NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting held in Public – FINAL APPROVED Minutes

Date: 25 April 2019 Time: 12:45pm

Location: The Courtenay Centre, Kingsteington Road, Newton Abbot, TQ12 2QA

Item	Discussion	*Action**	*Decision taken by Organisation*
1	**Welcome and introductions** PJ, Chair welcomed everyone to the meeting and formally introduced the newly appointed lay members/ non-executives. PJ verbally detailed the biographies of Charlotte Burrows, Glynis Atherton and Judy Hargadon. PJ also welcomed Jo Turl, Director of Transformation and Ginny Snaith, Board Secretary who were also new members Devon CCG. The following apologies were noted: NK, RH, VP. TP represented Devon County Council Public Health in the absence of VP.		
2	**Register of Interest (ROI)** PJ asked if there were any new interests or amendments to the register to be declared. • CB declare her interest as chair of Maternity Voices Partnership (MVP) There were no other declarations made. A small number of formatting issues and minor amendments was raised, and GS gave assurance that these would be addressed.		
3	**Minutes of NHS NEW Devon and South Devon and Torbay CCG Committees in Common held on 28 March 2019** PJ led a page by page review of the minutes of the committees in common meeting which was held on the 28 March 2019 and were agreed as a true and accurate record of the meeting.		
4	**Merger Closedown Report and Legacy Arrangements** GS presented this report which provided a summary of the merger of NEW Devon and South Devon and Torbay CCGs and she described in detail the process followed in moving towards the formation of a single CCG.		

	GS highlighted the establishment of the merger transition sub-committee who provided oversight of the process and monitored progress on the project plans whilst moving through transition and closedown of the two CCGs. No issues to date have been raised, and it was anticipated that non-will occur, however the transition into the single CCG is still being monitored and supported by the Programme Management Office. The transition sub-committee met in March and a meeting has been schedule for May if needed. A legacy documentation process has been developed and put in place for collation of papers for safe storage for future reference. GS was pleased to report that best practice and collective learning around what we have achieved during the merger process has been captured which will be shared with our partner CCGs who are moving towards merging. PJ and the Governing Body formally thanked everyone who was involved in the merger process for their contribution. **The Governing Body:** • **Received and noted the contents of this report** • **Noted the closedown of the merger transition programme** • **Noted the arrangements for legacy documentation and handover**		
5	**Sign off Constitution, Governance Handbook and Terms of Reference** GS presented NHS Devon CCGs constitution which had been written and produced in line with the template legislation for merger. The constitution had been through a robust development process including NHS England approval process and approval by the merger transition sub-committee. The purpose of the constitution being presented at this meeting was for official sign off and approval as this was the first governing body meeting of NHS Devon CCG. GS drew attention to the Governance Handbook, although not a legal document but developed for guidance which contained governance information in parallel with guidance from NHS England whilst meeting our statutory requirements. GS referred to the statutory committees Terms of Reference (ToRs) included in the handbook and assured the Governing Body that these had been through a robust process including scrutiny at the relevant committees for checks. Following discussion, the Governing Body: • Approved the constitution for NHS Devon Clinical Commissioning Group • Approved the Governance Handbook and noted the plans for ongoing development • Specifically approved the ToRs included in the handbook subject to a minor amendment to the wording on page 79 of 89 of the Quality Committee's ToRs		

6	**Risk and Assurance Report** GS referred to the report included in the pack and explained that the report had been refreshed, however noted that more was required. There were duplication of risks and risks were not being regularly reviewed and updated, but it was important to bring this report to the first meeting of the single CCG. GS also reported that the risk and assurance framework was being reviewed and feedback from internal audit was awaited around the recommendations on the management of risks. GS described the format of the report and referred to the scoring risk matrix and risk appetite. GS directed the members to page 235 the current risks and drew attention to the high risks. Concern was raised around risk 97 Mayflower procurement – Primary Care and Health and Social Care Community Services in Plymouth. SMC gave background information on how Mayflower became a risk which was due to several GP practices who gave notice to terminate their contracts. Some practices have merged to manage patients and remains a risk. A further practice has triggered a termination period and the practice is currently being assisted and supported by the CCG under delegated commissioning. CD asked how risks find their way on to the register as some risks relate to the local authorities. GS responded that anyone can report a risk and bring it to the attention of the risk manager and informed the Governing Body that work is underway to streamline the reporting process for risks. Comments and feedback on the future format of the risk reports were requested to be sent directly to GS. **The Governing Body:** • **Noted 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 key risks** • **Note the very high/significant risks on the risk register** • **Were asked to provide feedback on the format and content of future risk reports**		
7	**Chairman's Report** PJ confirmed the CCGs Governing Body Membership including the minimum requirements and additional membership support of non-executive lay membership. PJ was pleased with the skills and mix of members and personally thanked BM for continuing in his role as non-executive for an extended period until a long-term solution to appoint has been secured. PJ thanked everyone who had been involved in the leadership review and that two feedback workshops have been planned with PA Consulting in		

	early May. PJ was confident that we have the right leadership and support in place to function as a CCG and across the wider system. PJ is working with our provider boards to continue building upon relationships. System chairs are regularly meeting and there are plans for a chair and non-executive provider and commissioner development day for system thinking which will be facilitated by NHS Clinical Commissioners. Relationships with our local authority partners are developing and combined Heath and Wellbeing Boards is being considered which will include CCG representation to support our population needs as an integral part of our STP. **The Governing Body received and noted the chairs report update.**		
8	**Interim Accountable Officers Report** **Merger to NHS Devon CCG** JD presented this report and touched on the merger and the work underway in delivery of both sets of financial accounts for NEW Devon and SDT CCG. JD provided assurance that this was on track and was expecting a smooth conclusion to the process. **Delegated Commissioning** As of the 1 April 2019 NHS Devon CCG took on the delegated responsibility for the commissioning of general practice from NHS England. This will mean that the CCG will be responsible for £165m of added investment which will be governed through the primary care committee and reported through the finance and performance report. **360ºstakeholder survey** JD highlighted the 360ºstakeholder survey and that the operating pan 2019/20 was still in negotiation and will be brought back to the Governing Body in due course. **Key meetings and visits** There had been several key meetings over the past month and JD was pleased to report the annual assurance meeting with NHS England had been positive. **EU Exit Preparedness** In recent months NHS organisations nationwide and Devon have been working together to prepare business continuity arrangements in the event of a no deal exit from the European Union. Situation Reports (SitReps) have been requested by NHS England daily to aid our preparations. An imminent no deal has been stood down, but preparations are continuing whilst further guidance is awaited. SM described the process and a national pilot that was used to support the 1,200 people from other parts of the EU who are part of our team in NHS Devon who are affected by this, and the Governing Body were assured around the support that is available for the non-EU families.		

	NHS Long Term Plan The local response to the NHS Long Term Plan is continuing to be developed and we are now looking to plan for 20/21. This workstream will regularly feature in reporting and involvement of the Governing Body. Concern was raised in whether we have resources to manage commissioning properly. JD responded that this was being reviewed by function. **The Governing Body received and noted the contents of the Interim Accountable Officers Report.**		
9	**Feedback from Devon CCG Launch Event** AM presented this report and formally thanked his colleagues in the communications team for their contribution in making the launch of the CCG on 1 April a success. AM detailed the format of the event and noted that all attendees were invited to complete a short survey to share their feedback and AM drew attention to the results detailed on page 268 to 270. The afternoon session was aimed at local organisations and groups from councils, NHS provider, local Healthwatch Patient and Participant Groups, local Optical and Pharmaceuticals who all were represented. Work is underway to continue to promote the new organisation following on from the launch and this will include the unveiling of the new website and marketing with our stakeholders. Events will be planned in collaboration with our locality colleagues and wider engagement with our membership. NB remarked that the launch was an excellent day and now we must put things into action. We will be focusing on our values which will form a key part of our appraisal and recruitment process. **The Governing Body received and noted the contents of the feedback from the Devon CCG launch event.**		
10	**Locality Updates** **Northern** JWo was pleased to report the input and support that Northern Devon Healthcare Trust has received from the clinicians at the RDE has been positive. The Local Care Partnership (LCP) is being developed collaboratively to de-medicalise the cycle of illnesses, and excellent 'doing' groups have been formed to work together around the value of one Northern Devon. JWo felt there is a need to nourish and support our communities to be more self-resilient to enable Northern Devon to become a better place to live in. The well being agenda is a focus and vision for Northern Devon and how it fits into the wider system. **Eastern** SK reported that the locality is settling in following the co-location to County Hall from Newcourt House and felt the team had re-connected.		

	A recent GP event was a success which included the introduction of the new children's services provider. Engagement with the GPs is being structured and a workplan has been developed. A digital event is being organised for September which will include primary care. A good news story was that the Community Care Services model was working well and that we have had supportive links with our partners in Dorset. Primary Care Networks (PCNs) have been formed but have not established a legal agreement at this time. Thoughts are being considered about the role of the CCG and the Local Medical Committee (LMC) to support the clinical directors. **Southern** Sub structure within the Southern locality has a desire to remain strong and there has been a good opportunity to gather intelligence and provision of communication with the practices. In line with Torbay and South Devon Healthcare Foundation Trust specialties are linked to the sub localities to encourage thinking differently and the clinical meetings in the locality has been split into three different functions: 1. Primary Care Networks 2. Intelligence and communications 3. Joint working with Torbay and South Devon Healthcare Foundation Trust on the new care model DG reported that PCNs are progressing well and directors have been nominated. DG highlighted the risk of GPs potentially leaving practices within the Southern locality that are struggling. Plans are in place for these practices to be supported by well-staffed practices as an interim measure. **Western** SMc informed the members that the procurement for the Mayflower Integrated Care Partnership is progressing including good engagement. Mannamead practice has seen a redistribution of resource following a trigger to give notice on their contract notice period this remains an ongoing concern. There has been a positive response to a digital pilot in the Western locality supported by the Chief Information Officer. PCNs are continuing to be developed, however there are some practices that need to identify a network. SMc noted that it has been acknowledged we need to ensure that all patients within the Western locality are covered and no areas of concerns have been identified. It however remains likely that not all posts will be recruited to and alternative plans are being considered. SMc was pleased to report that the well-being hubs are emerging with another three more expected this year.		

	Time has been spent in University Hospitals Plymouth (UHP) Emergency Department (ED) to understand the reasons for attendances, the results will be analysed address the issues. It was also noted the UHP now provide sick notes for patients which is a positive supported by the Patient and Liaison Service (PALS), **The Governing Body received and noted the locality updates, for the Northern, Eastern, Southern and Western Locality.**		
11	**Quality and Performance Report** SMa referred to the quality and performance report included in the pack and updated the Governing Body on the following areas: **A&E** Challenges were experienced over the winter period, however an improvement in performance was seen for February and March and it was noted that we are moving towards achieving the national target. A good level of assurance has been given however the Easter bank holiday period did prove challenging. LCB reported that pressure in the system is experienced in A&E departments when the Care Quality Commissioning (CQC) are undertaking inspections. UHP has seen challenging times over the last two or three months with 12 patients identified as breaching 12 hours. This has resulted in regulatory oversight including meetings with NHS Improvement, the CCG and provider organisations around improving performance issues. 52 week waits are also under scrutiny. LCB assured the Governing Body that there was no evidence of any harm to patients for those that breached the performance target and observational audits around the timeliness of care showed no areas of concerns around the standard of care, however maintaining privacy and dignity had proved challenging. Northern Devon Healthcare Trust had also seen similar pressure when the CQC were inspecting and Torbay and Southern Devon Healthcare Trust had also been under similar pressure. The RDE had seen 13 breaches which included a higher number of people with mental health crisis. SK noted that the RDE does have exemplary performance in urgent care and wondered if we were sharing best practice with other trusts. SMa replied that we were sharing best practice but to note that our provider organisations do have different issues and are seeing unprecedent activity in the system. **Delayed Transfers of Care (DTOC)** The acute trusts are coping well, and performance is improving. **South Western Ambulance Service Trust (SWAST) cat 1 main response time** Category 1 response times are generally good and are improving. A deep dive is underway to focus on handover delays and results will be reported through the A&E delivery board.		

	NHS 111 answering calls within 60 seconds Call answering delays work is underway and we are working closely with Dorset as a partner organisation. No cause of harm has been identified for those calls not answered within 60 seconds. **Planned Care** Standards are still struggling to be met however the referral to treat targets has remained static for this year. A firm focus continues around 52-week waiters. The target is challenging but improvements are being seen through a collective system response. **Cancer Standards** Two week waits, and 62 day waits performance has been an outlier nationally for some time, but performance is improving. **Diagnostic Testing** The CCG is continuing to monitor this performance target closing which remains below the national target. On aggregate we are improving slowly and measures such as purchasing more capacity has been put in place. **Mental Health** We are currently performing well in particular around access rates and psychiatric therapy. We are meeting waiting times standards which has not been included in the performance report. Out of area placements in Devon high due to the lower inpatient beds for Devon.. At the moment Devon are not performing well for dementia diagnosis rates however a set of communications with our GP membership has been circulated and we are expecting to see an improvement in this area. LCB acknowledged the Children's services procurement and transition which has gone extremely well with very few hiccups especially as this was a complicated piece of work and that the Local Maternity System (LMS) is now in the top ten of plans nationally and LCB formally thanked everyone for their hard work.		
12	**Close of meeting** The chair thanked everyone for their contribution into the first meeting of NHS Devon CCG. The meeting closed at 17.05pm.		

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
Brian Mackness (BM) **	Non-Executive Director/ Lay Member – 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
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) **	Chief Finance Officer, Devon CCG
John Womersley – Dr (JWo) **	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) **	Director of Transformation, Devon CCG
Judith Hargadon (JH) **	Non-Executive Director/ Lay Member – Primary Care
Lorna Collingwood-Burke (LCB) **	Chief Nursing Officer, Devon CCG
Nick Ball (NB) **Vice Chair** **	Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) A	Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) **Chair** **	Clinical Chair, Devon CCG
Ruth Harrell – Dr (RH) Apologies	Director of Public Health, Plymouth City Council
Shelagh McCormick- Dr (SMc) **	Clinical Lead Representative, Western Locality, Devon CCG
Tracey Polak (TP)	Assistant Director Public Health, Devon County Council
Simon Kerr – Dr (SK) **	Clinical Lead Representative, Eastern Locality, Devon CCG
Simon Tapley (ST) Apologies	Interim Accountable Officer, Devon CCG
Sonja Manton – Dr (SMa) **	Director of Commissioning, Devon CCG
Virginia Pearson – Dr (VP) Apologies	Director of Public Health, Devon County Council
In Attendance	
Nikki Coombes (NC) **	Executive Assistant, NEW Devon CCG
James Peskett (JP) **	PA Consulting
David Mehaffy (DM) **	PA Consulting
Kathryn O'Halloran (KO) **	PA Consulting

Minutes approved	Date: 23 May 2019	Signed by chair: Dr Paul Johnson, Clinical Chair, NHS Devon CCG

Approved