NHS
Devon
Clinical Commissioning Group

NHS Devon Governing Body Meeting
APROVED Minutes held in PUBLIC

Date: 29 August 2019 Time: 15:15 – 17:00

Location: South West AHSN, Vantage Park, Pynes Hill, Exeter, Devon

Item	Discussion	*Action*	
1	**Welcome and Apologies** NB, chair welcomed everyone to the meeting and the following apologies were noted: PJ – NB chair JD – KW deputy SMc – AS deputy RH – SL deputy VP – TP deputy		
2	**Questions from Members of the Public** NB noted that a question had been submitted in advance of the meeting but due to confidentiality reasons relating to an individual patient this question was not read out and would be dealt with outside of this meeting.		
3	**Register of Interest (ROI)** NB directed the members to the ROI included in the pack and there were no amendments or new declarations. **The Governing Body received and noted the ROI**.		
4	**Minutes and action log** The minutes of the last meeting held on 25 July 2019 were agreed as a true and accurate record of the meeting. Action 1 – an update was provide around waiting times for mental health including access rates and it was agreed that this action should remain open Action 2 – this action had been completed and it was agreed for this to be formerly closed		
5	**Patient Experience Story – Devon Virtual Voices** Nicola Bonas (NBo), Deputy Head of Communications and Jonathan Sewell (JS) Strategic Engagement Manager delivered a power presentation and gave a **flavour of** what the Devon Virtual Voices panel is about and how it has been formed, how we worked with a specialist agency to set up and recruit the panel. They explained how some of our early learning from the survey we issued as part of the Long-Term Plan (LTP).		

	The survey strategy will be developed further to ensure that future topics need to include an interest for all panel members. Patient engagement and experience will be captured using this and other methodologies. JWo said it was important and encouraging that we were using ACORN mapping for the Devon populations to analyse data to improve the services for the population of Devon, and there was also an ambition to increase the size of the panel members. **The Governing Body received and noted the Devon Virtual Voices Presentation.**		
6	**Chair's Report** NB presented the chairs report in the absence of PJ although there was nothing further to add to the report, he drew attention to the recruitment process for the GB membership. ST noted that following the GB Development session held in July and action plan is being developed and will be presented to the Governing Body in October. **The Governing Body received and noted the content of the Chair's Report.**		
7	**Accountable Officer's Report** ST signposted the members to the smaller list of focused priorities following this request at the July Governing Body Development which are an addition to the contribution of the system priorities: Performance Improvement 52 week waits A&E Improvement Diagnostics In addition to improvement requirements there will also be a focus on the CCG fit for the future and ST drew attention to the bullet points listed on page 27. We will be working with organisations and a call to action with CCG teams to focus on our priorities ensuring we use our resources efficiently and effectively. It was agreed these were the right set of priorities and ST gave assurance that other commissioning metrics would be closely monitored. SK queried our strategic intentions and our partnership working with the local authority and alignment of commissioning intentions. ST responded that it was not a surprise that not all intentions were aligned, however he assured the Governing Body that we would be clear with our providers about our intentions and make sure they are aligned wherever possible. **The Governing Body received and noted the contents of the Accountable Officer's Report.**		
8	**Quality Assurance Committee Chair's Report** GA presented this report and noted that Mental Health (IAPT/GAP) would be further discussed at the Quality Assurance Committee in September. GA highlighted that the infection contract report identified that in some areas showed 75% update for flu vaccinations, but other areas update was significantly lower at around 40-50% and has asked that good practice is shared to increase flu vaccination figures. LW responded that the there are challenges with front line heath workers vaccinations and noted that it was a choice to be vaccinated and that we cannot mandate them to uptake the offer.		

	JWo suggested that patient participation groups (PPGs) could be used to support the uptake of vaccinations by using their links with GP practices and would be a useful resource to communication positive messages. **The Governing Body received and noted the contents of this report and the assurance given by the Quality Assurance Committee.**		
9	**Quality and Performance Report** JT referred to the report in the pack and pointed out that the narrative had seen improvements and proposed to give an up to date briefing to the Governing Body on the following areas: • 52 week waits • Emergency Departments • Diagnostics <u>52 week waits</u> We are currently over trajectory as of June (report is June data) and 199 patients showing as waiting over 52 weeks, the trajectory is 143. A deep dive into those patients waiting longer to be treated at the System Performance Group chaired by JT. All providers in the system are currently experiencing issues around this performance target. JT assured the Governing Body that action plans have been agreed and are being managed. JT was disappointed to report that we had not achieved our trajectory, but that we are working with the planned care team around the offer of choice and the best use of local capacity and the independent sector. University Hospitals are leading as a system on the independent sector and analysing data and information to understand whether we need more capacity and the cost of that. JT confirmed that we have made specific changes with the independent sector: • Spinal – commissioning individual activity with Newhall and the Nuffield • Kernow CCG – Royal Cornwall have offered orthopaedic capacity • Care UK – are taking on patients in the Western system that are at a higher risk LW confirmed that actions agreed have been underpinned by a Quality, Equality Impact Assessment (QEIA) for patient safety and JT acknowledged this and thanked the quality team for undertaking this process. SK was pleased to see that we are working as a system but wondered about the plans for the patients that were approaching 44 – 46 weeks of waiting. JT responded that in order that we don't have waits over 52 weeks by the end of the year choice will be offered earlier and we are currently modelling that. JT stated that it was important to receive the information from University Hospitals Plymouth as soon as possible, so we can assess our needs versus commission and that demand and capacity scoping is required. GA wondered about the patients that have chosen to delay surgery and patient safety, and assurance was given that all patients waiting 52 weeks or long are clinically reviewed as a safety net and to ascertain whether their treatment is still required. NB asked whether we offer travel and transport costs for patients that choose to be treated outside of area and JT confirmed that we are already doing this.		

Diagnostics

National target performance is set at 1% and the local trajectory is set at 8.9%. Currently Devon is off trajectory reporting performance at 13%. Torbay and South Devon are achieving trajectory however important to note this is variable and does fluctuate.

Deep Dive scrutiny is being undertaken in two areas and system has been tasked with actions:

- Proposal for mobilization endoscopy support for RDE/ Torbay and South Devon to assist with their waiting list issues and there is a potential that UHP will have support from Care UK
- MRIs will be upgraded

CT scanning are experiencing issues and SM noted that acute trusts have individual actions in this area.

Emergency Departments

The July data is currently showing system performance of 87.7% – 88% and acknowledged that the CCG is mindful of this performance especially that we are approaching a more difficult time of the year with winter. Significant pressures have been identified in South Devon and Plymouth and was pleased to report that RDE were back on trajectory.

The CCG is focusing on Western actions, and it was agreed that demand management was an issue as well as workforce, acute and primary care. JT explained the growth in the system and reported that 5 demand management plans have been put in place commencing in September.

JT informed the Governing Body that a check is being undertaken around international recruitment and the numbers of net increase. Primary Care also have recruitment issues and the announced that a primary care prospective for Plymouth had been signed off and will be launched in October. The prospective includes positive narrative reasons for working in Plymouth and how we may use the workforce differently to help with sustainability for Primary Care.

Same day urgent opportunities will be reviewed at the next Western A&E delivery board and we will be trialing new standards in A&E. There will be regular updates on these new standards to show the mean time for length of waits in A&E.

SMa briefed the board on the concerns and fragility for Southern Devon. Actions consist of weekly assurance calls through the system improvement board and deep dive investigations to understand what is driving poor performance.

SMa stressed the need for insight around the gradual increase in average length of stays (LOS) and what we are doing. ESIS, and intensive elective care/ demand management team are supporting three of our key workstreams and the review and findings will be available in September:

- Same day emergency care
- Ward focus – weekend discharge and handovers
- Home first – flow

	LW mentioned Clostridium Difficile (CDiff) and the breach increase that has been seen since April and this has been due to the changes in reporting requirements which now includes community cases and noted that there had been an outbreak in South Devon. NB gave thanks for this update and welcomed the improved Quality and Performance Report. **The Governing Body received and noted the contents of the Quality and Performance Report and the assurances given.**		
10	**Finance Committee Chair's Report** There was nothing further to add this this report, however it was noted that the Finance Committee would be reviewing the long-term financial plan at the next meeting held in October. **The Governing Body received and noted the Finance Committee Chair's Report.**		
11	**Moth 4 Finance Report** KW presented this report and drew attention to the executive summary on page 67 and that since the writing of this report financial contracts with our system providers have been agreed and signed. He referred to the month 4 management accounts detailed in the table on page 73 and that these were on track to deliver our control total of a planned deficit of £9m. There are significant unmitigated risks and our assessment of this has not changed at this point. The members were signposted to page 76 and the savings plan and reducing demand in the acute system. We are testing this with our providers with a mix level of performance and activity against our plans. This will e tested and triangulated against those patients waiting 52 weeks. It was noted that coding activity for Northern Devon Healthcare Trust (NDHCT) was higher than reported due to coding issues. **The Governing Body received and noted the month 4 financial position as at 31 July 2019 and the level of risk to delivery of the CCGs control total.**		
12	**Locality Updates** <u>Northern</u> There was nothing further to add to the report, however JWo highlighted the single system services for Northern Devon, Physiotherapy and Primary Care Networks (PCNs) and that support still required to continue to align Peninsula Clinical Services Support (PCSS) and the LTP. <u>Eastern</u> SK noted that since the publication of this report that a recruitment process has been undertaken to secure 3 GPs for clinical sessions to support mental health, prevent and urgent care. On the 18 September 2019 a digital event is taking place giving an opportunity to spend time on how we may digitise records and free up space in buildings. <u>Southern</u> There was nothing further to add to this report, but DG noted that time has been spent looking at the Integrated Care Model (ICM) for health and wellbeing centres, and		

	discussions had been had in Torbay to understand the difficulties they have experienced in A&E. Delay in works on TSDFT theatres has had an impact on performance and their trajectory is being re-profiled and SMa anticipated that the theatre re-opening would take place in September. <u>Western</u> The Mayflower procurement process is progressing and that we are currently in the evaluation and moderation phase with a move towards the dialogue phase. This would be further discussed in private, due to commercial in sensitive in September. **The Governing Body received and noted the contents of the locality reports.**		
13	**Primary Care Committee Chair's Report** The report was taken as read and JH noted that a Primary Care Workshop is planned for September to further develop the Primary Care Strategy. JT updated the Governing Body that the mental health and physical health checks business case has been developed to assist with closing the gap in physical mental health illness. **The Governing Body received and noted the contents of the Primary Care Chair's Report.**		
14	**Clinical Policy Committee (CPC) Annual Report 2018-19** **The Governing Body noted and received for information and assurance the CPC Annual Report of the CCGs process for clinical policy information.**		
15	The meeting closed at 17:00pm		

Attendees (attended** / apologies A)	
Name and initials	*Title and organisation*
Andrew Millward (AM)**	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Dr Andy Sant (AS) ** (for SMc)	Clinical Lead Representative, Western Locality, Devon CCG
Caroline Dimond – Dr (CD) **	Director of Public Health, Torbay Council
Charlotte Burrows (CB) **	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Dr Matt Fox (MF) A (in absence of DG)	Clinical Representative, Southern Locality, Devon CCG
David Greenwell – Dr (DG) **	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Glynnis Atherton (GA) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
John Dowell (JD) A	Chief Finance Officer, Devon CCG
John Womersley – Dr (JWo) A	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) **	Director of Commissioning – West, Devon CCG

Judith Hargadon (JH) **		Non-Executive Director/ Lay Member – Primary Care
Lorraine Webber (LW)**		Interim Director of Nursing, Devon CCG
Nick Ball (NB) **Vice Chair** **		Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) **		Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) A		Clinical Chair, Devon CCG
Ruth Harrell - Dr (RH) A		Director of Public Health, Plymouth City Council
Sarah Lees – (SL) (for RH)		Consultant in Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **		Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc) A		Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST) **		Interim Accountable Officer, Devon CCG
Sonja Manton – Dr (SMa) **		Interim Director of Commissioning – North, East and South, Devon CCG
Tracey Polak (TP) ** (for VP)		Assistant Director Public Health, Devon County Council
Virginia Pearson – Dr (VP) A		Director of Public Health, Devon County Council
In Attendance		
Nikki Coombes (NC) ** **Minute Taker**		Executive Assistant, Devon CCG
Jade Quartermaine (JQ)** **admin support**		Senior Administrator, Devon CCG
Simon Polak (SP) **		Interim Director of Quality Assurance, Devon CCG
Nicola Bonas (NBo) ** - **item 5**		Deputy Head of Communications, Devon CCG
Jonathan Sewell (JS)** **item 5**		Strategic Engagement Manager, Devon CCG
Minutes approved	Date: 26 September 2019	Signed by chair: Dr Paul Johnson, Clinical Chair