3	12.9	12.6	12.5	14.6
Category 2 Mean response Duration (min)	18	22.6	23.1	25.4	26.7	25.5	25.9	24.8	26.0	26.6	28.5	28.3		22	N/A	23.7	26.0	25.8	28.4	24.8
Category 2 90th response Duration (min)	40	46.6	47.3	53.1	56.4	53.2	53.8	51.0	53.6	55.7	58.7	59.5		45	N/A	49.0	54.5	53.4	59.1	51.8
Category 3 90th response Duration (min)	120	114.3	169.9	175.5	177.0	157.1	152.9	139.4	163.0	160.2	169.7	161.3		148.50	N/A	153.2	162.3	154.2	165.5	155.6
Category 4 90th response Duration (min)	180	275.8	366.5	363.2	355.5	376.6	321.0	306.4	258.5	210.2	220.2	214.4		197.13	N/A	335.2	351.0	258.4	217.3	335.0
Hear & Treat	11%	8.9%	11.4%	11.7%	12.1%	11.3%	11.9%	11.7%	12.1%	11.8%	12.4%	12.3%		N/A	N/A	11%	12%	12%	12%	12%
Ambulance Incidents Resolved Without Conveyance to an Emergency Department	54.6%	51.9%	53.4%	52.9%	54.1%	53.4%	51.5%	52.2%	52.3%	52.8%	51.7%	52.7%		N/A	N/A	53%	53%	52%	52%	53%
Ambulance Handovers Taking Between 30 and 60 minutes	0	277	302	296	339	328	381	369	329	274	444	324		N/A	N/A	875	1048	972		3663
Ambulance Handovers Taking over 60 Min	0	9	24	22	12	23	25	28	20	15	32	19		N/A	N/A	55	60	63		229
Care Programme Approach (CPA) proportion of people under adult MH specialties on CPA followed up within 7 days of discharge from psychiatric in-patient care	95%	86.1%	96.4%	100.0%	97.7%	97.5%	97.9%	100.0%	97.8%	97.9%	97.9%	86.4%		N/A	N/A	95.4%	97.7%	98.7%	92.5%	96.6%
Mental Health - Percentage of patients who have had a CPA review within the past 12 months	95%	91.8%	93.5%	94.1%	92.2%	90.8%	90.1%	89.9%	89.7%	90.2%	93.4%	93.5%		N/A	N/A	93.1%	91.1%	89.9%	93.4%	91.5%
IAPT Percentage of people entering treatment against the level of need in the general population (Monthly Access rate)	1.25%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.7%	1.7%	1.0%	1.7%	1.3%		N/A	N/A	4.4%	4.3%	4.4%	1.5%	26.3%
IAPT recovery rate - percentage of people who are moving to recovery	50%	51.0%	49.2%	51.0%	53.3%	54.3%	55.0%	52.3%	54.1%	51.1%	52.9%	54.1%		N/A	N/A	50.4%	54.1%	52.7%	53.4%	52.9%
IAPT - started treatment with 6 weeks of referral	75%	93.2%	93.9%	93.9%	93.9%	94.4%	95.0%	96.1%	96.5%	96.4%	94.1%	92.3%		N/A	N/A	93.7%	94.4%	96.3%	93.0%	94.5%
IAPT - started treatment with 18 weeks of referral	95%	99.9%	100.0%	99.9%	99.9%	99.9%	100.6%	100.0%	99.9%	100.0%	100.0%	100.0%		N/A	N/A	99.9%	100.1%	100.0%	100.0%	100.0%
Dementia diagnosis rate	67%	59.2%	59.2%	59.2%	59.4%	59.1%	59.6%	59.0%	59.4%	58.9%	59.1%	58.9%		67.9%	40 / 44	59.2%	59.4%	59.1%		59.2%
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	50%	50.0%	71.4%	68.2%	78.6%	64.0%	53.3%	61.5%	68.8%	76.2%	65.2%	48.1%		74.5%	39 / 44	62.0%	67.6%	69.7%	56.0%	64.3%
MRSA bacteraemia - number of hospital & community infections	0	1	1	2	1	0	4	3	0	0	0	0	1	N/A	N/A	4	5	3		13
Clostridium difficile - number of hospital & community infections	<=316	25	30	23	30	28	20	19	16	17	18	16	21	N/A	N/A	78	78	52		263
Mixed sex accommodation (MSA) - number of hospital breaches	0	3	1	2	0	0	0	6	1	1	1	1		N/A	N/A	6	0	8		16

4 hour waits A&E &MIU

STP footprint

STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (Provider position)	>95%	87.8%	88.8%	91.3%	89.9%	86.9%	85.0%	86.4%	85.9%	87.8%	81.3%	82.9%	
Trajectory		87.3%	88.8%	90.3%	90.7%	90.4%	90.6%	90.9%	91.3%	89.7%	90.0%	90.0%	90.2%
NHS England		88.5%	90.4%	90.7%	89.3%	89.7%	88.9%	89.1%	87.6%	86.4%	84.4%	84.2%	

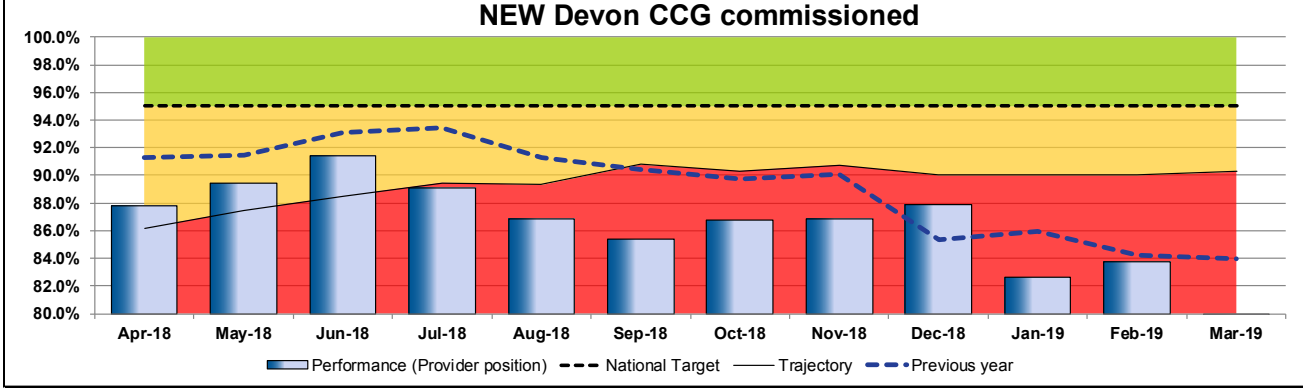


Comment: February showed a slight improvement in performance at STP level, rising from 81.3% to 82.9%. RD&E remained above 90% at 92.2% whilst NDHT performance was relatively static at 82.7%. Both UHP and TSD saw breaches fall, with UHP moving from 71.8% to 74.5% and TSD increasing from 76.4% to 79.8%.

Provisional March performance shows an STP position of 84.6%, up from 82.9% in February, with RD&E maintaining good performance at 93%, TSD moving above 80% at 82%, NDHT falling slightly to 80% and UHP improving from 74% to 79%.

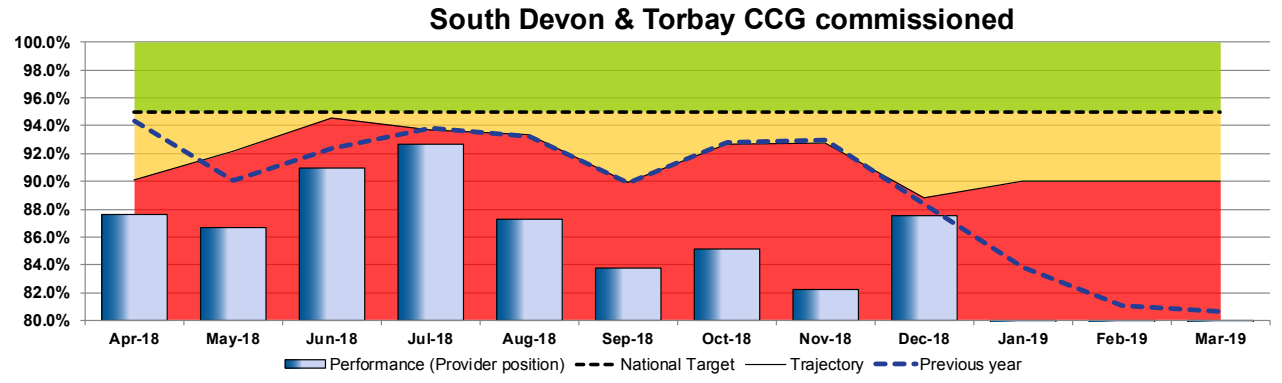
NEW Devon CCG

CCG (NEW Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (Provider position)	>95%	87.8%	89.4%	91.4%	89.1%	86.9%	85.4%	86.8%	86.8%	87.8%	82.6%	83.8%	
Trajectory		86.2%	87.5%	88.5%	89.5%	89.3%	90.8%	90.3%	90.7%	90.0%	90.0%	90.0%	90.3%



South Devon & Torbay CCG

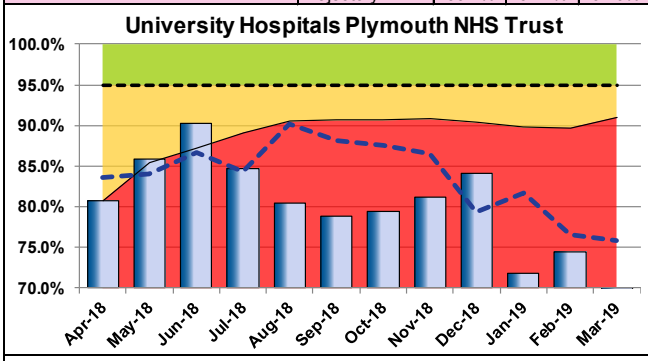
CCG (STD Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (Provider position)	>95%	87.6%	86.7%	90.9%	92.7%	87.2%	83.8%	85.1%	82.2%	87.5%	76.4%	79.8%	
Trajectory		90.1%	92.1%	94.6%	93.7%	93.3%	90.0%	92.7%	92.7%	88.8%	90.0%	90.0%	90.0%

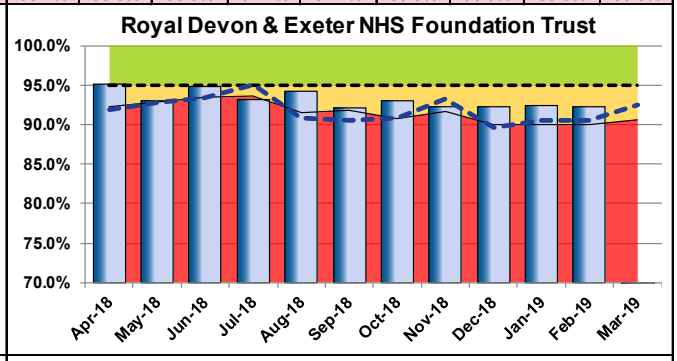


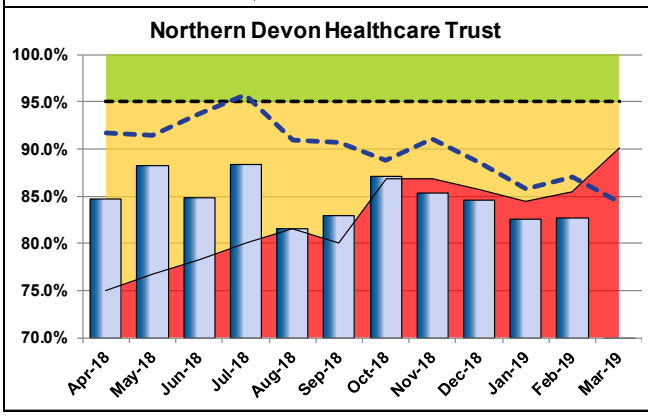
4 hour waits A&E &MIU……continued

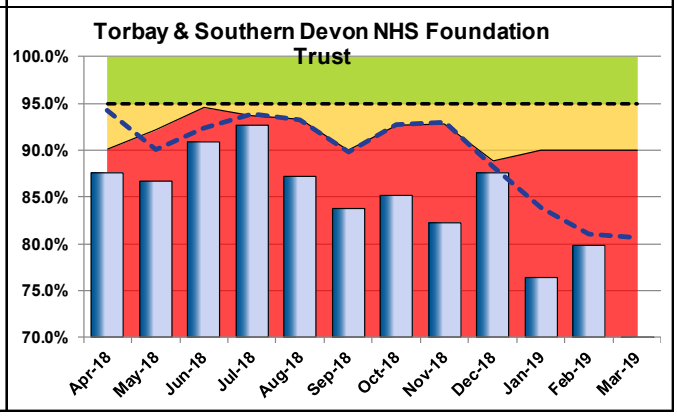
Provider level

Provider		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHP (trust total)	Actual	80.8%	85.8%	90.2%	84.7%	80.4%	78.9%	79.5%	81.2%	84.1%	71.8%	74.5%	
	Trajectory	80.8%	85.4%	87.1%	89.1%	90.5%	90.6%	90.7%	90.8%	90.3%	89.8%	89.7%	91.0%
RDE (trust total)	Actual	95.2%	93.0%	94.8%	93.2%	94.2%	92.1%	93.1%	92.2%	92.2%	92.5%	92.2%	
	Trajectory	92.3%	92.8%	93.5%	93.6%	91.5%	91.8%	90.8%	91.7%	90.0%	90.0%	90.0%	90.7%
NDHT (trust total)	Actual	84.7%	88.3%	84.8%	88.4%	81.6%	82.9%	87.1%	85.4%	84.5%	82.5%	82.7%	
	Trajectory	75.0%	76.7%	78.3%	80.0%	81.6%	80.0%	86.9%	86.9%	85.7%	84.5%	85.5%	90.1%
TSDHFT (trust total)	Actual	87.6%	86.7%	90.9%	92.7%	87.2%	83.8%	85.1%	82.2%	87.5%	76.4%	79.8%	
	Trajectory	90.1%	92.1%	94.6%	93.7%	93.3%	90.0%	92.7%	92.7%	88.8%	90.0%	90.0%	90.0%





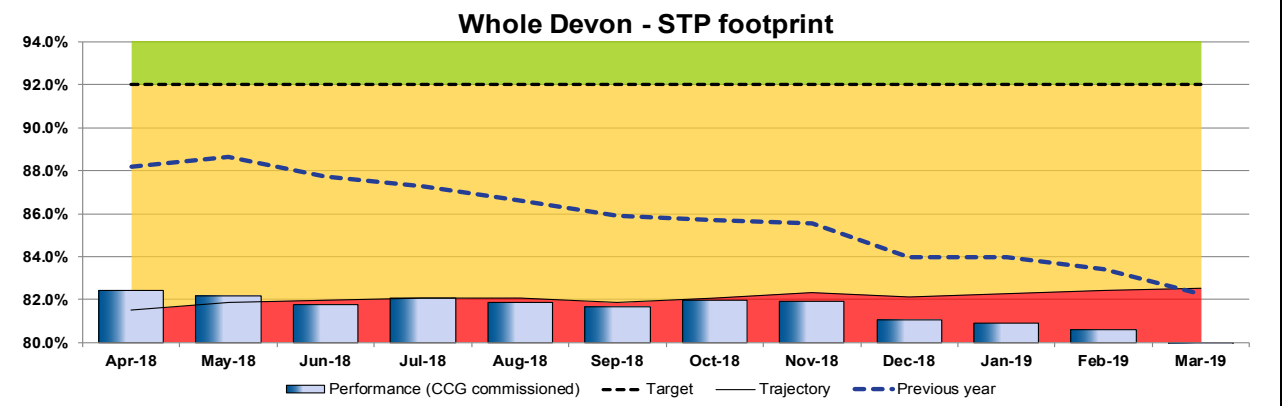




18-week RTT (incomplete pathway)

STP footprint

STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>92%	82.4%	82.2%	81.7%	82.0%	81.9%	81.7%	81.9%	81.9%	81.0%	80.9%	80.6%	
Trajectory		81.5%	81.9%	82.0%	82.0%	82.1%	81.8%	82.1%	82.3%	82.1%	82.3%	82.4%	82.5%
NHS England		87.5%	88.1%	87.8%	87.8%	87.2%	86.7%	87.1%	87.3%	86.6%	86.7%	87.0%	
RTT total waiting list	78,364	80,395	81,178	81,526	82,273	82,971	81,428	82,049	81,429	81,483	80,089	81,661	
Trajectory		77,749	78,454	78,845	78,578	79,363	78,528	78,603	77,324	76,200	75,616	75,353	74,733

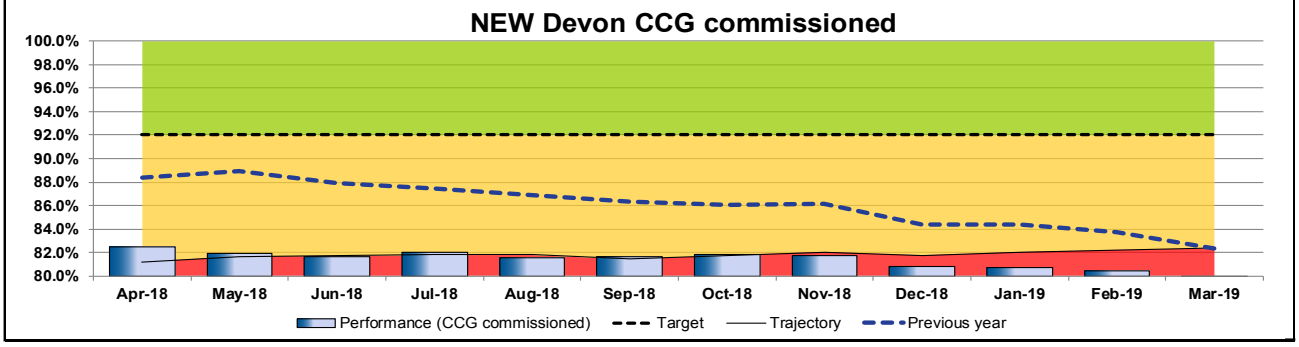


The STP level RTT position fell slightly in February at 80.6% with all providers seeing a reduction in performance. RD&E breaches continued to rise with performance deteriorating from 82.2% to 81.9%, whilst TSD fell by 1% from 82.2% to 81.2%. UHP and NDHT saw performance fall marginally to 78.0% and 79.1% respectively.

The number of incomplete pathways increased by around 1,500 patients at STP level and are around 3,000 higher than March 2018, with increases at all providers in February. Over 52 week waits fell in February moving from 391 to 339 at STP level. All providers except TSD saw reductions with UHP decreasing from 125 to 104 breaches, RD&E falling from 179 to 155 and NDHT breaches moving from 67 to 50. The TSD position was flat at 103. Across providers breaches are highest for orthopaedics, cardiology and general surgery, with neurosurgery breaches a particular issue at UHP.

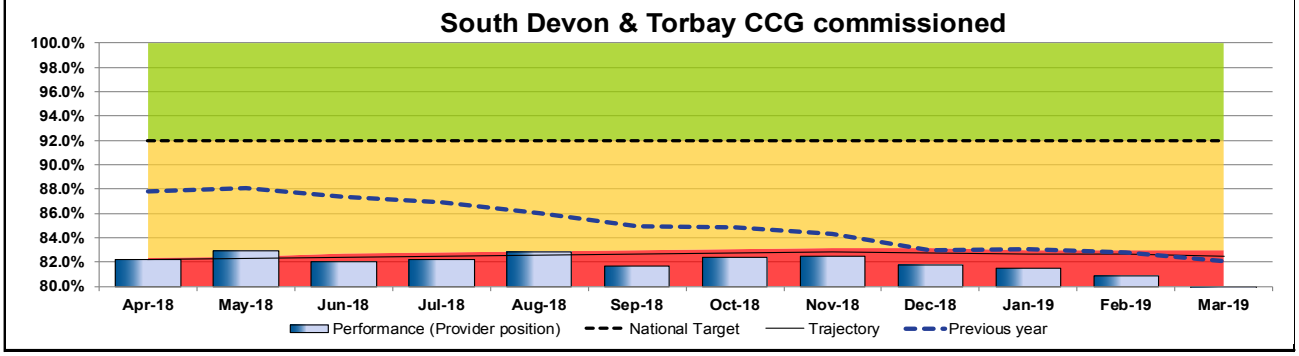
NEW Devon CCG

CCG (NEW Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>92%	82.5%	81.9%	81.6%	82.0%	81.5%	81.6%	81.8%	81.7%	80.8%	80.7%	80.5%	
Trajectory		81.2%	81.7%	81.7%	81.8%	81.8%	81.5%	81.8%	82.1%	81.8%	82.0%	82.3%	82.4%
RTT total waiting list	57,746	59,248	59,395	59,684	60,992	61,517	59,967	60,381	59,936	60,245	58,990	60,163	
Trajectory		58,061	58,754	58,968	58,817	59,477	58,584	58,726	57,640	56,522	56,047	55,818	55,310



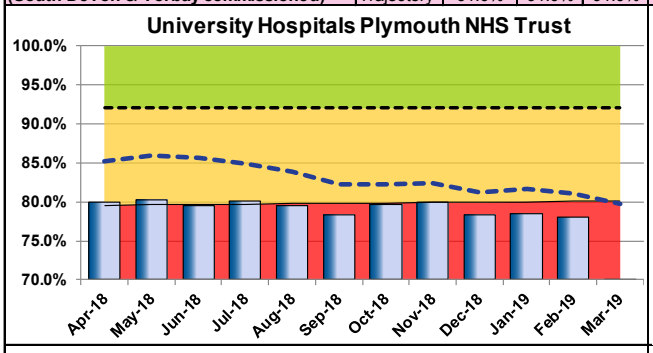
South Devon & Torbay CCG

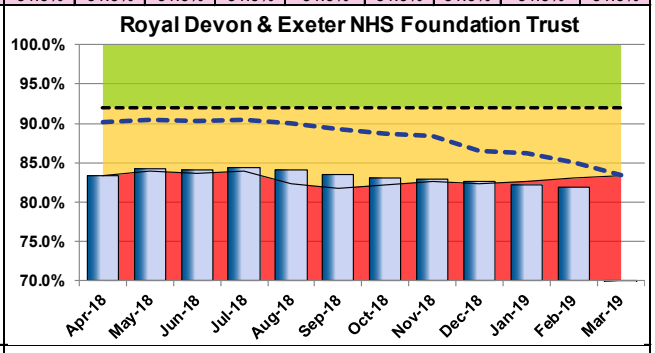
CCG (STD Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>92%	82.2%	82.9%	82.0%	82.2%	82.8%	81.7%	82.4%	82.4%	81.8%	81.5%	80.8%	
Trajectory		82.2%	82.3%	82.4%	82.5%	82.6%	82.7%	82.7%	82.8%	82.8%	82.7%	82.6%	82.5%
RTT total waiting list	20,618	21,147	21,783	21,842	21,281	21,454	21,461	21,668	21,493	21,238	21,099	21,498	
Trajectory		19,688	19,700	19,877	19,761	19,886	19,944	19,877	19,684	19,678	19,569	19,535	19,423

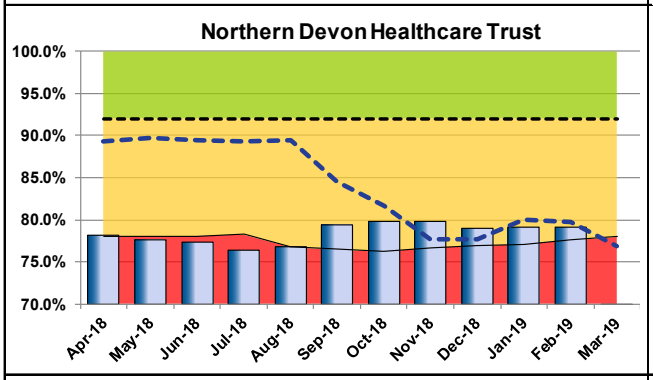


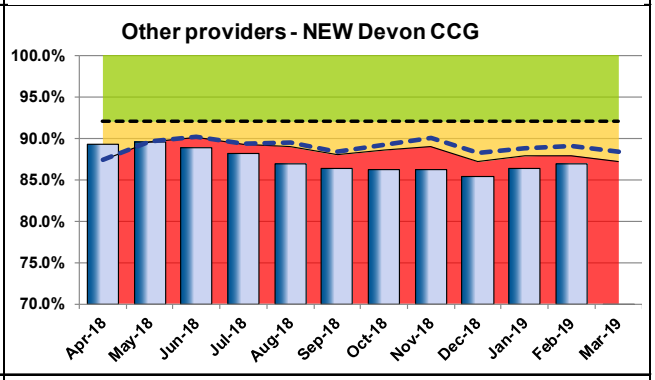
Provider level

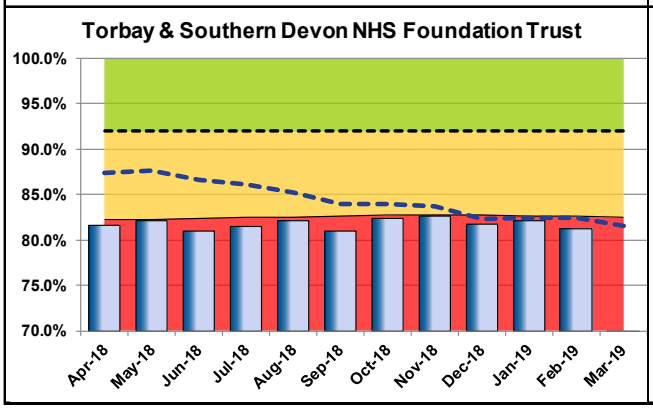
Provider		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHP (trust total)	Actual	79.9%	80.3%	79.5%	80.1%	79.5%	78.4%	79.6%	79.9%	78.4%	78.4%	78.0%	
	Trajectory	79.6%	79.6%	79.7%	79.7%	79.8%	79.8%	79.9%	79.9%	79.9%	80.0%	80.0%	80.1%
	Waiting list	26,115	25,836	25,802	25,682	26,205	25,906	26,399	26,758	26,798	27,356	27,872	
	Trajectory	26,199	25,966	26,154	25,920	26,099	25,572	25,536	25,543	25,228	25,772	25,725	26,347
RDE (trust total)	Actual	83.4%	84.2%	84.0%	84.5%	84.0%	83.6%	83.1%	83.0%	82.6%	82.2%	82.0%	#DIV/0!
	Trajectory	83.4%	83.9%	83.7%	83.9%	82.3%	81.8%	82.2%	82.6%	82.3%	82.7%	83.0%	83.3%
	Waiting list	31,372	31,581	32,252	33,164	33,457	33,399	33,875	33,899	34,261	33,386	33,770	#N/A
	Trajectory	31,485	31,806	32,220	32,471	32,662	32,512	32,838	32,274	31,241	30,783	30,496	30,178
NDHT (trust total)	Actual	78.2%	77.7%	77.3%	76.4%	76.8%	79.4%	79.8%	79.8%	79.0%	79.2%	79.1%	
	Trajectory	78.0%	78.0%	78.1%	78.3%	76.8%	76.5%	76.2%	76.7%	76.9%	77.1%	77.6%	78.0%
	Waiting list	13,473	13,823	14,176	14,399	14,197	12,915	12,647	12,668	12,520	11,790	11,633	
	Trajectory	13,314	13,314	13,314	13,314	14,197	13,989	13,785	13,641	13,575	13,439	13,299	13,101
TSDHFT (trust total)	Actual	81.7%	82.2%	81.0%	81.5%	82.2%	81.0%	82.4%	82.7%	81.8%	82.2%	81.3%	#DIV/0!
	Trajectory	82.2%	82.3%	82.4%	82.5%	82.6%	82.7%	82.7%	82.8%	82.8%	82.7%	82.6%	82.5%
	Waiting list	19,214	19,543	19,380	18,908	18,720	18,760	19,014	18,773	18,463	18,430	18,564	#N/A
	Trajectory	18,363	18,316	18,359	18,317	18,361	18,336	18,346	18,279	18,303	18,282	18,332	18,332
Other providers (NEW Devon commissioned)	Actual	89.3%	89.6%	88.9%	88.1%	86.9%	86.4%	86.2%	86.1%	85.3%	86.4%	86.9%	
	Trajectory	87.3%	89.6%	90.1%	89.3%	88.9%	87.9%	88.5%	89.0%	87.1%	87.8%	87.9%	87.2%
Other providers (South Devon & Torbay commissioned)	Actual	82.4%	83.0%	82.1%	82.4%	83.2%	82.2%	82.8%	82.8%	81.9%	81.9%	81.2%	#DIV/0!
	Trajectory	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%

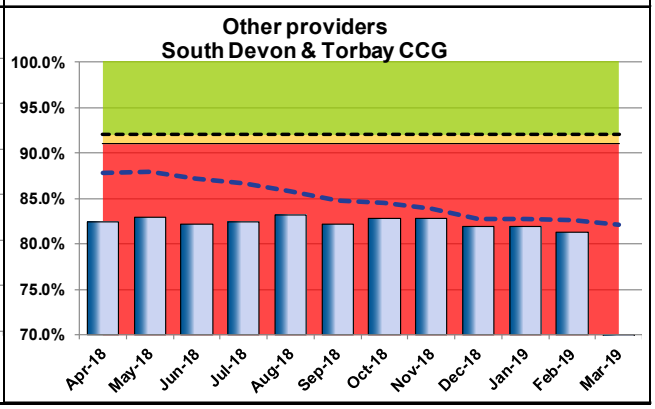








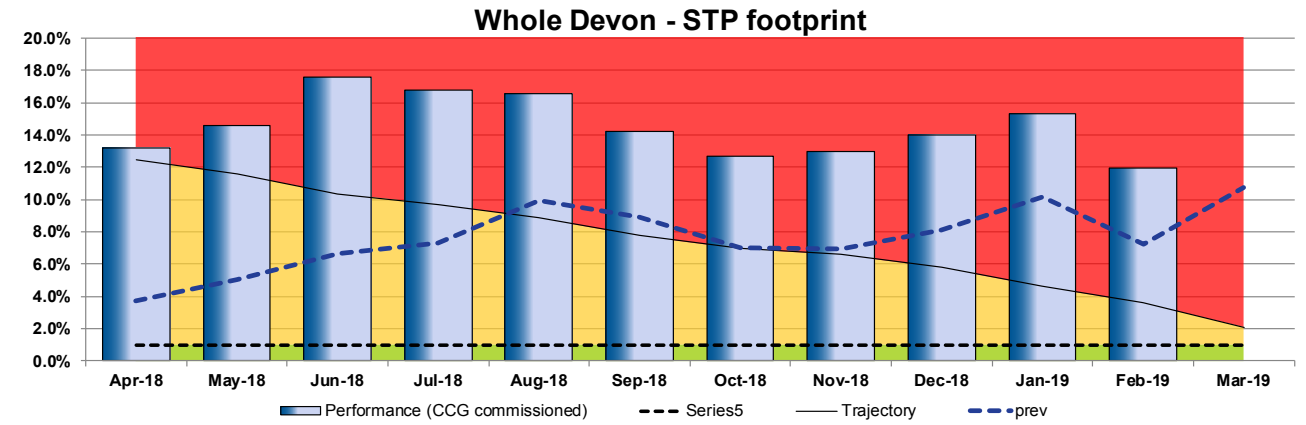




6 Week Diagnostics

STP footprint

STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>1%	13.2%	14.6%	17.6%	16.8%	16.5%	14.2%	12.7%	13.0%	14.0%	15.3%	11.9%	
Trajectory		12.5%	11.6%	10.4%	9.7%	8.9%	7.8%	7.0%	6.6%	5.8%	4.6%	3.6%	2.1%
NHS England		2.5%	2.7%	2.9%	2.8%	3.1%	2.7%	2.3%	2.4%	3.3%	3.6%		

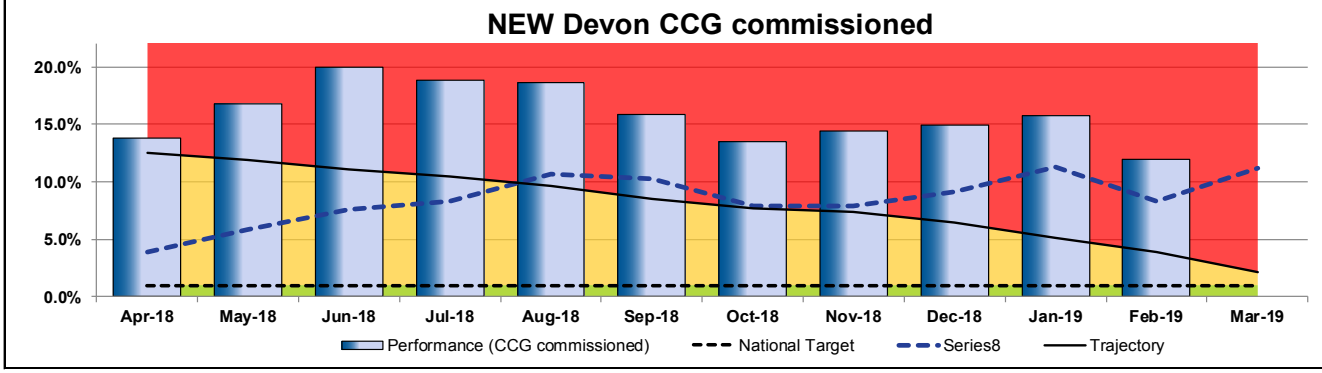


STP level performance improved in February from 15.3% to 11.9%, the lowest rate seen in 2018/19.

There was improvement at all providers with UHP falling from 12.1% to 6.8%, NHDT dropping from 23.3% to 17.9%, RD&E moving from 18.8% to 16.1% and TSD improving from 12.0% to 10.7%. The majority of the improvement was related to imaging with CT and MRI breaches falling across the providers.

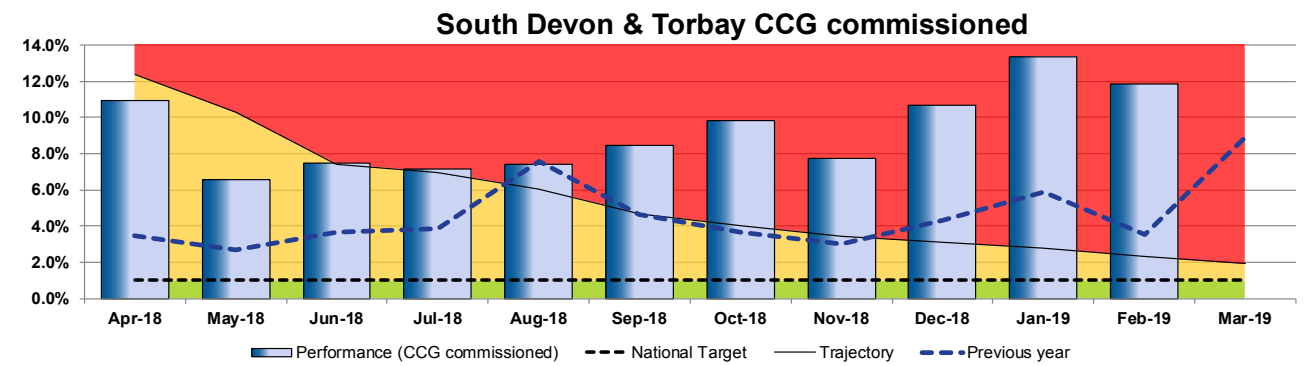
NEW Devon CCG

CCG (NEW Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>1%	13.8%	16.8%	20.0%	18.9%	18.6%	15.9%	13.5%	14.4%	15.0%	15.8%	12.0%	
Trajectory		12.5%	11.9%	11.1%	10.4%	9.6%	8.6%	7.7%	7.4%	6.5%	5.1%	3.9%	2.1%



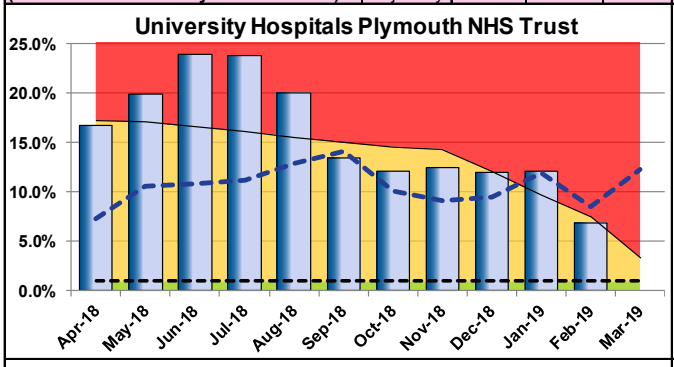
South Devon & Torbay CCG

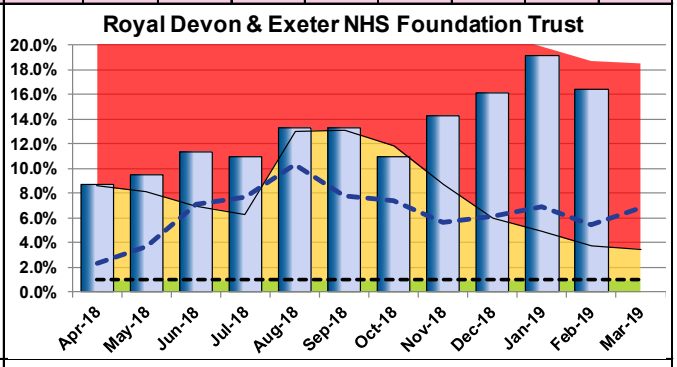
CCG (STD Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>1%	10.9%	6.6%	7.4%	7.1%	7.4%	8.4%	9.9%	7.7%	10.7%	13.3%	11.9%	
Trajectory		12.4%	10.3%	7.4%	7.0%	6.1%	4.7%	4.0%	3.4%	3.1%	2.8%	2.3%	1.9%

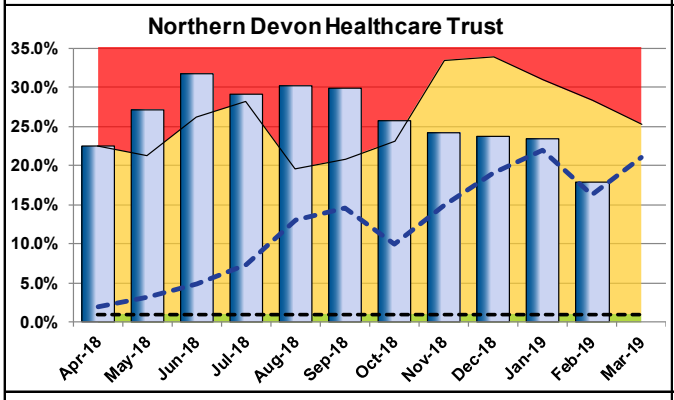


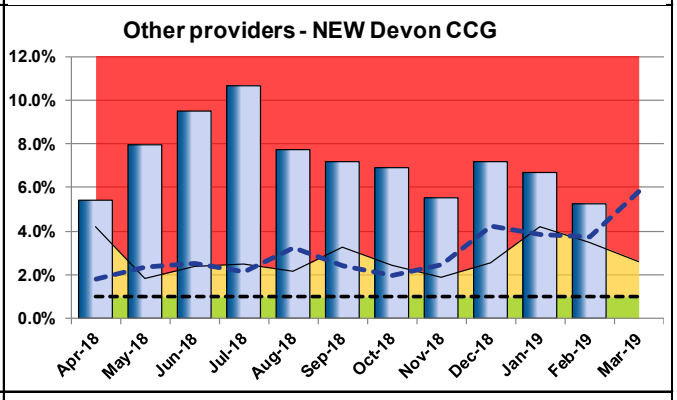
Provider level

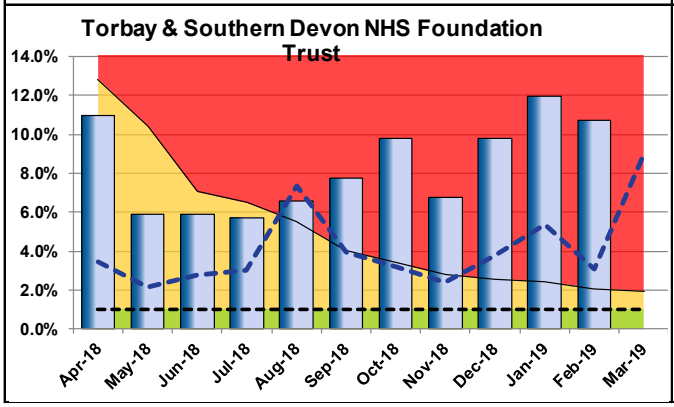
Provider		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHP (trust total)	Actual	16.7%	20.0%	24.0%	23.9%	20.1%	13.5%	12.1%	12.5%	12.0%	12.1%	6.8%	
	Trajectory	17.3%	17.1%	16.6%	16.2%	15.6%	15.0%	14.6%	14.3%	12.1%	9.6%	7.5%	3.4%
RDE (trust total)	Actual	8.7%	9.5%	11.3%	10.9%	13.3%	13.3%	11.0%	14.3%	16.1%	19.1%	16.4%	
	Trajectory	8.6%	8.1%	7.0%	6.3%	13.0%	13.1%	11.8%	8.7%	6.0%	4.9%	3.7%	3.5%
NDHT (trust total)	Actual	22.4%	27.1%	31.7%	29.0%	30.2%	29.9%	25.8%	24.2%	23.8%	23.3%	17.9%	
	Trajectory	22.4%	21.3%	26.2%	28.1%	19.6%	20.8%	23.1%	33.4%	33.9%	30.9%	28.3%	25.3%
TSDHFT (trust total)	Actual	11.0%	5.9%	5.9%	5.7%	6.6%	7.7%	9.8%	6.7%	9.8%	12.0%	10.7%	
	Trajectory	12.8%	10.4%	7.0%	6.5%	5.5%	4.0%	3.4%	2.8%	2.6%	2.4%	2.1%	1.9%
Other providers (NEW Devon commissioned)	Actual	5.4%	7.9%	9.5%	10.6%	7.7%	7.2%	6.9%	5.6%	7.2%	6.7%	5.3%	
	Trajectory	4.2%	1.8%	2.4%	2.5%	2.2%	3.3%	2.4%	1.9%	2.5%	4.2%	3.5%	2.6%
Other providers (South Devon & Torbay commissioned)	Actual	10.8%	5.7%	5.9%	5.7%	6.4%	7.7%	9.7%	6.6%	9.7%	11.8%	10.7%	
	Trajectory	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%

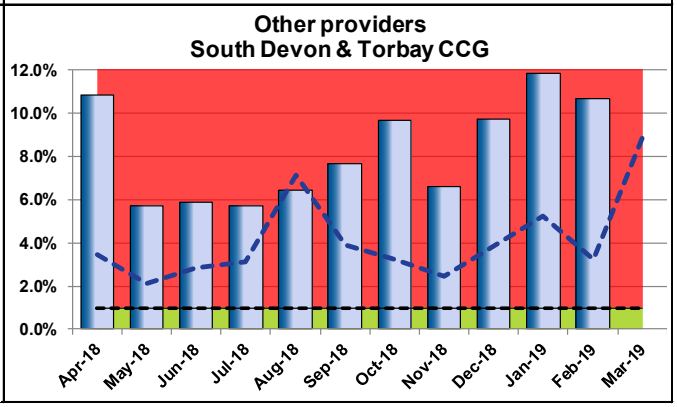








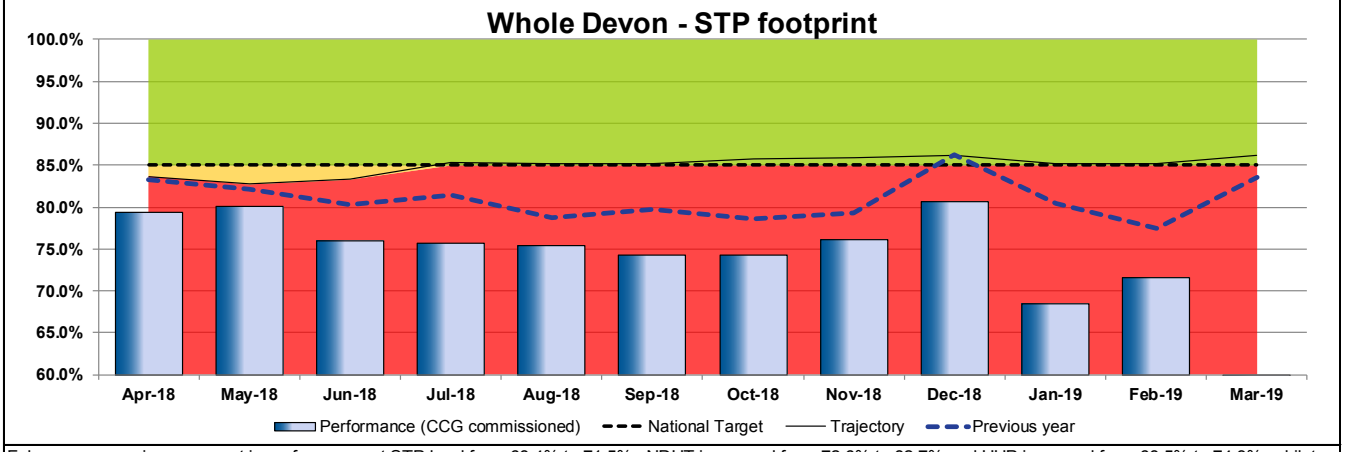




62 day standard Cancer waits

STP footprint

STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>85%	79.4%	80.1%	75.9%	75.7%	75.3%	74.3%	74.2%	76.1%	80.6%	68.4%	71.5%	
Trajectory		83.6%	82.7%	83.3%	85.3%	85.2%	85.1%	85.7%	85.9%	86.1%	85.2%	85.2%	86.1%
NHS England		82.3%	81.1%	79.2%	78.2%	79.3%	78.2%	78.4%	79.2%	81.1%	76.2%		

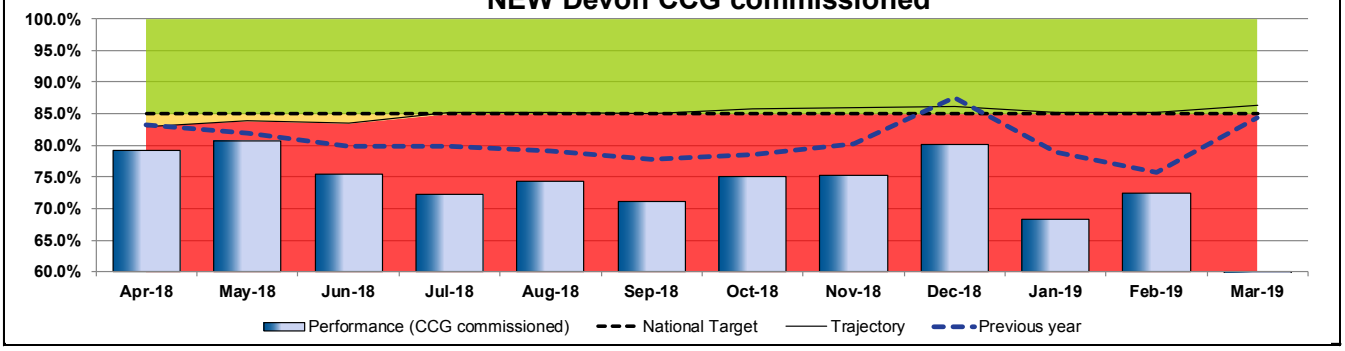


February saw an improvement in performance at STP level from 68.4% to 71.5%. NDHT increased from 72.6% to 82.7% and UHP improved from 68.5% to 74.3%, whilst RD&E remained relatively flat at 66.1%. TSD performance fell to 69.4%.

The backlog of over 62 day waits fell slightly with reductions at NDHT and TSD, but an increase at UHP, whilst the open 108 day waits fell at all providers.

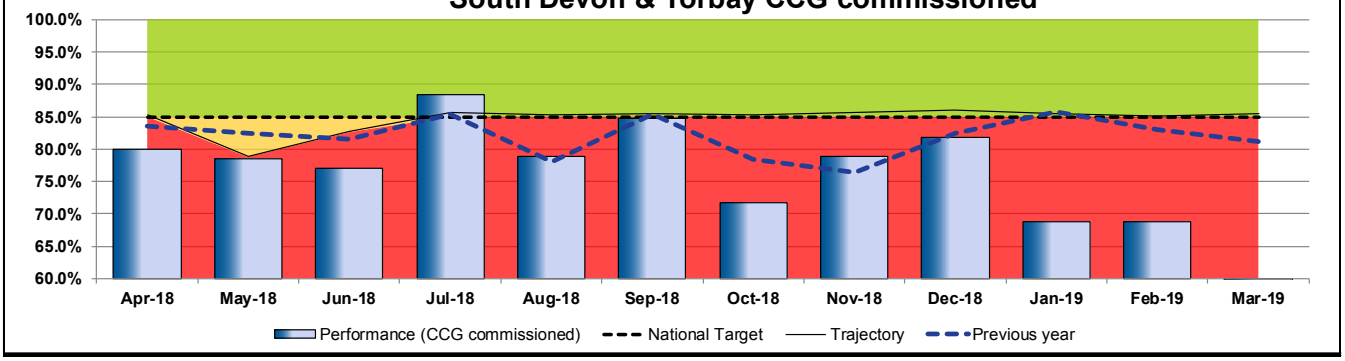
NEW Devon CCG

CCG (NEW Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>85%	79.2%	80.7%	75.5%	72.2%	74.3%	71.1%	75.1%	75.2%	80.2%	68.3%	72.5%	
Trajectory		83.0%	83.8%	83.5%	85.2%	85.2%	85.1%	85.7%	86.0%	86.1%	85.2%	85.3%	86.3%



South Devon & Torbay CCG

CCG (STD Devon)	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>85%	80.0%	78.5%	77.0%	88.3%	78.9%	84.8%	71.7%	78.8%	81.8%	68.8%	68.8%	
Trajectory		85.4%	78.8%	82.7%	85.7%	85.3%	85.4%	85.4%	85.7%	86.0%	85.4%	85.1%	85.4%



62 day standard Cancer waits……continued

Provider level

Provider		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHP (trust total)	Actual	76.1%	75.2%	74.0%	73.5%	73.0%	71.4%	76.7%	75.5%	79.2%	68.5%	74.3%	
	Trajectory	76.2%	75.2%	82.6%	82.6%	72.4%	73.2%	69.2%	71.3%	78.1%	75.0%	71.4%	85.4%
RDE (trust total)	Actual	79.4%	81.6%	74.1%	77.2%	74.2%	69.4%	69.3%	67.6%	78.6%	65.7%	66.1%	
	Trajectory	80.0%	80.4%	80.3%	83.0%	83.1%	83.9%	84.6%	85.2%	85.5%	82.7%	82.6%	85.2%
NDHT (trust total)	Actual	87.5%	84.3%	77.0%	72.0%	74.0%	67.3%	72.3%	86.2%	86.8%	72.6%	82.7%	
	Trajectory	79.9%	89.0%	88.4%	71.8%	71.8%	73.3%	64.0%	69.3%	71.0%	67.0%	67.1%	69.9%
TSDHFT (trust total)	Actual	81.7%	81.7%	78.1%	86.2%	77.9%	85.5%	73.8%	80.1%	80.6%	74.5%	69.4%	
	Trajectory	85.4%	78.1%	82.5%	83.0%	73.0%	65.0%	66.0%	78.0%	79.0%	85.0%	85.0%	85.0%