PUBLIC - NHS Devon Clinical Commissioning Group Governing Body

MS Teams - refer to formal calendar invite for joining details

29 July 2021 09:30 - 29 July 2021 12:00

AGENDA

#	Description	Owner	Time
	To note *Regular breaks will be taken during this meeting		
1	Patient Experience Verbal	Nina Parnell, Head of Volunteering & Community Support, Westbank	09:30
2	Welcome and apologies and questions from members of the public Verbal	Chair	09:50
3	Register of Interests (ROI) Paper DOI NHS Devon Governing Body @ 14 July 2021.p... 5	Chair	
4	Minutes of the last meeting and action log Paper 1 Draft Public GB minutes 01.07.2021.docx 10 Master Action Log - PUBLIC v3 nc.xlsx 17	Chair	
5	Chair's Report Paper 1 cover sheet chair's report.docx 18 2 Chairs Report July 2021.docx 20	Chair	10:00
6	Accountable Officer's Report Paper AO report July 29 v1.docx 22	Accountable Officer	
7	PROGRAMME OF WORKS - items for recommendation, decision and assurance		10:15

#	Description		Owner	Time
7.10	CCG Objectives Paper Devon CCG Cover sheet template Jan 2021 (002).... GB objective monitoring paper v2.docx	30 33	Chief People Officer	
7.20	Governing Body Effectiveness Report Paper Governing Body effectiveness report 2021cd.docx	52	Chair	
7.30	Population Health Management Paper 1 Cover Sheet - PHM Governing Body Item.docx 2 PHM Programme Update Report for GB 13.07.20... 3 Appendix 2 - PHM Business Case.docx	65 68 76	Director of Commissioning - out of hospital	
7.40	Pre COVID Performance - comparison report Presentation		Chief Operating Officer	
7.50	Minor Injury Unit - update Paper MIU Update GB 29.7.21.docx	95	Interim Director of Commissioning - in hospital	
9	LOCAL CARE PARTNERSHIP (LCP) REPORTS Paper LCP Locality update Plymouth June 2021 Final.doc... Locality Update (South) June 2021 v2.docx Locality Update - Eastern June-July 2021.docx Northern Locality update - June 2021.docx Plymouth-West Devon Locality Report for GB JULY...	99 102 105 108 111		11:15
10	ASSURANCE COMMITTEE CHAIRS' REPORTS including items of escalation Paper		Assurance Committee Chairs'	11:30

#	Description		Owner	Time
10.10	**Audit**			
	[P] 1 Audit Committee Chair Report 14.07.21 V0.2.doc...	114		
	[P] 2 Audit Commitee Risk Report 14 July 2021.docx	116		
	[P] 3 SORD v4 June 2021.docx	125		
	[P] 3.1 Appendix 1 Risk Management Framework V7...	143		
	[P] 4 Appendix 1 Risk Reporting to Audit Committee @...	181		
	[P] 4. Appendix 2 Twelve Steps to Risk Management v...	186		
	[P] 4. Audit Committee Review of Risk Management Fr...	188		
	[P] 5 Appendix 2 Very High Risks @ 01 July 2021.pdf	190		
	[P] 6 Appendix 3 Board Assurance Framework with Su...	199		
	[P] 7 Appendix 4 Risk 109 Underperformance Constitut...	226		
10.20	**Finance and Performance**			
	[P] Finance Committee Chair Report 29 July 2021 v1....	228		
	[P] FPC_Report_FPC_Month 3_FINAL_2021-22 (GB C...	230		
	[P] FPC_Report_FPC_Month 3_FINAL_2021-22 (GB)....	233		
10.30	**Quality**			
	[P] QAC Chair Report Part 1 July 2021v2.docx	249		
	[P] July quality and performance Final V5.docx	251		
10.40	**Primary Care Commissioning**			
	[P] PCCC Chair Report -July 21 Public.docx	281		
10.50	**Commissioning**			
	[P] July GB - Commissioning Committee Report 08.07....	283		

Declaration of Interests Register - NHS Devon Clinical Commissioning Group
Register updated and generated by the Governance Team - 14 July 2021

Register last updated 08 July 2021

Title	Surname	First name	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
	Allcorn	Darryn	Chief Nurse Caldicott Guardian	Member of Governing Body Member of Quality Assurance Committee Senior Leadership Team (SLT) Joint Executive Team Meeting Commissioning Committee (CC DOI) Member of Audit Committee Member Devon Joint Clinical Effectiveness Group (JCEG)	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		27/08/2020	Direct	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
	Appleby	Gaynor	Non Executive Lay Member (Allied Health Professional)	Member of Governing Body Member of Quality Assurance Committee Member of Remuneration and Workforce Committee Primary Care Commissioning Committee	CQC Specialist Advisor		01/11/2019		27/05/2021	Non Financial	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
	Atherton	Glynis	Non Executive Lay Member- Quality Geographical remit - Eastern	Member of Governing Body Member Quality Assurance Committee (Chair) Member Primary Care Commissioning Committee (PCCC) Member of Remuneration and Workforce Committee	Consultancy for FORCE cancer charity – not CCG funded but has a relationship with RD&E hospital Trustee for St. Margaret's Hospice, Somerset Volunteer for Hospiscare, Exeter – helping at events and proof reading applications to charitable trusts Volunteer for University of Exeter – mentoring students Member of the Labour party Member of the Devon Ethical Reference Group		14/05/2019		01/09/2020	Financial / Non 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
	Ball	Nick	Vice Chair/Non Executive Lay member - Finance and Governance. NHS Devon CCG Lay Member - Governance and Probity NHS Devon CCG Conflict of Interests Guardian for NHS Devon CCG Geographical remit - Western	Member of Governing Body (Vice Chair) Member of Audit Committee (Chair) Member of Finance and Performance Committee Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting	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		19/11/2020	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
	Brown	Steven	Director of Public Health (DCC)	Member of Governing Body Strategic Commissioning Partnership STP Directors ICS Partnership Board Primary Care Commissioning Committee (PCCC)	No interests declared		19/11/2020		19/11/2020				Devon County Council
	Burrows	Charlotte	Non Executive Lay Member - Patient and Public Involvement Geographical remit - Northern	Member of Governing Body Member of Quality Assurance Committee Member of Remuneration and Workforce Committee Member Primary Care Commissioning Committee (PCCC)	Self-Employment business consultant from September 2019 Associate for Research In Practice Feb 2020 Associate for Research In Practice Supplier/Associate for SWAHSN (Feb 2020) Within my role as SWAHSN associate will be part of their project team which is supporting the Think 111 project Associate for Devon Communities Together		04/04/2019		04/08/2020	Financial/Personal 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
	Chilcott	Ben	Deputy Director of Finance	Strategic Medicines Optimisation Group Member of Finance and Performance Committee Primary Care Strategic Meds Group Senior Leadership Team (SLT) Member of Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) Member of Governing Body (Deputy for CFO) Member of Vacancy Control Panel Planned Care Programme Board Crediton Hub Project Group	CCG representative board member of Resound Health, Plymouth LIFT partner Member of ACRA (Advisory Committee on Resource Allocation) CCG representative shareholder for Delt School Governor for Tavistock Primary and Nursery School	Partner is employed by Livewell Southwest in position of influence	26/09/2017		17/09/2020	Non-Financial Personal 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
	Coles	Anna	Locality Director - Plymouth	Senior Leadership Team (SLT) Member of Governing Body (Deputy for Director of Commissioning) Strategic Commissioning Partnership	No interests declared		12/03/2019		22/10/2020				Plymouth City Council
	Coombes	Nikki	Senior Executive Assistant, Corporate Office	Member Vacancy Control Panel Attendee Governing Body Attendee Remuneration and Strategic Workforce		Close relative is Head of Implementation, Devon Doctors Group Clsoe Relative is Project Support Officer, NHS Devon CCG	12/08/2015		14/04/2021	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

	Davis	Alison	Associate Non-Executive Director	Attendee Governing Body Attendee Quality Assurance Committee	Plymouth City Council – Foster panel Chair Torbay Council- Foster panel Chair (ended 28 Feb 2021) Pathway Care Fostering- Ashburton- Independent Reviewing Officer University of Exeter – student mentor Somerset County Council- casual employee		19/10/2019	22/03/2021	Personal, Professional & Financial	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
	Doble	Clare	Head of Governance Deputy Senior Information Risk Owner (SIRO)	Attendee of Audit Committee Quality Assurance Committee Primary Care Commissioning Committee (PCCC) Governing Body (ad hoc) Health and Safety Group Joint Chair Staff Partnership Forum Data Protection Steering Group	Member of Taunton & Somerset NHS Foundation Trust Godmother to member of governance team's daughter Trustee for Lyme Disease Action Charity (an accredited charity that offers information and advice to the public, patients and healthcare professionals in relation to lyme disease) Charity registration number: 1100448	Partner employed by NHS Devon CCG	22/08/2017	02/07/2021	Non-Financial, Financial and Personal Interests	Indirect/ 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
	Dowell	John	Chief Finance Officer	Member of Governing Body Member of Finance and Performance Committee Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Commissioning Committee (CC DOI) Primary Care Commissioning Committee (PCCC)	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015	20/10/2020	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
	Finn	John	Interim Executive Director of in-hospital commissioning to 31 May 2021 Substantive post Associate Director of Commissioning, Northern, Planned Care and Cancer	Member of Governing Body Exec Meeting Commissioning Committee (CC DOI) Northern Integrated Delivery Meetings System Restoration and Transformation Group Planned Care Programme Board Working with Industry and Sponsorship Group	No interests declared		19/01/2017	23/03/2021	Personal	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	Fox	Matthew	Governing Body Locality GP NHS Devon CCG	Member of Governing Body A & E Delivery Board (SD&T)	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 GP Locality Clinical Director Primary Care Network - The Coastal Network F2 academic tutor through the Deanery	Spouse is a co-owner of Barton Surgery Pharmacy Building	22/09/2016	17/04/2021	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.	Torbay and South Devon NHS Foundation Trust
Dr	Greenwell	David	Governing Body Locality GP	Member of Governing Body Member of Finance and Performance Committee Remuneration and Workforce Committee(Non exec rem) Member Devon Joint Clinical Effectiveness Group (JCEG)	GP partner at Southover medical practice Member of an independent 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 Primary Care Network - Torquay	Spouse is freehold owner of Southover Pharmacy	20/08/2015	22/10/2020	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
	Hargadon	Judy	Non Executive Lay Member - Primary Care and Prevention Geographical remit - Southern	Member Governing Body Member Audit Committee Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee Equality, Diversity and Inclusion Group IUCS Procurement Oversight Group (Chair)	Member of Women's Equality Party New management board chair at PenARC, – the National Institute for Health Research (NIHR) Applied Research Collaborations (ARCs) South West Peninsula	Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019	25/05/2021	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. Will not be involved in decisions about the CCG funding academic research	NHS Devon CCG
Dr	Harrell	Ruth	Director of Public Health, Plymouth City Council	Devon STP Clinical & Professional cabinet NHS Devon CCG Governing Body Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Strategic Commissioning Partnership Primary Care Commissioning Committee (PCCC)	Director of Public Health for Local Authority		26/10/2016	18/08/2020	General	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.	Plymouth City Council
	Harris	Penny	Strategic Advisor - Long Term Plan	Attendee of Governing Body CCG Execs and Clinical Chairs Senior Leadership Team (SLT) Strategic Commissioning Partnership Joint Executive Team Meeting Finance and Performance Committee Strategic Commissioning Programme Board Commissioning Committee (CC DOI) System Restoration and Transformation Group Devon Urgent Care Board	Director of KERR Darnley Ltd Providing commissioning advice to variety of CCGs and Coaching/contract training Director of Kerr Mediation ltd - working alongside LMC law taking on primary care mediations commissioned by the LMC.		23/07/2019	29/10/2020	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.	KERR Darnley Ltd

Dr	Johnson	Paul	Clinical Chair NHS Devon CCG Interim Medical Director ICS Devon	Member of Governing Body (Chair) Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting Commissioning Committee (CC DOI) Strategic Commissioning Partnership Attendee Devon Joint Clinical Effectiveness Group (JCEG)	GP Partner, Cricketfield Surgery (ceased August 2019) Salaried GP, Cricketfield Surgery (ceased December 2019) Member of Templar Care PCN (ceased December 2019) Locality Clinical Director at Torbay and South Devon NHS Foundation Trust (Nov 2016 to 28 March 2017) Church Warden Holy Trinity Church (ceased 2018)	Spouse works in emergency department at RDE and for Exeter Medical School	21/08/2015	21/10/2020	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	Kennedy	Nick	NHS Devon CCG Governing Body Secondary Care Clinician	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) QEIA Panel Member of Audit Committee Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Devon Clinical Cabinet System Restoration and Transformation Group	Governing Body Independent Clinician BNSSG CCG Member South West Clinical Senate Council Advisor to Western Provident Association, Medical Insurer Consultant Anaesthetist, Taunton and Somerset NHS Trust Member of national Independent Funding Request Panel NHS England Non-Executive Director GO-OP, GO-OP is a Multistakeholder Co-operative Society (Somerset Rules), registered under the Co-operative and Community Benefit Societies Acts. GO-OPGO-OP will be the UK's first co-operatively owned and run Train Operating Company Introduced PPE supplier (Orthofix International) to Devon CCG. Company part owned by my cousin Non-Executive Director of a start up limited company called LinkExec, an online business aimed at promoting start up businesses and investors. April 2020 working one day a week for Somerset CCG on their Clinical Strategy and the Taunton/Yeovil merger strategy (11 Feb 2021) Trustee of St Margaret's Hospice Somerset		26/09/2017	12/03/2021	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
Dr	Kerr	Simon	Governing Body Clinical Lead – Eastern.	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Attendee of Audit Committee Member Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Eastern Locality Delivery Group	Chair of East Devon , Exeter and Mid Devon GP Members Forums GP Exec. Partner Coleridge Medical Centre Shareholder in Devon Health GP member of East Devon Health Federation GP Partner in Honiton , Ottery , Sidmouth Primary Care Network	Spouse works for Exeter Social Services	14/02/2017	28/04/2020	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
Dame	Leather	Suzi	Independent Chair Devon ICS	Attendee Governing Body, NHS Devon CCG	Chair Independent Adjudicator for Higher Education in England and Wales Deputy Lieutenant of Devon 2009 Patron UK Clinical Ethics Network 2020 - Advisory Board for Social Mobility in the South West April 2021 Chair Devon Ethical Reference Group Member Labour Party Vice President Hospiscare Fellow ad eundem Royal College of Obstetricians and Gynaecologists Honorary Fellow Royal Society for Public Health Governor for Newtown Primary School, Exeter from 20 May 2021	Close relative is a GP in Exeter Close relative is a psychiatrist in Manchester and Brize Norton Close relative - Director of Global Health, Kings College, London Relative is a psychiatrist in London	06/04/2021	02/06/2021	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
	Masters	Susan	Associate Director of Nursing Deputy Caldicott Guardian	Quality Assurance Committee (QAC) Member of Audit Committee Member fo Governing Body (Deputy for CNO) Member of Primary Care Commissioning Committee (PCCC) Member Vacancy Control Panel	Trustee Director of HQIP (Health Quality Improvement Partnership)		01/03/2021	01/03/2021	General Interest	indirect		Devon CCG
Dr	McCormick	Shelagh	Lead Clinical Representative (Western) – CCG Governing Body Strategic Clinical lead - Maternity Clinical Lead - Western Locality Clinical lead - Mental Health	Member of Governing Body Member of Quality Assurance Committee Member of QEIA Panel Member of Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) Member of Individual Packages of Care Panel (IPOC) Member of Local Maternity System (LMS) Board and Operational Committee	Elected member (and Deputy Chair from September 2019), South West Regional Council of BMA GP Appraiser (NHS England) Shareholder GlaxoSmithKline Working at Church View Surgery as self-employed sessional GP Elected to the Medical managers Committee of the BMA from September 2019	Partner is: Medical Secretary and Board member of Devon LMC GP Partner, Church View Surgery, Plymstock Clinical Director of Mewstone Primary Care Network(PCN)	26/09/2017	20/10/2020	Financial, Professional & Personal Interests	Direct & 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
	Milligan	Jane	Chief Executive of the Integrated Care System for Devon (ISCD) and NHS Devon Clinical Commissioning Group (CCG)	Member of Governing Body Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee	Non Executive Peabody Housing Association House of St Barnabas Charity member	Partner Trustee for Action for Stammering	31/12/2020	29/04/2021	Personal	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
	Millward	Andrew	Devon System Director of Communications and Engagement. Chief Communications, IT and People Officer, NHS Devon CCG Senior Information Risk Owner (SIRO)	Member of Governing Body Joint Executive Team Meeting Staff Partnership Forum Senior Leadership Team (SLT) Attendee Audit Committee Member of Remuneration and Workforce Committee Member of Vacancy Control Panel Equality, Diversity and Inclusion Group	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University DELT Board Member, CCG Devon nominated director		19/06/2018	14/04/2021	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

Pearson	Nick	Chief of staff Office of the accountable officer for the ISCD and CCG	Senior Leadership Team (SLT) Commissioning Committee (CC DOI) Patient Engagement Group Primary Care Operational Group (PCOG) Attendee of Governing Body Joint Executive Team Meeting	Member of Exeter City Football Club Advisory Board Director, Centre for Health Communication Research, Buckinghamshire New University	Spouse is owner of Pearson Creative	13/01/2017	29/03/2021	Non-Financial Personal Interest	Direct & 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. Will not be commissioned by employee	NHS Devon CCG
Roberts	Sheila	Interim Chief Operating Officer	Governing Body Finance and Performance Committee Urgent Care Board Western Urgent Care Board Joint Executive Team Meeting System Performance Group Dynamic Decision Making Group	No interests declared		23/06/2021	23/06/2021				NHS Devon CCG
Sargeant	Lincoln	Co-opted member of Governing Body	Member of Governing Body Member of Strategic Commissioning Partnership Member of Primary Care Commissioning Committee (PCCC)	Director Public Health, Torbay Council		24/02/2021	24/02/2021			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
Snaith	Ginny	Board Secretary	Attendee of Governing Body (non voting) Attendee of Quality Assurance Committee Attendee of Finance and Performance Committee Attendee of Audit Committee Attendee of Remuneration and Workforce Committee Attendee of Commissioning Committee (CC DOI) Attendee of Primary Care Commissioning Commitee (PCCC) Joint Executive Team Meeting Senior Leadership Team (SLT) Working with Industry and Sponsorship Group System Restoration and Transformation Group Member of Strategic Commissioning Partnership Attendee Devon Joint Clinical Effectiveness Group (JCEG)	No interests declared		22/03/2019	10/08/2020				NHS Devon CCG
Tapley	Simon	Deputy CEO for ICS for Devon and NHS Devon CCG Strategic Lead Commissioner for NHS Devon CCG	Member of Governing Body Strategic Commissioning Partnership Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee (Audit Committee) Finance and Performance Committee Commissioning Committee (CC DOI) West LCP Executive Group Member Vacancy Control Panel		Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG Step-son has started working as a health-checker	01/11/2016	05/05/2021	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
Tetley	Piers	Associate Director of HR and Organisational Development	Attendee of Remuneration and Workforce Committee Staff Partnership Forum Senior Leadership Team (SLT) Attendee of Governing Body/Member Governing Body (Deputy for Director of Communications) Member of Vacancy Control Panel CCG R&T Project Team meeting	No interests declared		16/10/2018	19/10/2020				NHS Devon CCG
Turl	Jo	Executive Director of Commissioning - Out-Of-Hospital	A & E Delivery Board Senior Leadership Team (SLT) Mental Health Team Meeting Member of Strategic Commissioning Partnership Member of Governing Body Attendee Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) Joint Executive Team Meeting Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Quality Assurance Committee Crediton Hub Project Group	No interests declared		13/08/2015	19/10/2020	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
Turner	Graham	Non Executive Lay Member-Finance	Member of Governing Body Member of Finance and Performance Committee (Chair) Member of Audit Committee Member of Remuneration and Workforce Committee (Chair)		Son employed by Care Quality Commission as an Information Analyst	16/10/2019	04/05/2021	Indirect interest		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	Womersley	John	Governing Body Clinical Lead – Northern Locality	Member of Governing Body Attendee of Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) Remuneration and Workforce Committee (Non exec rem) Northern Integrated Delivery Board	Member of One Ilfracombe Board Chair of One Northern Devon Partnership Board	14/02/2017	28/09/2020	Personal	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
	Wooldridge	James	Associate Non Executive Lay Member	Attendee Governing Body	Managing Director of Recovery Devon CIC which is directly funded by Devon Partnership NHS Trust (DPNHST) Proprietor of Positive Notions. A private consultancy providing mental health training services to various organisations including but not limited to: DPNHST, University of Exeter, University of Plymouth, Livewell Southwest There may be an increased reputational benefit to my Positive Notions consultancy through membership of Devon CCG. I will advocate for various mental health groups and organisations including Recovery Devon CIC, that may be in receipt of commissioned funding from Devon CCG In receipt of individually funded treatment My general interest lies in mental health, wellbeing and recovery. I intend advocating for groups and organisations that adopt and demonstrate the values and principles associated with the recovery approach	28/10/2019	14/04/2021	Financial /non Financial Professional Interests/ General	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

NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
DRAFT minutes held in PUBLIC

Date: 01 July 2021 Time: 14:00 – 15:30 Location: Via Microsoft Teams

Item	Discussion	*Action*
1	These minutes are a precis of the meeting which was streamed live. If you would like to view the recording of this meeting please click here. The chair welcomed everyone to the meeting and gave a warm welcome to Helen Hamilton, Claire Higdon and Darin Halifax guest speakers. **Patient experience** Helen Hamilton (HH), Community Builder – South Hams Area Wellbeing (SHAW) was this month's guest speaker and she described this community interest company, which was a not for profit organisation that aims to support local individuals own wellbeing, The company is made up of 8 voluntary trustees and is based in Kingsbridge South Devon. HH added that the South Hams areas relies on tourism and pointed at that this area has poor transport links and a higher than average older population and that SHAW is improving wellbeing in this area in supporting the community to help themselves. HH talked about social prescribing link workers and their engagement with individuals who had been referred by GPs. Personal connections have been developed to support resilience and wellbeing. HH read out a quote from an individual who had been supported by a social prescriber who helped them. She described her role as a community builder, and she explained the asset-based community development approach which works by identifying strength's in place and further developing the community spirit. She talked about the approach to work during the pandemic including the delivery of food packages, newsletters, and the roll out of a 10-week wellbeing programme and secured funding from active Devon supplying free activities to the community. HH pointed out the main barrier in moving forward with the SHAW project was funding and JWo added that there were similar challenges in North Devon. He felt that personal stories are powerful evidence metrics and that the NHS should further explore doing more health promotion and community-based initiatives. He congratulated HH on her work to date and encouraged her to continue with this. JW referred to an alliance for smaller voluntary care social enterprise (VCSE) organisations to put forward bids for fund and mentioned 'a doddle' which was a useful community mapping tool.	

	DSL thanked HH for her presentation and the fantastic work being undertaken and added that it was important that the system fund modern public health across Devon. DSL informed the members that a paper would be presented to the Integrated Care system (ICS) Partnership Board next week to discuss how we fund this community work across the system in the future. **The Governing Body received and noted this update.** *Helen Hamilton and Darin Halifax left the meeting.*	
2	**Welcome and Apologies** NB welcomed everyone to the busines section of the meeting, and the following apologies were recorded for: Jane Milligan Judy Hargadon Charlotte Burrows John Finn – Fiona Peck in attendance as deputy Lincoln Sargeant Gaynor Appleby Dr Elisabeth McElderry submitted the following question in advance of the meeting as follows: ‘’General Practitioners, with their wide-ranging training and experience, can provide a speedy and expert one-stop assessment of patients. Noting the shortage of GPs, the worrying out-of-hours situation in Devon, the increasing use of Paramedics, and the Regional push for more and advanced Paramedic training and employment in the community, is it the intention of the ICS , with maybe pressure from NHS England, that all outside hospital and GP Health Centre patient encounters through 24hours will be staffed by Paramedics, NHS or otherwise ? " JT, director of commissioning, out of hospital, explained the reimbursement scheme for primary care to employ paramedics in some areas which has been helpful and supportive in triaging patients. She added that we are working closely with our ambulance provider to ensure we do not destabilise the market and that we are considering rotational posts to add to the workforce we already have in place. We will also be encouraging people to come into Devon to work and encouraging people to stay in post.	
3	**Register of Interest (ROI)** There were no amendments or new declarations made.	
4	**Minutes of the last meeting** NB led a page by page review of the minutes of the last meeting held on 27 May 2021. These were approved as a true and accurate record of the meeting. **Action Log** 1. The Governing Body noted the open action regarding feedback and learning from the patient experience/ story for the volunteer’s vaccination programme and NB confirmed he had further contact with Neomi Alam. 2. This action was in progress	

	New action to be opened feedback and learning from the patient experience/ story re volunteers for the vaccination programme.	
5	**Schedule of what the Governing Body is to achieve** NB drew the members attention to the main items of focus for this meeting	
6	**Chair's report** PJ did not propose to go into his report in detail but added thanks to NB for stepping in as vice chair and taking on additional Governing Body commitments. PJ mention the continued work on developing clinical leadership for the integrated care system (ICS) based on learning from the past 8-9 years and that this learning will be incorporated into future models PJ also gave thanks and gratitude to Rob Dyer for all his hard work and achievements during his time in the NHS. **The Governing Body received and noted the contents of the Chair's report.**	
7	**Accountable officer's report** ST presented this report in the absence of Jane Milligan and did not propose to go into detail. He highlighted the new secretary of state who would be reviewing the ICS bill, which may result in a slight delay in this being presented to the house of commons, but it was hoped this would be in the next couple of weeks. NB asked to formally record our thanks to Matt Hancock for his work, as secretary of state over the past two and half years. **The Governing Body received and noted the contents of the Accountable Officer's report.**	
8	**Pathology Collaboration Agreement** *Claire Higdon joined the meeting* CH referred to the paper in the pack detailing the ongoing network development and ambition. This collaboration has now achieved agreement of five trusts working together in a more formal arrangement with regards to clinical effectiveness and quality. There is a focus on consistent pathology pathways wherever possible and consolidation of tests for patients and use of equipment. There was focus during the pandemic in how they could make roles more visible and aspiration for pathology to be more effective in the use of the current workforce. CH explained the agreed governance process which reports into the peninsula partnership board and two subgroups such as clinical effectiveness and operational. SK asked about the alignment of alliance groups and CH acknowledged this had been challenging and described the reporting mechanism. DSL queried performance measures and CH confirmed that a framework is being developed to improve and monitor performance and welcomed contributions as to how	

	we could measure transaction implementation in line with NICE guidance. CH added that each of the 5 laboratories are keen to ensure that quality is at the centre of everything and accreditation goes with that through the UCAS system. NK wondered if the clinical effectiveness groups was fit for purpose for the ICS structure, and how quickly could the Peninsula move from level 1 to 2 or 3 with collaboration agreement. PJ explained the effectiveness governance arrangements and decision making and noted the escalation route would likely be through the clinical cabinet and this was to be confirmed. it was noted that the ambition and direction of travel was to move to level 2 and 3. NB acknowledged that level 1 had been reached. **The Governing Body** • **Noted the ambition for Pathology Network development including the Network Boards' approval of the Collaboration Agreement.** *Claire Higdon left the meeting.*	
9	**Mental Health, Learning Disabilities and Autism Care Partnership Update Report.** JT drew the members attention to the paper included in the board pack. She explained that the mental health executive group led by Melanie Walker as senior responsible officer (SRO for the ICS) and CEO of Devon Partnership Trust (DPT) had met for the second time and that there were five workstreams developing workplans that will be aligned to the Long Term Plan (LTP). This group and membership was in the infancy stages and would be reviewed as work progresses to ensure it works efficiently and effectively. GAth commented that the issue of waiting lists for autism and speech and language therapy assessments had been raised at the Quality Committee and she asked what group would be focusing on these issues. JT explained the reporting mechanism which would be through the mental health partnership board. JT added that the regional NHSE/I team had given praise with regards to the focus on autism in the Long-Term Plan and that reports on progress will be developed. SK pointed out that urgent crisis care relating to dementia had not been included in the report. JT acknowledged the detail was missing but gave assurance that all workstreams are reporting through and this service was being thoroughly reviewed. She described the crisis café which was to support children and adults in the system and that this dementia review was being led by the local authority. DSL asked if we are co-designing with people who have lived experience and JT advised this was part of the mental health learning disability care partnership (MHLD) group and this is being developed alongside the strategy and mental health service framework. DSL made a request for consideration given to the language used to describe accessibility for those people who have not produced the documentation and JT made a commitment this would be reviewed and thanked DSL for her helpful comments. DG requested that the issue of GP referrals returned without assessment be explored as to a better way of dealing with these such as a pre-referral triage or other alternatives. JT agreed that working together with the community mental health framework should help towards solving these such issues for primary and secondary care. .	

	SK asked about the locality programmes of work and JT replied that she was confidence these would be aligned overall with the partnership group and described how this would work. PJ referred to the returned referrals and felt that we need to be more creative to ensure patients needs are met and to use other opportunities other than the more traditional approach. SMC made a plea for providers to share patient notes as often it was difficult to make an assessment and meaningful response with all the supporting information, and it was acknowledged there was more work to be done in all areas. JWo indicated that community initiatives such as the guest speaker explained earlier in the meeting would help towards solving problems and JT responded to say that the VCSE specific funding for the voluntary sector alliance contract would help the offer and this work is part of a national programme. SK shared a good news story holistic offer and suggested that we should open our eyes to alternative approaches. **The Governing Body:** • **Received and noted the contents of the Mental Health, Learning Disabilities and Autism Care Partnership Update Report.**	
10	**Local care partnership reports** <u>Northern</u> There was nothing further to add to this report. JWo did highlight the lose of funding for flow coordinators and community developers and that top down support from the NHS was needed to support these such projects. ST confirmed the significant funding allocation for prevention schemes which was not being held back and encouraged our system partners to also allocate monies to these such schemes. GT referred to the closure of minor injury units (MIUs) detailed in the report. JWo advised this was a planned temporary closure caused due to a staffing crisis whereby we did not have sufficient staff to lead the service safely. There was now a challenge to reopen, and a community based local enhanced services (LES) was providing a similar function model for urgent care system for the whole of Devon. <u>Eastern</u> There was nothing further to add to this report, but SK added there was good work being done by the delivery group focusing on five themes, such as prevention and loneliness. GAth queried the information governance barrier relating to population health management which was disappointing. There was assurance given that this was being progressed rapidly over the coming weeks. JT advised that she was working with the digital lead for the ICS to support the two data protection officers. PJ explained that although these two officers weren't directly employed by the CCG, they were acting on behalf of our GP member practices making sure data sharing agreements meet requirements. We are continuing to work with them to agree a proposed robust data protection to allow the population health management work to continue and there was optimism this would happen. GT drew attention to the Hub at Budleigh which had been re-branded to Seachange and a detailed review for future potential of the Hub. SK explained that they were looking to work in a different sustainable way as well as a route to resolving funding issues. SK	

	offered to share the detailed review with the Governing Body. *Post meeting update this report was circulated by NC.* Southern DG taken report as read but drew attention to the negative and positive situations with emergency care. Western There was nothing further to add to this report. This report was like Plymouths report as they are working closely together. One of the key risks to highlight was workforce. Plymouth There was nothing further to add to this report. **The Governing Body received and noted the contents**	
11	**Assurance committee chair's reports** Finance There was nothing further to add to this report. GT emphasised the recommendation that a presentation will be delivered to the Governing Body on 29 July with regards to the H2 2020/21 system funding envelope. Primary Care There was nothing further to add to this report. Commissioning There was nothing further to add to this report. Quality Assurance There was nothing further to add to this report. GAth referred to the issued raised at an earlier meeting of the Governing Body and the impact on elective surgery community.	
12	**Reflections:** This item was not discussed.	
13	**Any other business** No other items of business were discussed.	
14	**The meeting closed at 15:30**	

Attendees (attended** / apologies A)	
Name and initials	*Title and organisation*
Alison Davis (AD) **	Associate Non-Executive Director, Devon CCG
Andrew Millward (AM) **	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Charlotte Burrows (CB) A	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Darryn Allcorn (DA) **	Chief Nurse, NHS Devon CCG
David Greenwell – Dr (DG) **	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Gaynor Appleby (GApp) A	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG

Glynnis Atherton (GAth) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
James Wooldridge (JW) **	Associate Non-Executive Director, Devon CCG
Jane Milligan (JM) A	Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG)
John Dowell (JD) A	Chief Finance Officer, Devon CCG
John Finn (JF) A	Interim Director of Commissioning – in hospital, Devon CCG
John Womersley – Dr (JWo) **	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) **	Director of Commissioning - out of hospital, Devon CCG
Judith Hargadon (JH) A	Non-Executive Director/ Lay Member – Primary Care
Lincoln Sargeant (LS) A	Director of Public Health, Torbay Council
Matt Fox (MF) A (in absence of DG)	Clinical Representative, Southern Locality, 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) **Chair** **	Clinical Chair, Devon CCG
Penny Harris – (PH) **	Director of Commissioning in hospital, Devon CCG
Ruth Harrell - Dr (RH) **	Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **	Clinical Lead Representative, Eastern Locality, Devon CCG
Sheila Roberts (SR) **	Interim Chief Operating Officer, Devon CCG
Shelagh McCormick – Dr (SMc) **	Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST)**	Interim Accountable Officer, Devon CCG
Steve Brown (SB) **	Director of Public Health, Devon County Council
In Attendance	
Nikki Coombes (NC) ** **Minute Taker**	Executive Assistant, Devon CCG
Dame Suzi Leather (DSL) **	Chair of the Integrated Care System for Devon (ICSD)
Fiona Peck (FP) ** (for John Finn)	Interim Deputy Director in Hospital Commissioning
Helen Hamilton (HH) ** **item 1**	Community Builder – South Hams Area Wellbeing
Darin Halifax (DH) ** **item 1**	ICS Lead for the Voluntary, Community and Social Enterprise Integrated Care System for Devon (ICSD)
Clare Higdon (CH** **item 8**	Testing Strategist / Strategic Planning Consultant, University Hospitals Plymouth (UHP)
Minutes approved | Date:	Signed by chair:

NHS Devon Clinical Commissioning Group

GOVERNING BODY - PUBLIC ACTION LOG										
Action Number	**Date of Meeting**		**Target Date**	**Lead**	**Progress on action**	**Assurance required to close action**	**Date Closed**	**By whom**	**Reported to Committee**	**OPEN/CLOSED**
Actions should be listed in sequential order	State the date of the meeting	Set out the actions needed in order to deal with the issue identified by the group and be narrate so that if minutes are not available the action is very clear to the owner and the committee members	State the expected date for completing the action	Name of person responsible for completing the action	The most up to date information to be provided to the group on the actions undertaken Yes/No confirmation if all actions	The most up to date information to be provided for assurance that all elements of the action have been completed.	Date action formally closed	This will be the lead or person to whom the action was designated	Confirmation that committee that raised the action is content the action has been completed	Confirmation if action complete
1	01/07/2021	Feedback and learning from the patient experience/ story re South Hams Area Wellbeing (SHAW) on 01 July 2021	29-Jul-21	Chair/all						**REMINDER**
2	29/04/2021	Comparison report to be developed again pre-COVID performance and to be presented to a future Governing Body.	01-Jul-21	Jayne Carroll/ Sheila Roberts	20.05.2021 - When the 21/22 activity plans have been finalised as part of the operating plan the comparison report will be presented to the Governing Body and it is anticipated this will be at the meeting held on 01 July. A place marker has been added to the Governing Body forward planner. 17.06.2021 - moved to the 29 July Governing Body as this report is to be presented to the urgent care board prior to Governing Body					**IN PROGRESS**

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Chair's Report				
Date of committee: 29 July 2021 **Date report produced: 22 July 2021**				
Author (s) Name and Title: **Dr Paul Johnson, Clinical Chair** **Contact Details:** **Paul.johnson4@nhs.net**		**Supporting Executive: N/A** **Name and Title:** **N/A** **Contact Details: N/A** **Report Approved by:** **Name and Title:** **Dr Paul Johnson, Clinical Chair** **Date:**		
Public or Private (Governing Body only):	**Public**	√	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This report contains updates on:

- Introduction
- NHS Devon AGM – 1 July 2021
- ICS Governance Task and Finish Group
- Health and Wellbeing Boards
- Primary Care
-

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 and the Governing Body are asked to note the contents.
Impact on our objectives
(Delete as applicable) 1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic
Reference to other documents or accompanying papers:
None
Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services		√
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√
Risk		√

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

GOVERNING BODY – CHAIRS REPORT

1. Introduction

Since the start of this pandemic I seem to start most of these reports by acknowledging the hard work everyone in the NHS is doing and thanking them for all they do. And this month is no exception. Having got through so much of this pandemic, we now face the combination of significant demand on emergency services, increasing waits for planned care, staff absences due to the need to self isolate and the rapidly developing third Covid wave. As the NHS always do, we will get through this and people will get the care they need, but it will require yet more effort and resolve from our staff – I suspect I will be reiterating my thanks yet again once we are through this.

2. NHS Devon AGM – 1 July 2021

The Devon CCG Annual General Meeting was held on 1 July. I was joined my Simon Tapley as we looked back on what has been a year like no other. It was a great opportunity to celebrate all the great work that our CCG and wider health and care staff have achieved, but also be honest about the significant challenges that still face us. My thanks particularly to the communications team who captured the essence of 2020-2021 so well.

3. ICS Governance Task and Finish Group

We are continuing to get national guidance relating to the governance structures we will need to have in place for next April. The task and finish group, chaired by Suzi Leather, continues to meet to work through applying the guidance and overlaying how we want to arrange ourselves in Devon. I am hopeful that the guidance on the ICS Chair appointment process will be confirmed and underway by the time this meeting happens which will be a key step forward in our governance plans.

4. Health and Wellbeing Boards

Both Devon and Plymouth Health and Wellbeing Boards have met in the last month, with Dr Shelagh McCormick attending Plymouth and me attending Devon. The agendas are available via their websites and demonstrate the wider health and wellbeing outcomes that we will be able to impact by continuing to work closely with our local authorities. At the Devon Board I was confirmed as the Vice Chair and am looking forward to working with Councillor James McInnes as Chair.

5. Primary Care

Primary Care continues to be under significant pressure but despite that our GPs and practice staff are working hard to provide the care our population need. Jane Milligan and I met with the LMC to discuss some of the pressures we are facing and how we might work collectively to support both the practices and their patients. I was pleased to meet some old colleagues at the Southern Primary Care Collaborative Board and was greatly encouraged by their enthusiasm to embed Population Health Medicine in their services. Our monthly GP webinars continue to be well attended and thank you to Paul Green for co-hosting with me this month where there is so much to work through around staffing pressures, infection control and vaccinations.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Accountable officer report				
Date of committee: 29 July 2021 **Date report produced:** 19 June, 2021				
Author (s) Name and Title: Nick Pearson, Chief of Staff		**Supporting Executive:** **Name and Title:** Jane Milligan, CCG Accountable Officer and Chief Executive of the Integrated Care System in Devon **Contact Details:**		
		Report Approved by: **Name and Title:** Jane Milligan, chief executive **Date:** 19 June, 2021		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This report contains updates on:

1. **Integrated Care System development and transition**
2. **Vaccination and COVID-19**
3. **Lifting of most restrictions**
4. **Next wave readiness**
5. **Seasonal plan**
6. **Work to look at drivers of demand**
7. **Public support for our GPs**
8. **Cyber security**
9. **Celebrating the NHS' birthday**

Management of Conflict of interests:
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Committees that have previously discussed/agreed the report and outcomes:
N/A
Key recommendations and actions requested:
This report is for information only.
Impact on our objectives
(Delete as applicable) 1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic
Reference to other documents or accompanying papers:

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services		x
Health Inequalities		x
Equality (staff or public)		x
Resource and Finance		x
Legal		x
Engagement and Consultation		x
Risk		x

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.

Accountable Officer's Report

1. Integrated Care System development and transition

Our journey towards ICS continues.

The legislation to enact ICS' was presented to parliament during the middle part of July with both parts of the Bill now read. We expect the next stages of the bill after the summer recess.

In early July we received further guidance (called the ICS design framework) which offered more information about the make-up of the ICS board, for example.

Our main focus this month has been on undertaking work with our partners on the principles underpinning the development of our ICS. A governance task and finish group, chaired by Dame Suzi Leather and including Local Authority, provider, and CCG representation, is overseeing this work. A further stakeholder event on decision-making within the ICS is planned next month.

Work in the CCG has focused on staff involvement, to ensure we capitalise on the expertise within teams when looking at how the ICS will work in practice.

Staff have provided feedback as to where they think their functions would best sit within the new structure and this will be used to inform some of the decisions we need to take.

We are now working with each directorate to plan the actions we need to take over the next six months or so to ensure the smooth transition from CCG to ICS.

In addition, we are working with staff on the values and behaviours expected of everyone in the new organisation. Work on this is also planned with providers

We have met with NHSE/I twice this month to ensure our regional colleagues receive information about our plans – and we can benefit from their advice and experience in other areas.

I will, of course, provide further updates on the ICS development and transition as more becomes available.

2. Vaccination and COVID-19

It's hard to believe that just seven months after the first vaccinations, more than 1.5 million doses have now been given in Devon. This includes a total of 888,142 people who received a first vaccine dose (up to 11 July) and 694,844 second doses.

Taking all these into account 1,582,986 were given. This means 9 out of 10 adults have had their first dose and 7 out of 10 adults both doses.

More than two thirds of 18-24-year-olds have had their first dose.

As in the rest of the country we launched walk-in vaccination services so that people who wish to can get a jab without the need to book. All they have to do is turn up. Full details are on our website.

I once again urge those who haven't had yet been vaccinated to do so. With legal restrictions now lifted (more on this below) it is really important to make sure you are covered.

My thanks to everyone involved in the vaccination programme and to the members of the public for continuing to help others by being sensible; washing hands regularly and wearing a mask where you likely to come into contact with groups of people.

3. Lifting of most restrictions

July 19 saw the removal of restrictions on social contact and distancing. There are now no limits on how many people can meet indoors or outdoors.

Face coverings will no longer be required but are advised in enclosed and crowded spaces

Public Health England have confirmed that infection prevention control measures will remain in place in health and care settings (e.g. face coverings and social distancing in hospitals and GP practices).

Many public transport companies and supermarkets – including Sainsbury's and Tesco – have stated that they will ask people to continue wearing masks.

I certainly would urge people to think of others when going out. If you are travelling on public transport, in a large group or an enclosed space, then please think about donning a mask. The rules may have relaxed but the virus hasn't.

In terms of returning to the office, the CCG has adopted the updated national guidelines but has chosen to maintain the previous guidance on maintaining social distancing and face coverings.

This means that our staff will wear a face covering in communal areas (e.g. kitchens and corridors) and maintain a minimum of two metres from others. Our desk layouts in the offices support this.

Stringent infection prevention control measures will, of course, remain including the regular cleaning of desks and communal areas. And of course, before anyone comes into the office, they

must take a lateral flow test, undertake a COVID-19 risk assessment, and complete a site attendance form.

I worked in the office on the first day of the relaxation of the rules and it was nice to see a few people starting to return. Many of our staff will continue to work at home most of the time, coming into the office when they need to meet people face-to-face or for team meetings.

In the wider system, frontline NHS and social care staff can now attend work rather than self-isolate. National guidance was released on July 19 indicating that double vaccinated frontline NHS and social care staff in England who have been told to self-isolate are permitted to attend work in exceptional circumstances.

It is contingent on staff only working after having had a negative PCR test and taking daily negative lateral flow tests for a minimum of seven days and up to 10 days or completion of the self-isolation period.

The government is clear the change applies only to frontline NHS and social care staff where their absence may lead to significant risk of harm.

This is welcome news as it will help to alleviate pressure on NHS and social care services both here in Devon and around the country.

4. Next wave readiness

The response to COVID within system has been nothing short of superb.

As we begin to head into what we all sincerely hope will be a final wave, we are once again stepping up our incident response preparations.

This includes reviewing the resource supporting the incident control centre and increasing the silver calls with system partners to daily. Gold calls with region take place every Wednesday.

With vaccination rates and antibody rates in the community high, we are in a different place now than at the start of the pandemic. The lifting of the restrictions will bring a new challenge. Certainly, rates of COVID in parts of Devon are rising but at the moment this has not translated to significant numbers of people in hospital. That said, as Professor Chris Whitty has noted. We are not out of the woods yet.

We will continue to work with our public health colleagues in our local authorities to monitor the situation.

Good planning, execution and the total commitment of the NHS and caring services have served us well throughout the pandemic – and we will continue to play our part.

5. Seasonal plan

Our seasonal plan has been submitted to region.

It used to be referred to as the winter plan, but we have changed its name so that it more accurately describes the year-round planning that goes into it.

Since May 2021 the Devon system has been in a highly escalated Urgent and Emergency Care (UEC) position, with all providers reporting significant pressure in primary care, acute, mental health, and community.

We have also seen increases in primary and secondary care demand.

South West Ambulance Service has reported prolonged period of increased demand significantly above 2019/20.

Our seasonal plan sets out how we will maintain essential NHS services and the predicted increase in numbers of admissions of patients with COVID-19 to our hospitals over the coming months. It sets out how our providers will work together in the months ahead, including liaising with colleagues and providers in Cornwall.

The objective of the plan is to manage urgent emergency care demand appropriately, so our hospitals are de-escalated throughout the summer, and enable recovery of elective activity.

Development and implementation of additional capacity plans is progressing, and support is being provided by the regional NHSE/I team.

Obviously, due to the pandemic it is still a rapidly evolving picture and things may yet change again but good to be on the front foot.

6. Work to look at drivers of demand

Like many other areas, the system is incredibly busy for the time of year. This is unusual.

During July, a number of our providers have been in and out of OPEL 4, the highest alert level.

This is because we are seeing the types of patient numbers in A&Es and in emergency beds across the patch that we would normally expect to see in mid-Winter.

Even with the normal influx of tourists it tends to be more settled in summer, so it is quite concerning.

As well as supporting our providers, we have commissioned Healthwatch to visit ED departments with the aim of understanding just why so many people are using that service.

7. Public support for GPs

I am very pleased to report that an independent survey of 17,000 people in Devon has shown overwhelming public backing for the county's GP surgeries.

Almost nine in ten respondents reported a "good experience of their practice".

The study, by Ipsos Mori, also found that GP practices in Devon consistently performed better than the England average, and supports other recent research which found more than 90 per cent of people had been able to access a GP when they needed to.

The findings have been welcomed by senior doctors and Healthwatch in the county, who have praised practice teams for maintaining high standards of service throughout the pandemic despite a 14% rise in demand for services and the extra pressure of giving hundreds of thousands of Covid-19 vaccinations to their patients.

Some 16,900 people in Devon shared their views as part of the survey.

Other key findings include:

- Nearly nine in ten (88%) people in Devon described their experience of their GP practice as good. This is up by 2% on last year and above the national average of 84%
- Nearly three quarters (74%) of respondents said it was easy to get through to someone at the practice on the phone. This is also up on last year's figure (%) and above the national average is 68%
- 92% said receptionists were helpful. National average is 89%
- 87% satisfied with the appointment offered. National average is 82%
- 69% saw someone for a face-to-face appointment
- 87% of people were satisfied with the appointment they were offered. The national average was 82%.

Interest in the findings has been high and our communications team has been working with media to make sure this news finds its way to residents.

Dr Paul Johnson has congratulated GPs saying that it was "a massive vote of confidence in the county's GP practices" and that he is extremely proud.

I would like to echo Dr Johnson's words. General practice teams have worked so desperately hard during this last year of the pandemic. They have met increased demand for services, offering extraordinary service which, as the survey results clearly demonstrate, has been very well received.

Thank you to each and every GP in Devon, not forgetting of course, the other staff and allied health professionals who support their work.

8. Cyber security

I wanted to update the Governing Body on our efforts to increase cyber security.

As part of our Data Security and Protection Toolkit (DSPT) accreditation, both the CCG and our GP Practice IT environments are subject to annual security scans / penetration tests.

These are carried out to HM Government standards by appropriately qualified external Cyber Security service providers.

The scans evaluate our security stance and provides a comprehensive independent assessment of cyber security risks and vulnerabilities.

We also use Microsoft's 'Advanced Threat Protection' or ATP in the CCG and with GP practices.

This is an advanced suite of technologies that the NHS has invested in to help NHS organisations detect, investigate, and respond to advanced cyber security threats.

A recent security briefing from the CEO of NHSX, the national organisation responsible for digital transformation in health and social care, highlighted three critical areas that NHS organisations must focus on, namely:

- Secure backups
- Migrate off unsupported systems
- Respond quickly to high severity alerts

I am pleased to report that these areas will form part of the 'core basics' of the Devon ICS digital strategy.

In terms of the CCG and the IT we provide to our GP Practices, our key systems and information have secure backup systems in place.

We have also migrated to Windows 10 to stay on a supported operating system and have plans in place to upgrade other applications that are reaching or have reached the end of their support.

Our IT service responds quickly to high severity alerts and we have 100 per cent compliance with deadlines to date.

I'd like to thank our IT team for continuing to keep our systems safe.

9. Celebrating the NHS' birthday

With all that's been going on you would be forgiven if you didn't notice that a very special birthday had taken place.

July 5 marked the 73rd birthday of the NHS – and while it may lack the high-profile celebrations of the 60th and 70th birthdays, it is vitally important.

The NHS was already renowned for its professionalism, compassion, and quality of care, but this year gave the pandemic us another opportunity to show the world how a modern healthcare system operated.

And throughout it all, the NHS coped admirably. Happy birthday NHS. Many Happy Returns.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Monitoring and reporting CCG objectives				
Date of committee: 29 July, 2021 **Date report produced: 22 July, 2021**				
Author (s) Name and Title: Nick Pearson, Chief of Staff		**Supporting Executive: Andrew Millward** **Name and Title: Andrew Millward** **Director of Communications and Engagement of Integrated Care System Devon and Director of Communications, HR and IT, NHS Devon** **Contact Details:**		
		Report Approved by: Andrew Millward **Name and Title: Director of Communications and Engagement of Integrated Care System Devon and Director of Communications, HR and IT, NHS Devon** **Date 22 July 2021**		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This paper sets out progress against the CCG's annual objectives for 2021/22.

The objectives for 2021/22 were introduced in February 2021 by the director of communication, IT and human resources. This year's objectives were co-produced with a wide range of staff and the CCG Governing Body.

The Governing Body will continue to receive updates on a quarterly basis, in October 2021 and January, 2022.

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:

Report to GB

Key recommendations and actions requested:

The paper is intended to update Governing Body members of progress against the 2021/22 objectives.

The Governing Body is asked to:

a) Approve amendments to proposed delivery of objective dates, specifically in

Objective 1 – action 3, moving this from February 2021 to November 2021

Objective 3 - action 2, moving this from June 2021 to April 2022

b) Note the contents of the report

Impact on our objectives

1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes
2. Improve service performance
3. Achieve financial sustainability
4. Effective, well-led organisation with an empowered and inclusive workforce
5. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

None

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		X
Health Inequalities		X
Equality (staff or public)		X
Resource and Finance		X

Legal		X
Engagement and Consultation		X
Risk		X

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.

Monitoring and reporting CCG objectives

1. Introduction

1.1 This paper sets out progress against the CCG's annual objectives for 2021/22.

1.2 It is the second report to Governing Body in 2021.

1.3 The Governing Body will continue to receive updates on a quarterly basis, in October 2021 and January, 2022.

1.4 The objectives for 2021/22 were introduced in February 2021 by the director of communication, IT and human resources. This year's objectives were co-produced with a wide range of staff and the CCG Governing Body.

1.5 The objectives are monitored and RAG-rated (using standard criteria – see appendix a) and a report on progress presented to Governing Body.

2. Objectives

2.1 There are five objectives in total, covering all aspects of the CCG's work:

3. Process

3.1 A director/directors are assigned to each objective and beneath each sits an action or actions that help to achieve them. These too have directors assigned to them who in turn work with staff to ensure that the action is carried out.

3.2 This matrix way of working means that it is the responsibility of the lead director to work with colleagues to monitor progress against the timeline.

3.3 The lead director then completes a highlight template every quarter summarising the latest position in a plain English narrative, assigning a RAG-rating to each project using the standard CCG PMO criteria (see appendix a)

3.4 The lead director also assigns a RAG-rating to the overall objective they are responsible for, before submitting the template to SLT and executive committees, where there is opportunity to scrutinise the work, before a paper is prepared on behalf of the accountable officer for Governing Body.

3.5 The report (this report) includes the highlight reports together with a short summary.

3.6 The process is 'light touch'. There are no milestones and directors will be expected to hold each other to account for delivery.

4. Cross-referencing with corporate assurance framework

4.1 As part of the response to the CCG's annual assessment 2019/20 rating received in October 2020, a process to review and report progress against actions identified was put in place.

4.2 An initial progress report regarding the CCGs implementation of leadership review recommendations was shared with the CCG Governing Body on 17th December with an ongoing commitment to update quarterly.

4.3 However, subsequent work on the CCG's corporate objectives has subsumed responsibility for those recommendations and actions into the corporate objective assurance framework discussed and outlined within this document.

4.4 It is proposed therefore that responsibility for reporting progress against the annual assessment actions and recommendations is driven through the relevant corporate objective process, negating the need for a separate process.

4.5 A cross-referencing exercise has been undertaken by associate director of HR and OD to confirm the recommendations are captured within the relevant corporate objective workplan.

5. Summary of progress

5.1 The following templates show that the CCG is making progress against the corporate objectives for 2021/22.

5.2 Three overall objectives are reporting as overall on track or completed. These are objective 2: Improve service performance, objective 4: effective, well-led organisation with

empowered and inclusive workforce – and objective 5: Lead the system's response to the coronavirus pandemic.

5.3 Two objectives are overall amber. These are objective 1: Commission high-quality and safe services that reduce health inequalities and improve health outcomes and objective 3: Achieve financial sustainability.

5.4 No overall objectives are reporting as red although there are two actions that meet the criteria for this and therefore extensions to delivery timescales are being sought. These are in:

Objective 1 – action 3, moving this from February 2021 to November 2021

Objective 3 - action 2, moving this from June 2021 to April 2022

5.5 **Table showing overall progress:**

6. Detailed progress by objective

Lead director/directors: Jo Turl and John Finn

Objective 1	Objective Commission high-quality and safe services that reduce health inequalities and improve health outcomes
Overall RAG	Amber

Action 1	Commission outcomes-based services, for example the western integrated care partnership **Jo Turl and John Finn**	March 2021	Green
Narrative **Risks to delivery**	The Western ICP has been commissioned using an outcomes framework developed in partnership with the local system. This framework will be used as a basis for integrated community services in the other localities in Devon. Through the commissioning checklist and the commissioning review documentation, prompts and checks are in place to ensure all commissioned services include outcomes-based measures. Commissioning resource at strategic level.		
Action 2	Deliver strategic commissioning cycle training for CCG staff **Andrew Millward**	March 2021	Green
Narrative **Risks to delivery**	Completed November 2020, session recorded and now included in CCG Induction / available on the Intranet. Further commissioning training as per OD programme in line with appraisal and talent management process / in support of transition to ICS. <No risks to delivery identified>		
Action 3	Produce a system outcomes framework report, integrated with performance, quality and finance **Sheila Roberts, Darryn Allcorn and John Dowell**	February 2021	Red
Narrative **Risks to delivery**	Nursing and quality directorate involved with development of report and ensuring that quality is reflected appropriately within report. Triangulation through an integrated performance report is in development and will be enabled by the analytics team. Formal request to move the objective deadline to November 2021. Tight turnaround time on report and analysis skills to have a refined forward-looking report, so unlikely to happen before autumn 2021.		
Action 4	Produce a web-based strategic evidence base to identify health inequalities	March 2021	Green

Narrative **Risks to delivery**	The evidence base web pages are now in place and are being added to as further analysis is developed and evidence collated. The site will link to the separate inequities tool being developed by Public Health and to PHM data and analysis when it becomes available. Nil		
Action 5	Expand the population health management programme across Devon **Jo Turl**	June 2021	Amber
Narrative **Risks to delivery**	AHSN running action-learning sets across localities with co-ordinator roles to be put in place for September start date. Level of system engagement		
Action 6	Support the development of five Local Care Partnerships (plus a Mental Health Care Partnership) to produce effective commissioning plans* **Jo Turl (MH) and Simon Tapley**	March 2021	Green
Narrative: **Risks to delivery:**	This support is being delivered and is ongoing. Programme Director, Manager and team are in place to support delivery of the LTP priorities. Locality recruitment is ongoing and vacancies have been reduced. A round of discussions have taken place with each LCP on ambitions with regard to delegated budgets/ decisions, along with the suggested gateways for any authorisation process. Lack of commissioning resource to support delivery. Mitigation – some temporary cover in place and interim acting up arrangements.		

2. Improve service performance

Lead director/directors: Shelia Roberts / Alison Wilkinson

Objective 2	**Improve service performance**		
Overall RAG	Green		
Action 1	Implement the phase 3 restoration plan, including maximising planned care during winter and during the coronavirus pandemic **John Finn and Sheila Roberts**	March 2021	Green
Narrative **Risks to delivery**	Plan is being implemented. The elective recovery fund is key to maximising planned care activity as we move into planning for H1 21/22. A system-wide group with support of CEOs is fully functional to maximise earned revenue throughout this stream. In Q1 earnings are above expectations The entry level for earned income under the ERF has been increased to 95% from 1st July. This will have a significant impact on the system's ability to invest in recovery. The impacts both financially and operationally are being worked through. There is further risk, as COVID numbers are rising again and urgent care activity very high, impacting on ability to bring in all electives.		
Action 2	Implement the 'Adapt and Adopt' programme **John Finn**	Feb 2021	Green
Narrative **Risks to delivery**	Adapt and adopt programme fully implemented across Trusts in Devon. Capital investments in endoscopy and diagnostics Staffing to cover enhanced capacity. Recovery plans in place to ensure outpatient programme achieves 25% target. Resurgence of Covid is impacting negatively on this programme		
Action 3	Deliver Devon's system winter plan and develop the 2021/22 system operating plan **Sheila Roberts**	April 2021	Green
Narrative	Winter plan delivered – review and evaluation of schemes to be undertaken shortly. 21/22 priority and operational planning guidance received 25/03/2021 with draft plan submission due 06/05/2021. Recovery/Planning Group meeting weekly to ensure that initial draft ready for discussion by 13 April 2021.		

Risks to delivery	Risk is business intelligence support to overall restoration plan.		
Action 4	Implement 'Think 111 First' to help people access the right service for their needs and preserve acute urgent care services for when they are most needed **Jo Turl and John Finn**	Feb 2021	Green
Narrative	The programme went live on 30th November with the requirement to deliver five priorities, with Devon position as described: 1. Increased capacity in 111 2. Direct booking 3. Alternative pathways to avoid ED (including mental health crisis response) 4. Communications campaign 5. Evaluation 111 First has now been embedded into the wider Devon priority Urgent Care Programme "Effective navigation of patients around the urgent care system", which is underpinned by commitment to the vision that people with an urgent care need should be seen by the right professional, in the right setting, at the right time. Where patients dial 111 or 999 or do not access services appropriately first time, they should be swiftly navigated onto the most appropriate care pathway this may be into an alternative service or, through "consult and complete", to self-care. Key areas of delivery include extending direct booking into Community Urgent Response Services. Communications messaging in relation to the public 111 First has remained strong both nationally and locally with both staycation and resident population campaigns being implemented as appropriate. Along with the rest of the urgent care system, the 111/IUC service has experienced significant demand pressures, compounded by clinical and non-clinical staffing challenges. The IUC service is working to prioritise staffing to maximise the role that 111/IUCS is playing in the wider health and care system.		
Risks to delivery	Whilst recovery plans are in place clinical and non-clinical capacity within the service remains a challenge. This is further compounded by the requirement of staff to self-isolate in response to NHS Track and Trace.		

Action 5	Design and deliver an integrated performance reporting framework to address challenging performance and reduce inequalities **Sheila Roberts**	March 2021	Green
Narrative	Integrated Performance Report (IPR) now in production. The wider project around the development of the web-based reporting tool is still under development and it will take until June before it is operational. The team will ensure that the inequalities tool is included in the release when it becomes operational. Reporting tool not in place and not yet operational.		
Risks to delivery	Risks exist around the BI resource required to enhance reporting and provider engagement to improve contemporary supply of current performance data from providers, the latter of which is unlikely to happen until the autumn.		
Action 6	Engage with communities, patients and staff to understand healthcare needs and co-produce services **Andrew Millward**	Ongoing	Green
Narrative	Ongoing engagement continues to inform the Covid-19 vaccination programme, specifically for groups experiencing health inequalities. Insights gained from engagement is informing the outreach approach to vaccinations. The Community Mental Health Framework for Devon is being co-produced with the communities and the VCSE across Devon and plans are underway to begin engagement with local communities about the updated long-term plan and new hospital programme.		
Risks to delivery	<No risks to delivery identified>		

3. Achieve financial sustainability

Lead director/directors: John Dowell

Objective 3	**Achieve financial sustainability**		
Overall RAG	Amber		
Action 1	Deliver a break-even position for the current financial year **John Dowell**	April 2022	Amber
Narrative **Risks to delivery**	Regular reports to Finance Committee and GB confirm CCG on target to deliver financial balance for H1 of 2021/22. Financial regime for H2 confirmed to be continuation of H1 arrangements, but with higher efficiency requirement. Exact details of system envelope not yet known, but preparatory work based on scenarios is underway. Completion of this work will confirm action required to contain expenditure within H2 envelope. Expenditure rate for H2 is likely to be lower than for H1. There is a risk that this cannot be achieved, particularly in light of ongoing operational pressures.		
Action 2	Reset the Medium-Term Plan to ensure that we deliver against the financial ambition of the Devon Long-Term Plan. This includes shifting the balance of investment towards out of hospital services by 2023/2024 and will mean financial sustainability with expenditure contained within allocated resources on an ongoing basis (living within our means) **John Finn, Penny Harris and Jo Turl**	June 2021	Red
Narrative	Financial planning principles and financial recovery strategy for the ICS has been agreed through the System Transformation and Efficiency Committee. Significant progress has also been made on the impact statements from the proposed changes to the delivery system through the implementation of the Long-Term Plan. Reset of the Medium-Term Financial Plan is now expected to be completed for submission to NHSE in the new calendar year (2022), and financial modelling and scenario planning is underway. Formal request to move the objective deadline to April, 2022.		

Risks to delivery	Required expenditure run rate from 1st April 2022 is likely to be below that of the second half of 2021/22 therefore costs will need to be reduced over a period when we are also required to maximise recovery of service output to pre-covid levels Focus on elective recovery may challenge our ability to shift the balance of investment. Uncertainty of allocation and financial recovery trajectory required. Risk that this may be unachievable when finally issued.		
Action 3	Deliver agreed efficiency programmes in each financial year through to 2023/2024. These should be informed by ongoing assessment of value for money in our use of resources. **John Dowell**	Ongoing	Amber
Narrative **Risks to delivery**	Review of all Long-Term Plan priorities and delivery programmes underway. Financial framework for recovery that confirms the targets for delivery from each of the programmes, based on good evidence of what is achievable will be set to support the medium-term financial plan actions identified above. Change capacity required Timescales for delivery will be challenging		
Action 4	Deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression; and make best use of available resources. **John Dowell**	Ongoing	Amber
Narrative **Risks to delivery**	Running costs remain well within authorised limit for 2020/21, but the allocation for 2021/22 reduces. Efficiencies sufficient to cover any impact of inflationary pressures are therefore required. A full review of both pay and non-pay running costs is in progress, for sign off of budgets by CCG exec team ahead of H2 planning. Continued pressure on capacity to manage pandemic response and resource the change programmes to ensure delivery of the LTP CCG to ICS transition		

4. Be an effective, well-led organisation with an empowered and inclusive workforce

Lead director/directors: Andrew Millward

Objective 4	**Be an effective, well-led organisation with an empowered and inclusive workforce**		
Overall RAG	Green		
Action 1	Support staff health, wellbeing and morale **Andrew Millward**	Ongoing	Green
Narrative	Health and wellbeing champions and wellbeing guardian in place since September, leading the CCG's delivery of HWB to support staff and identify and address further needs. Actions taken based on issues raised by HWB conversations (77% of staff) and initial assessment against draft national implementation guidelines identifies that the CCG is meeting or exceeding HWB Guidance. Further work underway to ensure wellbeing guardian representation at GB is maintained throughout ICS transition. Staff wellbeing is a big focus of all directors and they are regularly checking in on staff and teams. Wellbeing was the area of biggest improvement in the recent Picker Staff Survey. Governing Body have identified a second Non-Executive Director to champion staff health and wellbeing. Continuation of wellbeing workshops for staff including yoga; mindfulness; sleep; etc Wellbeing pages on the intranet and the wellbeing noticeboard are being regularly updated.		
Risks to delivery	<No risks to delivery identified>		
Action 2	Deliver the CCG's organisational development programme so that we continue to enhance the culture of the organisation. Doing so will help meet the challenges within the NHS People Plan **Andrew Millward**	September 2021	Green
Narrative	10 objectives identified and implemented to deliver the CCG's organisational development programme 2020/21. Assurance reported to Strategic Workforce and Remuneration Committee. Objectives to be revised April 2021 for 2021/22 delivery. Objectives for 2021/22 have been revised and a report will be presented at the Strategic Workforce and Renumeration Committee on 11.08.21 The		

Risks to delivery	report will highlight activity delivered during 2020/21 and to seek approval for revised objectives for delivery 2021/22 <No risks to delivery identified>		
Action 3	Be a learning organisation: a. Use COVID-19 learning to improve services and working practices b. Deliver quality improvement and commissioning cycle training c. Further develop the CCG's mentoring programme **Andrew Millward**	September 2021	Green
Narrative	a. Initial learning from COVID-19 implemented July 2020 with further actions identified and implemented following HWB conversations with 77% of staff. b. Commissioning cycle training delivered at an all staff briefing in November 2020, session recorded and available on the Intranet / also included within CCG Staff Induction. Quality Improvement (QI) training designed for CCG staff in partnership with the SWAHSN, initial session delivered March 2021 with 2 further sessions scheduled for May and June 2021. Planning underway with SWAHSN for intermediate QI training to complement QI training across the Devon System. 341 staff across the organisation attended QI training. Following this training, Advanced QI training sessions are scheduled for Sept/Oct 2021 Project Management training is available for all staff, delivered over 3 sessions. Recordings of the sessions are available online. c. Delivery of pilot (Cohort 1) CCG mentoring programme Summer 2020 onwards with 2 stage evaluation process undertaken. Evaluation of Cohort 1 mentoring programme to be completed April 2021, requests from staff for mentoring identified as part of CCG appraisal analysis undertaken March 2021. Stage 2 evaluation of the mentoring programme is in progress. Cohort 2 will be identified following completion of this year's appraisal process (31.08.21).		
Risks to delivery	<No risks to delivery identified>		
Action 4	Grow and develop staff to meet their potential and the organisation's needs: a. Implement an improved talent management process, linked to Appraisals	April 2021	Green

	b. Develop and implement a graduate and apprenticeship strategy **Andrew Millward**		
Narrative	a. Revised Appraisal process implemented June 2020 to include talent management process and analysis of appraisal and talent management implementation completed to inform learning and development programme for staff March 2021. Growing and developing our people policy and guidance revised March 2021 – due for approval April 2021. Appraisal and talent management process to run again May – July 2021. Appraisal process running June – August 2021, appraisal paperwork has been partly automated to collect the data in support of collating individual development needs across the organisation. b. Currently supporting 11 apprentices within the CCG and further supporting pharmacy technicians within the Devon system through the apprenticeship levy. Approach to engaging future apprentices within the CCG agreed at Strategic Remuneration and Workforce Committee March 2021. This revised approach by the CCG will support apprentices rotating across directorates within the CCG to gain breadth of knowledge and experience to further support talent development within health as per the identified national priority 2021/22 'supporting staff and growing the workforce'. CCG currently supporting 20 apprentices both within the organisation and through levy transfer to Primary Care. CCG has committed its support to 3 graduates over the next 2 years (2021/22) in partnership with our provider colleagues. One second year graduate in finance (incoming from RDEFT); One second year graduate in general management (incoming from UHPNT); One second year graduate in health analytics (incoming from DPT). Finance graduate has started their second-year placement with the CCG and General Management graduate will start their placement with us in November 2021		
Risks to delivery	<No risks to delivery identified>		
Action 5	Prepare staff and the organisation to work within the new Integrated Care System (ICS), including support to staff to undertake development assignments **Andrew Millward**	September 2021	Green
Narrative	Agile/flexible working policy in place. Draft agile deployment process has been developed and ready for executive approval. The new process will work alongside the new talent process which forms part of the appraisal so that we can deploy staff in need of development to undertake specific projects or tasks.		

Risks to delivery	Commissioning cycle training provided and QI training, provided in partnership with AHSN, has been provided for commissioning staff and 2 more sessions are planned in 2021. HR principles for the transition into the ICS are in development and HR will work with the project team, being set up to plan and manage the transition, to ensure the workforce are well supported through the process. HR/OD transition plan approved by Joint Executive Team; Strategic Workforce and Renumeration Committee and Transformation Group July 2021.		
Action 6	Drive to increase the current diversity of our staff (3.4%) to reflect that of the Devon population (6.9%) **Andrew Millward**	March 2022	Green
Narrative	Diversity group set up for the CCG and is planning the work programme for the next 12 months. The HR team is also planning actions that will help improve our access to advertising roles within more diverse communities in Devon and elsewhere. This action will be prioritised during Q1 and across the remainder of the 21/22 financial year, including the delivery of recruitment training to managers. Development of an Equality, Diversity and Inclusion workplan and a proposal for resources to deliver the plan will be discussed at the Strategic Workforce and Renumeration Committee on 11.08.21. The workplan includes recommendations outlined by engagement work with NOUS and Intercom Trust.		
Risks to delivery	Applications received from BAME communities and appointments of BAME staff into roles. HR team do not have complete control of the delivery of this target, it will require leadership from all levels of the organisation.		

5. Lead the system's response to the coronavirus pandemic

Lead director/directors: Darryn Allcorn (was also Sonja Manton)

Objective 5	**Lead the system's response to the coronavirus pandemic**		
Overall RAG	**Green**		
Action 1	1. Provide system leadership to manage: a. The coronavirus second and subsequent waves. This includes facilitating mutual aid and support; consistent application of national guidance; Best Practice implementation; and a whole population approach (no gaps in service provision) **Was Sonja Manton** **Complete (and ongoing)** b. Winter pressures, by delivering the 2020/21 winter plan **Sheila Roberts** **Complete** c. Service restoration, by working with partners to deliver the phase 3 plan **Sheila Roberts** **Complete** d. Transition post EU exit **Complete – see below.** **Sheila Roberts**	April 2021	Green
Narrative **Risks to delivery**	Nil as complete Nil as complete		
Action 2	Commission specific COVID-19 services to meet population needs: a. Long COVID-19 assessment service **Jo Turl**	March 2021	Green

	b. Oximetry (measuring oxygen levels in blood at home) **Jo Turl** c. COVID-19 vaccination programme **Darryn Allcorn**		
Narrative	a. Long covid services commissioned across Devon– early review and adapting the services in progress b. Oximetry at home services commissioned across Devon– early review and adapting the services in progress c. Successful COVID-19 vaccination programme in place – over 1.5, doses give (approx. 82% of adult population have received first dose and over 65% two doses) as of early July. Exceeding national rates and targets and benchmarking favourably. There is now a need to plan for phase 3 booster programmes		
Risks to delivery	Appropriate deployment and take up of new COVID services so that we see most effective use of resources and meeting new needs of the population Sufficient and reliable vaccine supply (national issue) and sustainability of vaccination workforce for ongoing vaccination programme		
Action 3	3. Coordinate and lead the system to deliver: a. Adequate Personal Protective Equipment (PPE) **Darryn Allcorn** b. Effective Infection Prevention and Control measures **Darryn Allcorn** c. A joined-up approach to communicating with staff, the public and stakeholders **Andrew Millward** d. Timely Intelligence of population needs **Kelvin Grabham** e. Workforce optimisation and deployment **Andrew Millward** f. Resilient primary care, mental health and critical care services as part of wider provider collaboratives	March 2021	Green

	Jo Turl and Darryn Allcorn g. Care Home and care at home support **Darryn Allcorn** h. COVID-19 testing facilitation **Was Sonja Manton**		
Narrative	Successful management of wave 2 and wave 3 in all domains as above and use of intelligence to proactively manage and respond: a. Good stock and distribution process for PPE in place with LA and no shortages, with funding for care homes agreed until 2022 b. IPC being monitored in provider organisations; lessons learnt from outbreaks shared. Working collaboratively with Public Health England to manage outbreaks. Although significant incidence of nosocomial outbreaks, rare but significant outbreaks in care homes still being seen, looking to strengthen support and reinforce good IPC practice c. Good regular two-way systems in place to communicate and listen to all relevant stakeholder groups. d. The CCG continue to produce daily, weekly and additional ad hoc analysis on Covid and the impact of Covid on BAU. This includes the daily sitrep and UEC reports, daily vaccination updates, weekly Covid monitoring reports and Covid and BAU modelling. e. Deployment of staff and effective system working in all relevant cells – proactive and responsive management of issues and risk. Agile working process in place, approved by Strategic Workforce and Renumeration Committee. HR/OD ICS transition plan in place with a clear timeline. f. Demand and capacity modelling and connected surge planning in relation to mental health service has been undertaken and is being used to inform system planning and service delivery. Additional national resilience monies and local flexibilities are being used to support sustainable general practice in this next phase. PCN development programme is in place to support development of PCNs and sustainable general practice. g. IPC training support to independent sector ongoing. Care Home huddle ongoing, supporting care home champion development. h. Ability to scale back up for further and subsequent waves if needed with more resilient on-call arrangements incorporating incident		
Risks to delivery	Staff resilience in future waves Management of COVID alongside Core business – increased tension and pressure of this in future waves Sustainability of COVID response and operating with COVID restrictions in all sectors Resilient primary care: access to data		

7. Recommendation

The paper is intended to update Governing Body members of progress against the 2021/22 objectives.

The Governing Body is asked to:

a) Approve amendments to proposed delivery of objective dates, specifically in

Objective 1 – action 3, moving this from February 2021 to November 2021

Objective 3 - action 2, moving this from June 2021 to April 2022

b) Note the contents of the report

Appendix a: CCG PMO RAG rating criteria

	Overarching RAG	Process RAG	Finance RAG	Non financial benefits RAG
RED	At least one element of the programme is not on track (process/milestones, financial benefits or non-financial benefits) and despite mitigations it is likely it will not achieve the planned deliverables.	The process (milestones and agreed actions) are not on track, and timescales are not recoverable despite mitigations being put in place. The timescales will need rescoping.	The financial deliverables are not quantified or are not on track to deliver. If off track they are not recoverable despite mitigations being put in place. The financials will need rescoping.	The non-financial deliverables are not quantified or are not on track to deliver. If off track they are not recoverable despite mitigations being put in place. These outcomes will need rescoping.
AMBER	At least one element of the programme is or has been off track, but mitigating actions are in place and likely to recover the overall position.	The process (milestones and agreed actions) are off track, however timescales are expected to be recoverable such that the outcomes (financial and non-financial) should be achieved as planned.	The financial deliverables are off track to deliver, however the mitigating actions in place are expected to recover the overall position.	The non-financial benefits are off track to deliver, however the mitigating actions in place are expected to recover the overall position.
GREEN	All on track to deliver across all projects and therefore the programme overall, benefits on track, timescales on track.	The process (milestones and agreed actions) are on track to deliver the tasks and actions required to achieve the planned benefits.	The financial benefits are on track to deliver the savings articulated in the plan on time and to the level agreed.	The non-financial benefits are on track to deliver the outcomes articulated in the plan on time and to the level agreed.

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GOVERNING BODY

Report title: Governing Body Effectiveness report 2020/21				
Date of committee: **Date report produced: 09 July 2021**				
Author (s) Name and Title: **Nikki Coombes, Senior Executive Assistant** **Jodie Wyatt, Governance Business Manager** **Contact Details:** **Nikki.coombes@nhs.net** **Jodie.wyatt@nhs.net**		**Supporting Executive:** **Name and Title: Andrew Millward** **Contact Details: andrew.millward@nhs.net** **Report Reviewed and approved by:** **Clare Doble, Head of Governance (in the absence of Ginny Snaith, Board Secretary)** **Clare.doble@nhs.net** **Date 09 July 2021**		
Public or Private (Governing Body only):	**Public**		**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				
Executive Summary: The purpose of this paper is to present the findings of the review of effectiveness of the Governing Body, which was undertaken using an electronic questionnaire, and to summarise the effectiveness review process.				
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:				
Not applicable				
Key recommendations and actions requested:				
The Governing Body are asked to review and approve the recommendations below, and to add any additional recommendations as they feel appropriate. Updated progress on these				

recommendations will be presented at the Governing Body meeting in March 2022 or sooner at the Governing Body's request:

Recommendation 1 – Executives must be encouraged to ensure that papers are submitted by the planned deadline for Governing Body to ensure one version of the pack is circulated to Governing Body members. Where any amendments to re-circulated papers is required, the amendments will be clearly articulated or highlighted. If it is recognised that there will be a late paper, in line with the CCG constitution, the Chair's approval will be sought and GB members informed. * this was also a recommendation from 2019/20 (see Appendix 2)

Recommendation 2 – The GB forward planner is reviewed to ensure that items and agendas are appropriate and not duplicated and that Executives inform authors of papers to meet the deadlines. Consideration also needs to be taken regarding item length, order and likely discussion time to ensure items on the agendas are given sufficient time and timings realistic and manageable.

Recommendation 3 – The Governing Body Chair should consider items that can be discussed in public meetings to ensure agendas of private meetings are not overloaded.

Recommendation 4 – The Governing Body Chair to ensure discussions are strategically focused, high level and forward thinking to enable decision making to be informed, efficient and financially stable.

Recommendation 5 – Regular breaks would be welcome to ensure comfort during long Governing Body sessions, and the agenda should be planned to accommodate this

Recommendations from 2019/20 that remain outstanding (see Appendix 1):

2019/20 Recommendation 4 – The level of and process for membership and public engagement and consultation is reviewed at a Governing Body development session to ensure that the CCG is seeking adequate feedback from its membership and population.

Impact on our Objectives

(Delete as applicable)

1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes
2. Improve service performance
3. Achieve financial sustainability
4. Effective, well-led organisation with an empowered and inclusive workforce
5. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

Appendix 1 – Recommendation update from 2019/20 **Appendix 2 - GB Effectiveness responses**		
Does this report have implications in any of the areas highlighted below?		
	If Yes, please give details	**No**
Quality of Services		X
Health Inequalities		X
Equality (staff or public)		X
Resource and Finance		X
Legal		X
Engagement and Consultation		X
Risk	If the Governing Body is not effective there is a risk that the CCG strategic objectives will not be fulfilled	

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 Effectiveness Report

1. Executive Summary

1.1 Effective committee meetings are a key part of an effective governance structure and provide evidence that the CCG Code of Governance principles are being met. This is particularly important to ensure that governance arrangements are robust and undertaking such a review of effectiveness provides further assurance to the CCG members as it progresses through the five-year forward view and the components of the NHS England assurance framework.

1.2 The main function of the Governing Body is to ensure that Devon CCG has arrangements in place to exercise all of their functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance.

The Governing Body is responsible for:

- Assurance, including audit and remuneration
- Assuring the decision-making arrangements
- Oversight of arrangements for dealing with conflict of interest
- Agreeing the vision and strategy
- Formal approval of commissioning plans on behalf of the CCGs
- Oversight of performance
- Providing assurance of strategic risks

All other duties are delegated to the Sub-Committees of the Governing Body.

1.3 The purpose of this paper is to present the findings of the review of effectiveness of the Governing Body, which was undertaken using an electronic questionnaire, and to summarise the effectiveness review process compared to last years recommendations 2019/20 Appendix 1. This report is further supported by a summary from the monthly effectiveness reviews undertaken following each Governing Body Session for 20/21 and findings are presented at the end of this paper.

1.4 The Governing Body will receive reports of the effectiveness of all of its sub-committees via Chairs reports.

2. Purpose of report

2.1 The CCG has undertaken a review of its Governing Body effectiveness using the NHS clinical commissioning groups code of governance and HFMA audit committee handbook as best practice guides and using the following principles:

- The need for committees to be clear about their roles in strengthening the governance arrangements of the CCG and support the Governing Body in the

achievement of their CCG's strategic objectives, as well as acknowledging their own committee objectives outlined in the terms of reference;

- The requirement for a committee structure that strengthens the role of the Governing Body in strategic decision making and supports the role of non-executive directors / Lay Members in appropriately challenging the executive management.
- Maximising the value of the input from non-executive directors / lay members, given their limited time commitment
- Supporting the Governing Body in fulfilling their roles, given the nature and content of the committee's agenda.

2.2 The current governance for the CCGs is provided through properly constituted Governing Body established in accordance with the CCGs constitutions. The Governing Body has the following approved committees:

- Audit Committee
- Finance and Performance Committee
- Quality Assurance Committee
- Remuneration and Strategic Workforce Committee
- Primary Care Commissioning Committee

Effectiveness reviews have been presented through each Chairs report for 20/21 to the Governing Body.

2.3 The principles set out in the NHS clinical commissioning groups' code of governance together with the HFMA audit committee handbook were used as the basis of the review of committee effectiveness. A desktop review of the cycle of business and terms of reference of the quality committee has been undertaken by Governance. The review has been broken down into the following subsections, known as themes:

- Governing Body agenda
- Governing Body board papers
- Committee focus
- Committee effectiveness
- Behaviours, dynamics and atmosphere

2.4 Reporting arrangements and cycle of business have also been reviewed to ensure that this is adequate and meets constitutional requirements.

3. Key Findings

3.1 The effectiveness review was issued to all GB members and attendees, 11 responses have been received. The responses received comprised of Non-executive Directors and Clinical members, and 1 attendee.

3.2 The table attached as Appendix 2 summarises the responses received.

3.3 The key findings from the responses have been collated into general themes, the results relating to each theme are as follows:

Theme 1 – Governing Body Agenda

It was largely agreed that The GB agenda is clear, manageable with set timings and well balanced across relevant issues.

It was also largely agreed that the Chair actively ensures that each agenda item is given appropriate time and discussion. It was also agreed that focus remains strategic centred around forming decisions, and items are sufficiently explored, although two responses received disagreed with this.

Theme 2 – Governing Body Board papers

There was some disagreement regarding whether Board papers are of an appropriate length / level and produced to defined standards ensuring quality and consistency and provide assurance.

It was largely agreed that Board papers are circulated in sufficient time to allow for full preparation. However, three respondents stated that they disagreed with this.

Theme 3 – Committee Focus

The majority of respondents agreed that the Governing Body has agreed the strategic objectives for the CCG. One member disagreed.

It was largely agreed that the Governing Body has agreed its commissioning intentions for the year, two members felt unable to answer this question.

It was mostly agreed that the Governing Body discussions are strategically focused and are high level, forward focused and explore new areas/perspectives. Three respondents stated that they disagreed with this.

Theme 4 – Committee Effectiveness

There was unanimous agreement that discussions lead to clearly identifiable decisions, with responsibility assigned for taking any actions forward where appropriate.

It was agreed overall that the roles of all Governing Body members are clear, agreed and specified, and that the Governing Body is clear about the authority it has with its committees, which is an improvement from last year's effectiveness report. This was supported through the agreement that Committee Chairs reports summarise decisions made and offer adequate assurance and achieve visibility of key issues and progress.

It was unanimously agreed that the Chair encourages input and perspective from all Governing Body members. Decisions are made on the collective exploration of issues and agreed by all members.

Theme 5 – Behaviours, dynamics and atmosphere

There was unanimous agreement that Governing Body members declare any interests at the beginning of the meeting where an agenda item may require declaration.

Respondents agreed that the role of the Executives provides the appropriate level of technical expertise and knowledge required to support the function of the Governing Body.

There was strong agreement that during the Covid-19 response, meetings had been managed effectively via IT solutions and had enabled voices to be heard.

With regard to the CCG values, the responses were largely positive with the average score of 3.78 that all CCG values had been met. For all scores relating to CCG values, please see Appendix 2.

4. Effectiveness of Governing Body meetings held remotely 20/21

Although this report covers the effectiveness of our Governing Body meetings held during 20/21, we felt it would be beneficial to include key findings from our meetings that have been delivered remotely during our response to the pandemic during 20/21. We have been able to capture this data through the survey links that are circulated following each meeting.

Key Findings

The CCG has implemented a process that following each meeting of the Governing Body an effectiveness review is issued to all Governing Body members. During the period from September 2020 to April 2021 an average of 6 anonymous responses have been received.

The key findings from the responses have been collated into general themes, the comments relating to each theme are as follows:

1. **How effective overall was the Governing Body day?**
    1. For the 8 month period the average score was 8.5 out of 10 with 10 being most effective.

2. **What do you think was the best thing of the meeting?**
    1. Microsoft Teams works well and is effective for asking questions and seeing everyone
    2. Focused, balanced and depth of discussions on key topics
    3. Virtual meetings allow for everyone to have a chance to participate
    4. Well Chaired
    5. The patient story, which gave a reminder of the reality of the services currently being provided
    6. Having the public meeting first

3. **What do your think was the worst thing about the meeting?**
    1. Length of day
    2. Difficulty balancing timings of agenda within timing available
    3. Sitting down for long periods and tiredness – more breaks required
    4. Not being able to have face to face conversations with fellow members during breaks
    5. Constant refreshing of supporting papers

4. **What three things could be done to make the next meeting more effective?**
    1. Ensure agenda balanced and not overloaded
    2. Ensure items have sufficient time for discussion
    3. Reduce amount of discussion in private to only those things that cannot be done in the public meeting
    4. More opportunity to discuss and read issues prior to formal GB meetings
    5. Time management
    6. Increased number of breaks

5. **Materials and papers provided?**
    1. Generally of good standard
    2. Lots of updates means duplication of reading
    3. Summaries are helpful
    4. Helpful when papers are updated that changes are indicated

6. **The timings of the day?**
    1. Tendency for meetings to overrun, but progress is being made
    2. More breaks to be built in
    3. Try to do too much in day

7. **Your opportunity to contribute**
    1. Good Chairing
    2. Hand up feature in Microsoft Teams makes it easier to contribute
    3. Amount of agenda items on occasion stifles discussion
    4. Much greater engagement as a result of the organisational development work

5. Recommendations

5.1 The Chair of the Governing Body is requested to note the following:

- The feedback from members was in the main very positive, with a clear sense of leadership from the Chair of the Governing Body
- Members highlighted concern around the content and length/size of papers as well as being circulated in sufficient time.
- All members agreed that Governing Body members declare any interests at the beginning of the meeting or where an agenda item may require declaration
- There was strong agreement that meetings had been managed effectively via IT solutions and had enabled voices to be heard.

Recommendation 1 – Executives must be encouraged to ensure that papers are submitted by the planned deadline for Governing Body to ensure one version of the pack is circulated to Governing Body members. Where any amendments to re-circulated papers is required, the amendments will be clearly articulated or highlighted. If it is recognised that there will be a late paper, in line with the CCG constitution, the Chairs approval will be sought and GB members informed. ** this was also a recommendation from 2019/20 (see Appendix 2)*

Recommendation 2 – The GB forward planner is reviewed to ensure that items and agendas are appropriate and not duplicated and that Executives inform authors of papers to meet the deadlines. Consideration also needs to be taken regarding item length, order and likely discussion time to ensure items on the agendas are given sufficient time and timings realistic and manageable.

Recommendation 3 – The Governing Body Chair should consider items that can be discussed in public meetings to ensure agendas of private meetings are not overloaded.

Recommendation 4 – The Governing Body Chair to ensure discussions are strategically focused, high level and forward thinking to enable decision making to be informed, efficient and financially stable.

Recommendation 5 – Regular breaks would be welcome to ensure comfort during long Governing Body sessions, and the agenda should be planned to accommodate this

Recommendations from 2019/20 that remain outstanding (see Appendix 1):

2019/20 Recommendation 4 – The level of and process for membership and public engagement and consultation is reviewed at a Governing Body development session to ensure that the CCG is seeking adequate feedback from its membership and population.

Appendix 1 2019/20 Recommendations:

Previous recommendation 2019/20	**Action to date**
19/20 Recommendation 1 – A Governing Body development session to be held to discuss the Integrated Care system and its governance, as well as Governing Body membership roles and behaviours, in particular with regard to challenge and scrutiny.	Regular Governing Body development sessions are now taking place. The most recent ICS Development session was undertaken in June 2021.
19/20 Recommendation 2 – Action logs to be reviewed to ensure clarity of action owners and feedback on progress/resolution.	Action logs have been strengthened to include clarity of owners and feedback on progression.
19/20 Recommendation 3 – All papers must be reviewed and approved by the Executive Lead prior to submission to ensure that there is an executive summary which clearly articulates the content of the report, the actions required of the Governing Body, and that detail is succinct but sufficient enough to inform governing body members.	Clear guidance from the Governing Body administrator is shared with members, attendees and business managers before each meeting highlighting the need for papers to have executive sign off and a cover sheet to clearly articulate the content of the report and actions required of the Governing Body.
19/20 Recommendation 4 – The level of and process for membership and public engagement and consultation is reviewed at a Governing Body development session to ensure that the CCG is seeking adequate feedback from its membership and population.	This recommendation has not yet been taken forward
19/20 Recommendation 5 – The GB forward planner is reviewed to ensure that items and agendas are appropriate and not duplicated. Consideration also needs to be taken regarding item length, order and likely discussion time to ensure items on the agendas are given sufficient time and timings realistic and manageable.	The Governing Body Administrator and the Board Secretary meeting regularly to review the forward planner and plan the agenda for the Governing Body meetings.
19/20 Recommendation 6 – Regular breaks would be welcome to ensure comfort during long Governing Body sessions and the agenda should be planned to accommodate this	This has improved although has been highlighted on responses from 20/21 and is something which will need to be factored in moving forwards by the Governing Body Administrator and Board Secretary

19/20 Recommendation 7 – Executives must be encouraged to ensure that papers are submitted by the planned deadline for Governing Body to ensure one version of the pack is circulated to Governing Body members. Where it is recognised that there will be a late paper, in line with constitution, the Chair's approval will be sought and GB members informed.	There continues to be late papers received although the Governing Body Administrator when refreshing board packs will clearly identify any additional papers or changes.

The Governing Body is asked to note the results of the review and that relevant actions included will be taken forward and presented to the March Governing Body, or sooner at the Governing Body's request, ahead of transition into the Integrated Care System.

Executive Lead: Andrew Millward

Job Title: Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR and IT, NHS Devon

Appendix 2 - Full list of responses

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The GB agenda is clear, manageable within the timeframe and well balanced across relevant issues.	0	10	0	1	0
Governing Body members declare any interests at the beginning of the meeting or where an agenda item may require declaration	11	0	0	0	0
The Chair actively ensures that each agenda item is given appropriate time, discussion focus remains strategic and centred around forming decisions and items are sufficiently explored	1	8	0	2	0
Board papers are of an appropriate length and produced to defined standards ensuring quality and consistency	0	6	0	5	0
Board papers are circulated in sufficient time to allow for full preparation	0	8	0	3	0
The Governing Body has agreed the strategic objectives for the CCG	0	10	0	1	0
The Governing Body discussions are strategically focused. They are high level, forward focused and explore new areas/perspectives	1	7	0	3	0
Discussions lead to clearly identifiable decisions, with responsibility assigned for taking any actions forward where appropriate	0	10	0	0	0
The roles of all governing body members are clear, agreed and specified.	0	11	0	0	0
The Chair encourages input and perspective from all Governing Body members. Decisions are made on the collective exploration of issues and agreed by all members (where this is possible and does not create a timely 'stalemate' situation).	3	8	0	0	0
The Governing Body is clear about the authority it has with its executive committees	2	8	0	1	0
Committee Chairs reports summarise decisions made and offer adequate assurance and achieve visibility of key issues and progress	1	9	0	0	0
I feel the role of clinical members provides the appropriate level of clinical expertise representation on the GB.	4	6	0	1	0
I feel the role of the Executives provides the appropriate level of technical expertise and knowledge required to support the function of the GB.	3	8	0	0	0
I feel the role of the Non-executive lay members support independent scrutiny and challenge.	5	6	0	0	0
During the Covid-19 response meetings have been managed effectively via IT solutions and have enabled my voice to be heard	7	4	0	0	0
The Governing Body composition is sufficient to discuss strategic topics and ensure effective decision making	4	7	0	0	0

	Yes	No	Unable to answer
The Governing Body has agreed its commissioning intentions for the year	8	0	2

Which of the values do you feel the GB demonstrates on a scale of 0 – 5 (0 = not meeting value)	0	1	2	3	4	5
One team	0	0	0	2	7	1
Quality in everything we do	0	0	0	5	4	0

Respect for all	0	0	0	1	6	3
Everyone is a leader	0	0	1	2	7	0

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GOVERNING BODY

Report title: Population Health Management				
Date of committee: Thursday 29th July 2021 **Date report produced: 17th June 2021**				
Author (s) Name and Title: **Lorraine Webber, Associate Director of Commissioning (Community Services)** **Todd Chenore, PHM programme manager**		**Supporting Executive: Dr. Paul Johnson** **Name and Title: Clinical Chair Devon CCG** **Contact Details: paul.johnson4@nhs.net** **Report Approved by: Dr Paul Johnson** **Name and Title: Clinical Chair, Devon CCG** **Date 19 July 2021**		
Public or Private (Governing Body only):	**Public**	✓	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

1.1 A Population Health Management (PHM) approach can act as an enabler to improving population health and improving the effective use of resources at PCN, Place and System.

1.2 Integrated Care Systems will have a key role in working with Local Authorities at 'place' level, and through ICS partnerships, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

1.3 Integrating Care: Next steps to building strong and effective integrated care systems across England details a need for systems to fulfil the potential for digital and data to improve patient outcomes and drive collaborative working through:

- Strong data and digital foundations and capability
- System Intelligence Function to drive timely actionable insight to frontline teams
- Population based payments & aligned incentives
- Place leaders using PHM to support partnership working and a focus on at risk population groups
- Commissioners freeing up analytical capacity & transforming capability

1.4 A PHM approach is a key system enabler to delivering these ambitions and is an essential tool to realising thriving ICS status.

1.5 This paper therefore provides an update on the plans for implementation of PHM across Devon following Executive approval of the business case and sets out the core requirements of the agreed road map.

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:

None

Key recommendations and actions requested:

The Board are asked to:

- note the information within this update report
- support the PHM road map for implementation across Devon Integrated Care System.

Impact on our objectives

1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes
2. Improve service performance
3. Achieve financial sustainability
4. Effective, well-led organisation with an empowered and inclusive workforce

Reference to other documents or accompanying papers:

Integrating Care: Next steps to building strong & effective integrated care systems across England

https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf

NHS Long Term Plan

https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

PHM business case (Appendix 2)

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services	PHM methodology can help move services from reactive to proactive	
Health Inequalities	PHM infrastructure is necessary to support HI workstream	
Equality (staff or public)		X
Resource and Finance	PHM methodology can be used to stream scarce resources to those most in need.	

Legal		X
Engagement and Consultation		X
Risk	Inability to spread and embed PHM methodology will hamper ICS development.	

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.

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Population Health Management Update Report

1. Executive Summary

1.1 A Population Health Management (PHM) approach can act as an enabler to improving population health and improving the effective use of resources at PCN, Place and System.

1.2 Integrated Care Systems will have a key role in working with Local Authorities at 'place' level, and through ICS partnerships, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

1.3 Integrating Care: Next steps to building strong and effective integrated care systems across England details a need for systems to fulfil the potential for digital and data to improve patient outcomes and drive collaborative working through:

- Strong data and digital foundations and capability
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- Place leaders using PHM to support partnership working and a focus on at risk population groups
- Commissioners freeing up analytical capacity & transforming capability

1.4 A PHM approach is a key system enabler to delivering these ambitions and is an essential tool to realising thriving ICS status.

1.5 This paper therefore provides an update on the plans for implementation of PHM across Devon following Executive approval of the business case and sets out the core requirements of the agreed road map.

2. PHM Programme Background

2.1 Nationally, as set out in the NHS Long Term Plan, local systems will increasingly focus on population health through Integrated Care Systems. Therefore, PHM is the critical building block for ICS's and enables Health & Care services to work in partnership with their communities and individuals to Primary Care Networks (PCNs) to deliver with their local partners true Personalised Care. PHM is also a key aspect of 2021/22 priorities and operational planning guidance and the recent Integration and Innovation white paper.

Population Health……	Population Health Management…….
… is an approach aimed at **improving the health of an entire population.** It is about **improving the physical and mental health outcomes** and wellbeing of people, whilst **reducing health**	**…**improves population health by **data driven planning and delivery of proactive anticipatory care to achieve maximum impact within collective resources**.

inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including **addressing wider determinants of health**, and requires working with communities and partner agencies	It includes **segmentation, stratification** and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and **targeting interventions to prevent ill-health** and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

2.2 Locally, the enabling function of PHM is detailed within the Long Term Plan, Outcomes Framework and Phase 4 operational planning as well as the Primary Care, Digital and Health Inequalities strategies.

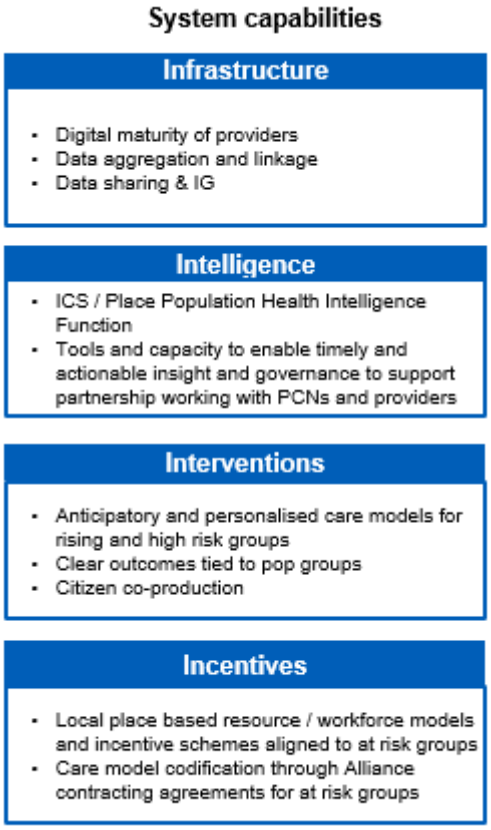
2.3 The nationally supported & funded wave 2 PHM development programme ended in June 2021 culminating in a roadmap to spread and embed PHM methodology across the Devon system. The business case for essential posts and infrastructure to achieve the roadmap has been agreed and has been developed from the experience and learning from our 5 PCN sites in the wave 2 programme. The actions within are being enacted to enable LCPs and PCNs to implement PHM methodology at local system, place, neighbourhood and individual levels.

2.4 A linked dataset, One Devon Dataset (ODD) is partially complete and work continues to support inclusion of primary care and other key data to provide a core set of system information.

2.5 Although the linked PHM data in the One Devon dataset (ODD) is important, a large part of the programme and working in a Population Health based way, is around developing partnerships with those outside of traditional clinical teams, as well as supporting behaviour change across the system workforce.

3. PHM Implementation timeline

3.1 The road map developed to support the system wide implementation of PHM (Appendix 1) sets out the core requirements within the national programme; infrastructure, insight/intelligence and interventions. These are commonly known as the three I's of PHM and they detail the system capabilities required. This year the national programme has also included a fourth I 'incentives', which recognises that financial analysis is required to support financial deficit work in systems, the design of integrated care models and incentives aligned to population health outcomes.

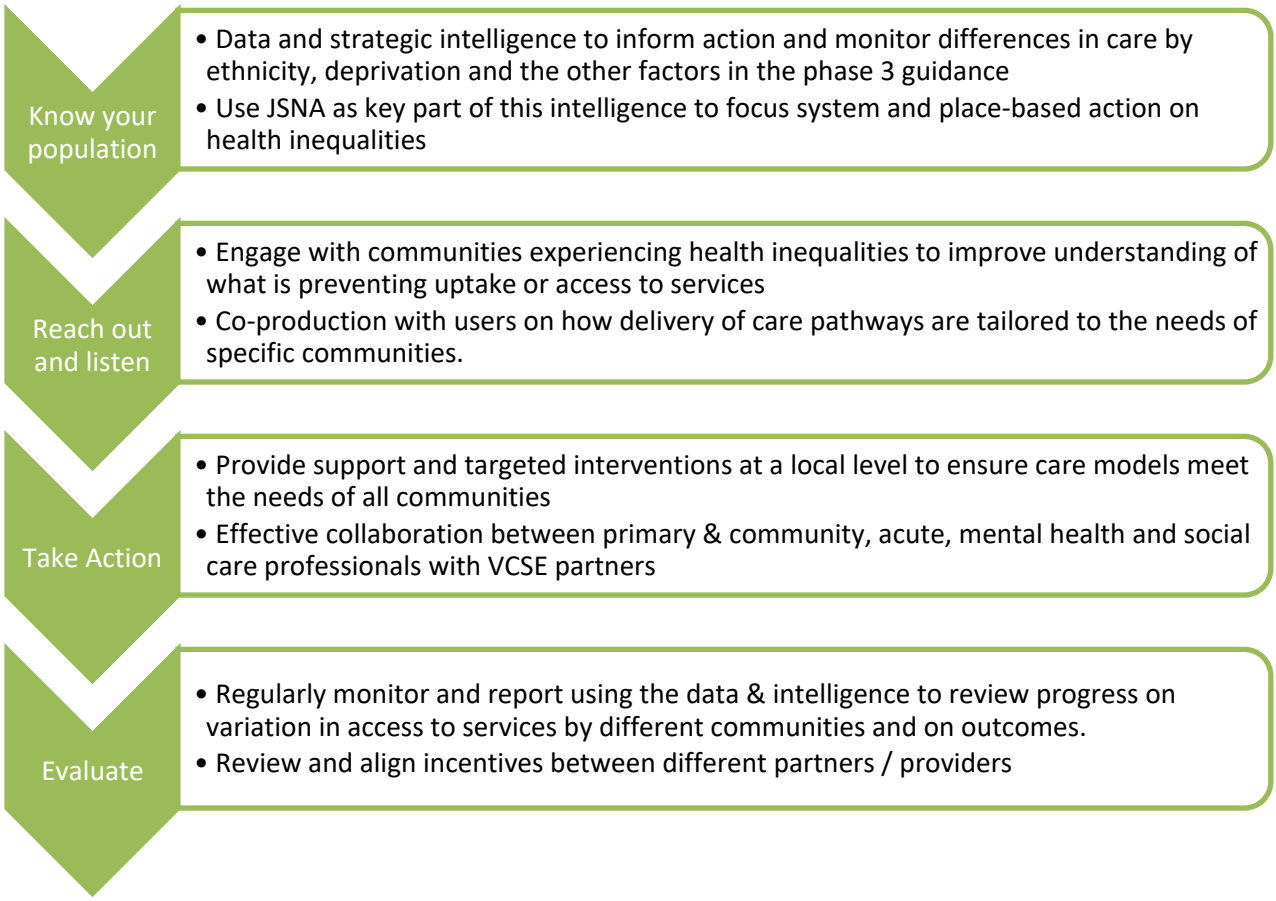


3.2 The PHM business case (Appendix 2) provides details of the objectives, outcomes, financial investment and measures to realise the expected benefits of implementing PHM across the system. Core to the expected benefits are:

- **Quality & personalised approaches to care:** Early case studies have shown how population analytics has helped identify and manage previously unseen patient cohorts who, for multifarious reasons, absorb both time and resource in health and care settings at all levels. Often, they can improve the care they are given using the intelligence gleaned from the analysis of the linked data and the integrated working between system partners to overcome barriers and resolve issues. This will include a mix of clinical and nonclinical interventions. This more targeted and joined up approach has the potential to improve people's experience of interactions with services, support 'what matters to me', reduce appointments, travel time and expensive emergency care.

- **Financial recovery:** Population Health Management is seen as a must do for the system (national guidance, LTP, ICS development plan). Early indications are that it generates a financial return although investment is required to allow capability and expertise to be transferred further into the system, as these skills and infrastructure do not currently exist in large amounts. Although financial recovery isn't the main outcome for PHM, this way of working can reduce repetition of clinical effort in the system and enable greater efficiencies. The national programme is also facilitating discussions with system leads around how a blended payment model could support this way of working and support more alignment with partners at an LCP level

- **Addressing Inequalities:** An improved understanding of population health through the linked dataset provides the opportunity to identify and target specific patients and populations at risk of deteriorating physical and mental health due to factors such as social vulnerability and long term conditions and initiates the PHM approach as shown below:



3.3 Key milestones for PHM implementation are set out within the road map and this two year plan with investment maximises the capacity to support PHM at place level.

3.4 The strategic core group will be maintained to support PHM implementation and ensure links between place and system. This will be critical in ensuring system priority achievement, sharing of outcomes and will enable strategic commissioning functions to utilise a population approach.

3.5 A range of roles and support are identified for the first year and include:

- X 4 Locality PHM Co-ordinator roles
- X3 BI Analysts to work within and across LCP's
- Primary Care Clinical Engagement support funding
- Implementation support from SW Academic Health Science Network (SW AHSN)
- Researcher in residence to support academic evaluation
- X1 central programme lead

3.6 Recruitment and planning in LCP's is now underway supported by the Locality Directors and with the timeline as set out

July to March 2021/22

- Fill dedicated PHM analytics posts
- Fill LCP PHM coordinator posts
- Fill researcher in residence post
- Fill central PHM coordination post
- Initiate the roadmap by delivering ALS workshops
- Set up/Launch ICS PHM community of practice
- All PCNs now live with linked data and set up MDTs around cohorts
- Foundation ICS status achieved

April to March 2022/2023

- PHM seen as BAU at all levels of the system and consistently used
- Full ICS status achieved

4. Funding Resource

4.1 Funding is provided through the £5.9m Ageing Well Service Development Fund allocated to Devon of which £2m (approx.) is allocated to the anticipatory care priority.

4.2 Within the anticipatory care priority £970k has been identified through the business case as the cost of system PHM implementation over a two-year period as highlighted in the table below

Ageing Well - Anticipatory Care Indicative Allocations

Programme of work	Indicative Funding Allocated 21/22	Indicative Funding Allocated 22/23
PHM System Implementation	591k	379k
Anticipatory Care (PHM Intervention Pot)	500k	500k
Personalised Care & Support Planning & PHB's	400k	
Digital & Remote monitoring	300k	
Carers	200k	
TOTAL	**1.99 m**	

4.3 PHM costs over the first two years will total approximately £970k. Year 1 £591k then recurrent cost in year 2 of £379K.

4.4 Review during year 2 will need to establish long term funding however, anticipating that

at this time PHM will be mainstream across our system with high levels of utilisation and experience amongst commissioners and clinicians.

4.5 The allocated budget will sit within programme costs as PHM underpins direct patient care and enables us to understand what the needs of the population are in order to support interventions for high risk patient cohorts.

5. Challenges & Risks

5.1 Implementation activity is proceeding as planned however delays in the Information Sharing Agreements with primary care have impacted on the integration of all data into ODD health intelligence portal. The programme SRO has escalated discussions care DPOs to prioritise agreeing updated documentation in time for end of June data extraction.

5.2 Engagement with communities, populations and individuals to date has been limited. The PCN's involved have reiterated the need to understand how early engagement with identified cohorts and individuals. This will need to be a key factor as LCP's progress with PHM.

5.3 Action learning sets currently on plan for delivery starting early September but these may be challenged if clinical capacity to engage is impacted by ongoing COVID response requirements.

5.4 Knowledge and understanding of PHM across health and care services, teams and staff groups is varied. More can be achieved through the system wide implementation with leadership and engagement at all levels.

5.5 Behaviour change takes time and can be a potential constraint however utilising the learning and experience within the wave 2 programme and supporting those clinical champions to work across their local system partners can promote positive change behaviour

6. Summary

6.1 PHM is about

- **Improving health inequalities** by taking action
- Using data-driven insights and evidence of best practice to inform **targeted, proactive interventions to improve the health & wellbeing of specific populations & cohorts**
- **The wider determinants of health,** not just health & care
- **Making informed judgements -** clinical, public health and analysts working together
- **Best use of collective resources –** workforce and incentives - to have the best impact
- **Acting together** – the NHS, local authorities, public services, the VCS, communities, activists & local people. **Creating partnerships of equals**
- **Achieving practical tangible improvements for people & communities**

6.2 Ensuring that the Devon Integrated Care System builds the PHM capability to achieve the benefits from this approach in achieving system and local place priorities is essential.

6.3 Through the PHM wave 2 development programme Devon has developed knowledge, skills and expertise in PHM application and this has prepared the road map for system wide implementation.

6.4 The funding commitment indicates the importance of PHM within our system as a key enabler.

7. Recommendations

References

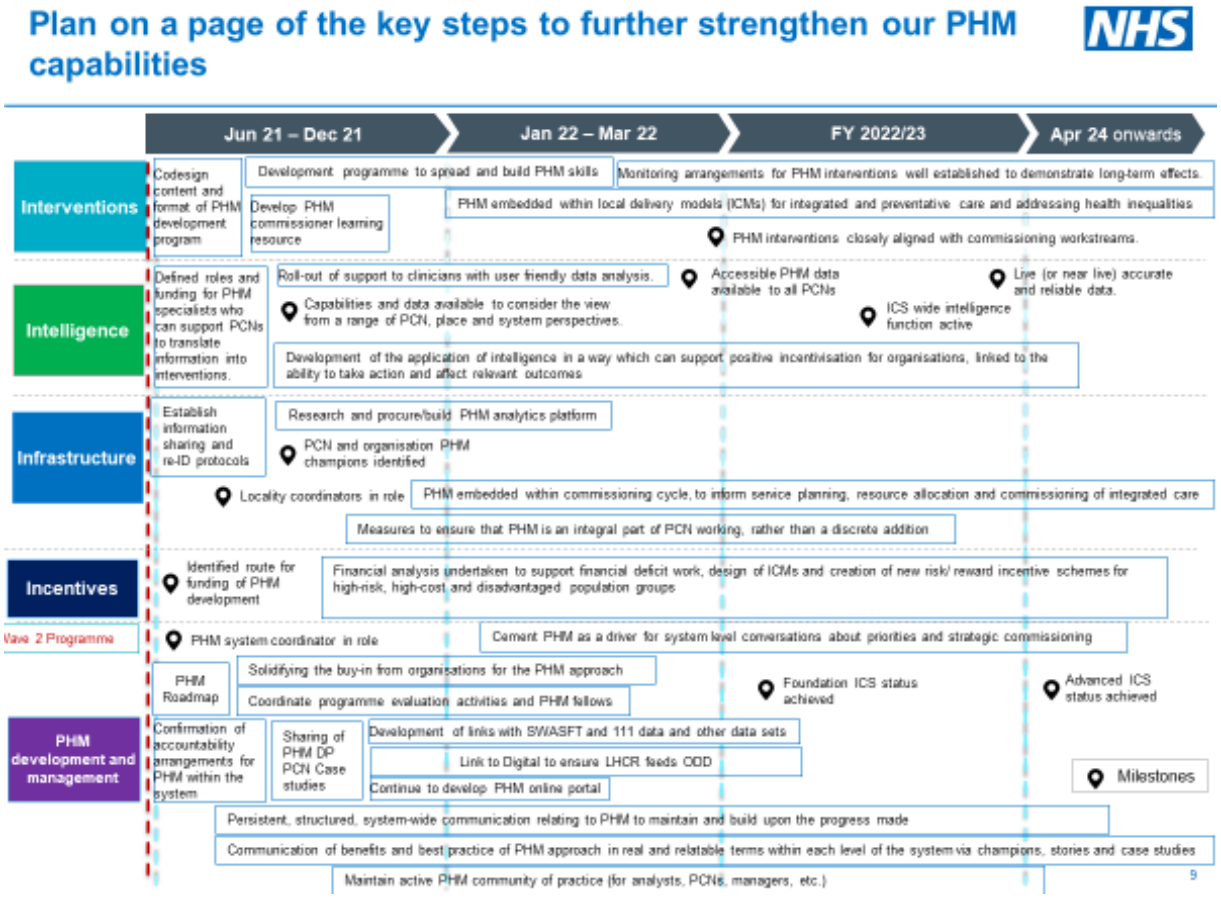
Integrating Care: Next steps to building strong & effective integrated care systems across England

https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf

NHS Long Term Plan

https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Appendix 1 - Devon Integrated Care System PHM Roadmap



Appendix 2 - PHM Business Case

(accompanying paper sent separately)

21/22 Business Case

Document version: Draft 1.3 **Date:** 12/05/2021

This document is for creating a Business Case.

The Business Case should be reviewed throughout the programme/project by the Programme/project Manager, to ensure continued viability of the programme/project.

Any changes to the Business Case must be requested via the PMO.

Programme/project Name:	Population Health Management
SRO:	Dr. Paul Johnson
Programme Manager:	Todd Chenore

The PMO will be the gateway for submissions and the PMO will liaise with the appropriate decision-making group for submission.

The outcome of the approvals process will be either:

- Approval
- No decision. More information is requested by the decision-making group. In this case, the PMO will make contact to gather the additional information needed.
- Refusal. The PMO will feedback reasons for refusal.

Document Revisions (content): *Use Draft in front of the number to indicate the document is still being reviewed, such as Draft 0.1 and Draft 0.2*
Versions ready for submission should be whole numbers such as Final 1.0

Document Version	Date	Author	Amendment details
Draft 1.0	15/03/2021	Todd Chenore	
Draft 1.1	06/04/2021	Todd Chenore	
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Draft 1.3	12/05/2021	Todd Chenore	

For PMO use only: **Received by PMO:**

Date Received	Action	Meeting Date	Version

For PMO use only: **Decision whether to take forward:**

Group name:			
Date of meeting	**Decision: Approved/rejected**	**Version**	**Notes from Steering Group, to feedback to requestor**

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1. Executive Summary

What is the Population Health Management (PHM)?

PHM improves population health by data driven planning and delivery of proactive care. It includes segmentation, stratification and modelling to identify 'at risk' cohorts, designing and targeting interventions to improve population health and wellbeing, prevent mental and physical ill-health, improve care and support for people with ongoing health conditions, and reducing inequalities in outcomes. A PHM approach can therefore act as an enabler to improving population health and improving the effective use of resources at PCN, Place and System.

Nationally, as set out in the NHS Long Term Plan, local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through Integrated Care Systems. Therefore, PHM is the critical building block for integrated care systems and enables Primary Care Networks (PCNs) to deliver with their local partners true Personalised Care. PHM is also a key aspect of 2021/22 priorities and operational planning guidance and the recent Integration and Innovation white paper. Locally, the enabling function of PHM is detailed in Devon ICS's ICM development plan, Outcomes Framework and Phase 4 planning as well as the Primary Care, Digital and Health Inequalities strategies.

What is the PHM development programme?

The PHM development programme is a nationally funded intensive programme to support local systems and Primary Care Networks (PCNs) to use PHM methodology to improve health and wellbeing outcomes. Five initial PCNs (1 per locality) and one LCP (Plymouth) have been going through the initial programme. It is important to note, the roll out to other PCNs/LCPs and sustainability is one of the key priorities and the proposed structure, funding and learning from the development programme will allow the locally led programme to do this faster and smarter.

The development programme is delivering a package of support to understand the population health needs of their communities. This is done by linking data (primary, secondary, community, mental health and adult social care) then risk stratifying and segmenting that data (see Appendix 2 and 3). This is discussed between community partners around PCNs/ICPs/MDTs alongside local intelligence. A focus cohort is agreed and new models of care are developed in partnership. Although the linked PHM data in the One Devon dataset (ODD) is important, a large part of the programme and working in a Population Health based way, is around developing partnerships with those outside of traditional clinical teams, as well as supporting behaviour change for clinical and non-clinical workforces.

The package of support is from local and national partners, which includes clinical support, coaches/mentors, programme/project support, expert analytics support and access to mentors/champions who have already been through the process, as well as local support to roll out the approach to other PCNs/LCPs. This nationally supported programme will end in June 2021 meaning new structures and funding needs to be in place to increase the pace of the programme.

The national development programme has been funded by NHSE, as well as some CCG and AHSN funding. This funding has gone towards primary care clinical backfill and engagement and developing the data architecture to ensure the system is enabled to work in this way in the future. Whilst future investment from the system is seen as expensive, in comparison, many millions of pounds are spent on avoidable non-elective care alone, which this programme can support to be used in a different way with identifying those at risk. The PHM programme is not simply about providing information packs to clinical teams but primarily around developing the wider partnerships, actuarial models, education, infrastructure and behaviour change which are all needed to sustain new ways or working and integrated models of care. PHM enables an improved understanding of the health and care system's population at neighbourhood, place and system levels and therefore provides evidence to support the design, commissioning, delivery and evaluation of services.

Where are we now and what have we done so far?

The programme was paused twice due to the COVID-19 response but relaunched in a virtual format. Currently, the programme has:

- Linked data (from primary care, acute, mental health, community providers and adult social care providers) for 5 PCNs, around 186,000 people across Devon. Efforts are underway to link all GP practice data across Devon.
- Worked with five Primary Care Networks to identify 400 patients who would benefit from proactive, local interventions. These interventions are codesigned with community partners.
- Provided risk stratification, segmentation and decisions trees for each PCN and LCP so partners can develop new models of care for target cohorts.
- Provided actuarial modelling including mitigated and unmitigated models.
- Delivered 44 workshops at PCN, LCP and system level with community partners to develop relationships, educate on PHM, discuss joint data sets, risk stratify target cohorts and develop MDTs with community partners.
- Provided one to one coaching sessions for PCN PHM leads.
- Developed a data infrastructure and a roadmap that will see PHM methodology spread across the system at all levels starting in July 2021.
- Trained 12 system wide analysts in PHM analytics.
- Worked with Plymouth LCP to identify people living in areas of higher deprivation with a larger proportion of waiting list removals due to adverse events and begin to explore appropriate community management strategies (see Appendix 4).

PCNs are now starting to contact patients who have been targeted through the process. A multi-agency approach has seen joint care models developed between the third sector, GPs, community teams and local councils.

The programme is broken down into three main elements:

- **Infrastructure** - What governance, leadership, digital, workforce, IG, financial models and analytical infrastructure is in place and needs to be in place for a mature PHM system. It is proposed that the PHM road map will be aligned / incorporated with the digital programme and strategy to support building on the current One Devon Data set and optimising the future opportunities of the LHCR, Electronic Patient Record systems and shared care records.
- **Insight** – linked data, local intelligence (partnership MDTs) and analytical tools (e.g. risk stratification) to support insights at neighbourhood, place and system. This includes predictive modelling.
- **Interventions** – The important part; how do 'we' (system partners not just health) use the above insights and infrastructure to proactively improve the health and wellbeing of our citizens. There are already some great examples of how this is changing and improving the model of care locally

These three areas are the nationally recognised and agreed 'three I's' of PHM which the system will be expected to deliver on (see section 4).

The investment described in this proposal will provide resource to accelerate and further roll out the programme to support the infrastructure, information and interventions to change the model of care and planning based on population health analytics and methodology.

The return on investment is seen at three levels:

1. **Quality of care:** Early case studies have shown how population analytics has helped identify and manage previously unseen patient cohorts who, for multifarious reasons, absorb both time and resource in health and care settings at all levels. Often, they can improve the care they are given using the intelligence gleaned from the analysis of the linked data and the joint working of community, secondary care and primary care teams to resolve issues. This includes a mix of clinical and nonclinical interventions. This more targeted and joined up approach has the potential to reduce appointments, travel time and expensive emergency care.
2. **Financial recovery:** Population Health Management is seen as a must do for the system (national guidance, LTP, ICS development plan). Early indications are that it generates a financial return although investment is required to allow capability and expertise to be transferred further into the system, as these skills and infrastructure do not currently exist in large amounts. Although financial recovery isn't the main outcome for PHM the programme this way of working can reduce repetition of clinical effort in the system. The programme is also facilitating discussions with system leads around how a blended payment model could support this way of working and support more alignment with partners at an LCP level
3. **Legacy and national exemplar:** With the support provided by the NHSE national team and Optum, complemented by the experience of those systems in Wave 1 of the development programme, Devon is in a strong position to continue to develop as a PHM system and so achieve "advanced" ICS status.

How will the locally led programme be different?

1. The PHM development process at LCP and PCN level will be 'lighter touch' and directed by LCPs, supported by the central PHM team. Quarterly workshop content and support will be codesigned with LCP partners and delivered by the SWAHSN. Some PCNs may need more or less support with stakeholder/MDT development, analytics and cohort selection, or intervention design and evaluation
2. In response to the shortage of capacity in analytics teams across the system to engage in the PHM development programme, PHM analytics will be delivered by a dedicated team of analysts working closely with clinicians and MDTs at system, place/LCP and neighbourhood/PCN levels to translate data into actionable insights.
3. Recognising historic failures to properly assess initiatives highlighted by system feedback, robust evaluation at every level of the programme will be performed by an academic researcher in residence.

What have we learnt?

Each PCN and LCP will produce a learning report as well as a case study. This will be shared in a system wide celebration event in May 2021. However, early learning from the system is:

1. Too much time has been taken up with solving IG problems. A data and digital strategy needs to be developed to align IG, analytics and digital to enable a PHM solution to be used.
2. Without a system-wide IG solution, it is difficult to link the data but also to unlock it once cohorts have been identified. This can then delay MDTs working together to develop new models of care or target patients.
3. Differing provider IT systems can limit integrated working.
4. More engagement and leadership is needed from those outside of the programme on what PHM is, the benefits and how it can support those involved in direct care and planning at system levels.
5. PHM can be medicalised to the detriment of the approach and outcomes. Acknowledging the fact that 80% of health outcomes result from non-health determinants, passionate leadership from non-health partners is crucial. The most successful PCN workshops have happened when a wide selection of partners have been engaged in the process from the start.
6. Data is what gets people around the table but it's the relationships that are built that facilitate changing the model of care.

2. Constraints

Clinical capacity to engage may be limited at a time when demands on NHS and care services are prioritised towards mass vaccination and restoration programmes.

3. Objectives and Outcomes

Infrastructure

- PHM leadership team, linked to ICS development, in place focused on strategic and tactical implementation of PHM at system, place and neighborhood levels
- Central programme facilitator role in place to coordinate PHM activities across Devon, advise on best practice and support stakeholder engagement, governance, programme initiation and linked dataset development as well as strategic planning and reporting documentation
- LCP PHM integration roles in place to direct workshops with PCNs and LCP, liaise with PCN leads on progress, manage case studies and evaluation, meet in peer group to share best practice and coordinate PHM activities with central PHM team
- Researcher in residence in post to lead on evaluation of PCN and LCP interventions as well as the programme as a whole
- SWAHSN commissioned to deliver quarterly LCP wide PHM action learning set workshops
- Dedicated PHM analytics team in place to produce PCN and LCP intelligence packs using PHM analytical techniques listed below, provide advice at ALS workshops
- PHM embedded as an approach within the commissioning cycle, to inform service planning, resource allocation and the commissioning of integrated care
- Embedded IG processes for identification of patient cohorts for direct patient care processes and a group governing the future applications of the One Devon Dataset to ensure they meet strategic, clinical, equality, information governance, business intelligence and ethical standards and objectives
- Funding provided for clinical backfill to enable engagement in PHM workshops, coaching and buddying

Intelligence

- The ability to undertake a systematic population health analysis at system, place and neighbourhood level, enabling LCPs and PCNs to understand their population's needs, including the wider determinants of health, and design interventions to meet them
- The ability to identify high and emerging risk groups with greatest scope to reduce inequalities and improve health by utilising appropriate risk stratification tools and support from MDTs with preventative and tailored interventions
- The ability to assess and predict the impact of interventions deployed through PCNs on population health and wellbeing and cost
- Collation of existing population health and related intelligence resources (reports and interactive tools) and development of a web frontpage or portal to improve accessibility for local teams
- Financial and cohort analysis undertaken to support the Devon system's financial deficit work enabling greater visibility and understanding of key financial drivers across the system
- Financial and cohort analysis undertaken to support the design and implementation of integrated care models and the development of the anticipatory care interventions being designed and tested

- Better understanding of how financial modelling / PHM can support the development of financial incentives which improve quality and experience whilst reducing the overall cost of care

Intervention

- Commissioners can utilise financial analysis, segmentation and impactability modelling and will be able to use this knowledge to support resource allocation, prioritisation and decision-making (to support development CCG Operating Model and strategic commissioning)
- Identification and development of further interventions which can be deployed by partners through integrated care models at a local level to support high and emerging risk individuals
- Development of a 'One Team' approach that can be spread across Devon, which brings together data analytics, evaluation and clinical practice, to enable PCNs and local partnerships (including voluntary and community sector, Local Authority colleagues, etc.) to identify high and emerging risk patients, provide tailored interventions to those who need them and monitor the impact of those interventions on the individuals and cohorts being targeted
- Agreed evaluation method / approach to support monitoring & reporting of the impact of a PHM approach at system, place, neighbourhood and individual that will demonstrate the economic, quality and experience benefits of PHM to potential adopters, commissioners, system leaders
- Development of local case studies and communications and engagement resources to support spread and adoption including videos, blogs, and slide decks
- Achieve improved outcomes identified by MDTs for each intervention (Appendix 5)

4. Delivery of Benefits

This business case includes the resources to run the PHM development programme successfully, ensuring that the appropriate structure is in place to continue progress with population health as part of BAU. Measures of success will be:

- All LCPs and PCNs will have access to PHM analytics and support around stakeholder mapping to support their PCN development by August 2021
- All LCPs and PCNs will either be an active part of quarterly PHM workshops or utilising buddying opportunities by August 2021
- PHM Communities of practice set up in each LCP and meeting in cross-locality peer groups by August 2021
- Workshops delivered to all LCPs and PCNs using ODD linked data with partners to design a new model of care for a target population by June 2022
- LCP and PCN level cohorts identified and interventions designed by June 2022
- PHM embedded as an approach within the commissioning cycle, to inform service planning, resource allocation and the commissioning of integrated care
- PHM programme evaluation completed by June 2022
- Reduction in patient cohort risk factors and health inequalities and improved outcomes by June 2022
- Foundation ICS status achieved by June 2022
- Advanced ICS status achieved by end of 2023

5. Expected Dis-benefits

None currently identified

6. Costs/Investment

Requirement	*cost*
Analytical capacity and data infrastructure (recurrent)	*£150,000*
Primary care clinical engagement	*£155,000*
SWAHSN support for spread of PHM capability via ALS workshops	*£17,000*
Evaluation support via researcher in residence	*£30,000*
Central project coordination (recurrent)	*£65,000*
IG support	*£10,000*
Locality integration roles (recurrent)	*£164,000*
Total	***£591,000***

Detail on costings available in Appendix 6.

Funding could be provided via the Aging Well Service Development Fund (AWSDF) through the anticipatory care part of the aging well programme. Funding for the PHM programme will then sit within programme costs as PHM underpins direct patient care and enables us to understand what the needs of the population are in order to support interventions for high risk patient cohorts. Programme costs over the first two years will total approximately £970k (Year 1 costs of £591k then recurrent cost in year 2 of £379K) and review during year 2 will need to establish long term funding however, anticipating that at this time PHM will be mainstream across our system with high levels of utilisation and experience amongst commissioners and clinicians.

7. Financial Savings

Early indications are utilisation of PHM methodology generates a financial return although investment is required to allow capability and expertise to be transferred further into the system. Some national and international anecdotes of financial savings directly attributable to utilisation of PHM methodology exist but neither data nor consensus is available for modelling financial savings in other systems.

8. Timescale/Timeline

May to June 2021

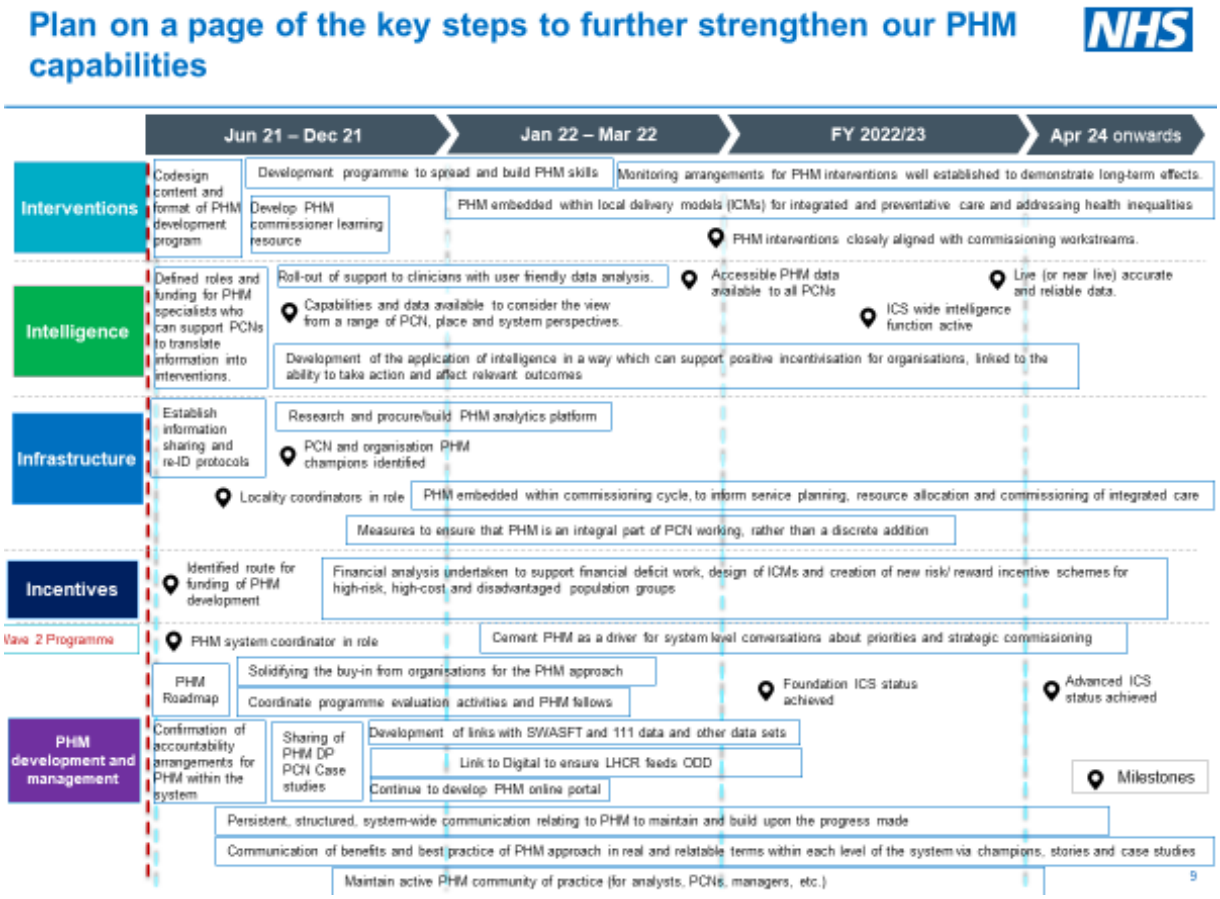
- Finish the wave 2 PHM development programme
- Agree post June 2021 PHM Programme and Structure in roadmap
- Work with Digital and BI leads to agree system requirements for PHM analytics
- Complete data extraction for new PCNs
- PHM roadmap and business case signed off and agreed
- Funding procured

July to March 2021/22

- Fill dedicated PHM analytics posts
- Fill LCP PHM coordinator posts
- Fill researcher in residence post
- Fill central PHM coordination post
- Initiate the roadmap by delivering ALS workshops
- Set up/Launch ICS PHM community of practice
- All PCNs now live with linked data and set up MDTs around cohorts
- Foundation ICS status achieved

April to March 2022/2023

- PHM seen as BAU at all levels of the system and consistently used
- Advanced ICS status achieved



9. Stakeholders and Comms

Briefings of system executives, provider, locality, primary care, local authority, analyst, public health leads, mental health, prevention, and health inequality leads and PCN MDT personnel that occurred in the readiness and delivery phase of the PHM development programme will be continued. Programme updates via newsletter will also continue.

10. Reference to strategy or policy

From April 2021 all parts of our health and care system work will need to work effectively together as an Integrated Care System, involving:

- Stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic **commissioning** through systems with a focus on population health outcomes;
- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.
  https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf

A PHM approach is an enabler to delivering these ambitions and is an essential tool to realising advanced ICS status. The latter point is emphasised in the Devon ICS development planning documentation submitted and recently approved. The enabling function of PHM is also detailed in Devon ICS's ICM development plan, Outcomes Framework and Phase 4 planning as well as the Primary Care, Digital and Health Inequalities strategies.

11. Major Risks and issues

- System leadership capacity and limited time for planning and decision making to take full advantage of PHM to further the development of the Devon ICS
- Operational pressures impacting on engagement at all levels limiting opportunities to build knowledge and capability in PHM approach, in turn, restricting the ability to demonstrate positive improvement in outcomes or use of resources
- Lack of IG agreement and thus lack of data that will affect our ability to support rollout of PHM to certain areas
- Lack of analyst capacity to expand to non-wave 2 PCNs
- Differing provider IT systems limiting integrated working
- Programme seen simply as an analytical programme and wider value not understood
- ICS/CCG restructure
- Behaviour change can take time vs need to support the system to work in this way
- Assumption: Covid-19 response eases in Summer 2021, freeing up system time and front-line staff
- LCP support for the programme is required
- Uncoordinated approach with LCP teams

12. Major Dependencies

Partner(s) directly involved / Interdependences:

All our health and care partners have been involved in this work and the roll out of the programme will ensure the partnerships widen especially with those who lead on wider determinants of health.

The partners involved include:

All local councils
Devon CCG
Public Health
GP federations
Digital Programme Board
Our five LCPs
All local acute care trusts
DPT
LWSW
NHSE PHM
Voluntary sector organisations

Other dependencies and enablers:

Health inequalities group
Prevention workstream
Mental Health workstream
Information Governance
Primary care and PCN development
Workforce development
Comms and engagement

Alignment to ICS work programmes

It will be essential to continue to build PHM capability through embedding a PHM approach in key work programmes; PHM being an enabler rather than a separate entity of an ICS. PHM capability is understood through the 3 i's as per the maturity matrix. For example:

- **Infrastructure** - It is proposed that the PHM road map will be aligned / incorporated with the digital programme and strategy to support building on the current One Devon Data set and optimising the future opportunities of the LHCR, Electronic Patient Record systems and shared care records.

- **Insight** – Linked again as above, but also incorporating the development and deployment of analytical resource across secondary care, CCG and public health including partnerships with the SWAHSN and research.
- **Interventions** – A PHM approach has been incorporated into the actions to address inequalities in NHS provision and outcomes. It can also support the prevention programme activities applied in local neighbourhood and places. Given the common themes already identified, a PHM approach can equally support the development of the Community Mental Health Framework and there are potential benefits to aligning the plan for further PCN population analysis with the roll out of the CMHF. The Place ALS in Plymouth should provide further learning in identifying opportunities for interventions for people in receipt of care across multiple specialties and high users of urgent care services.

13. Resources

Already allocated:

- £80K allocation from NHSE to support PHM delivery (unspent)
- £25K allocation from Devon CCG to support primary care clinical engagement (spent)
- PHM programme team (Appendix 7)

Required:

- LCP PHM integration roles
- Researcher in residence post
- SWAHSN commissioned to deliver workshops
- Dedicated PHM analytics team
- Central programme management
- System level IG support
- Funding for clinical backfill and engagement

14. Appendices

Appendix 1 – PHM/ICS maturity matrix (Devon are emerging/developing)

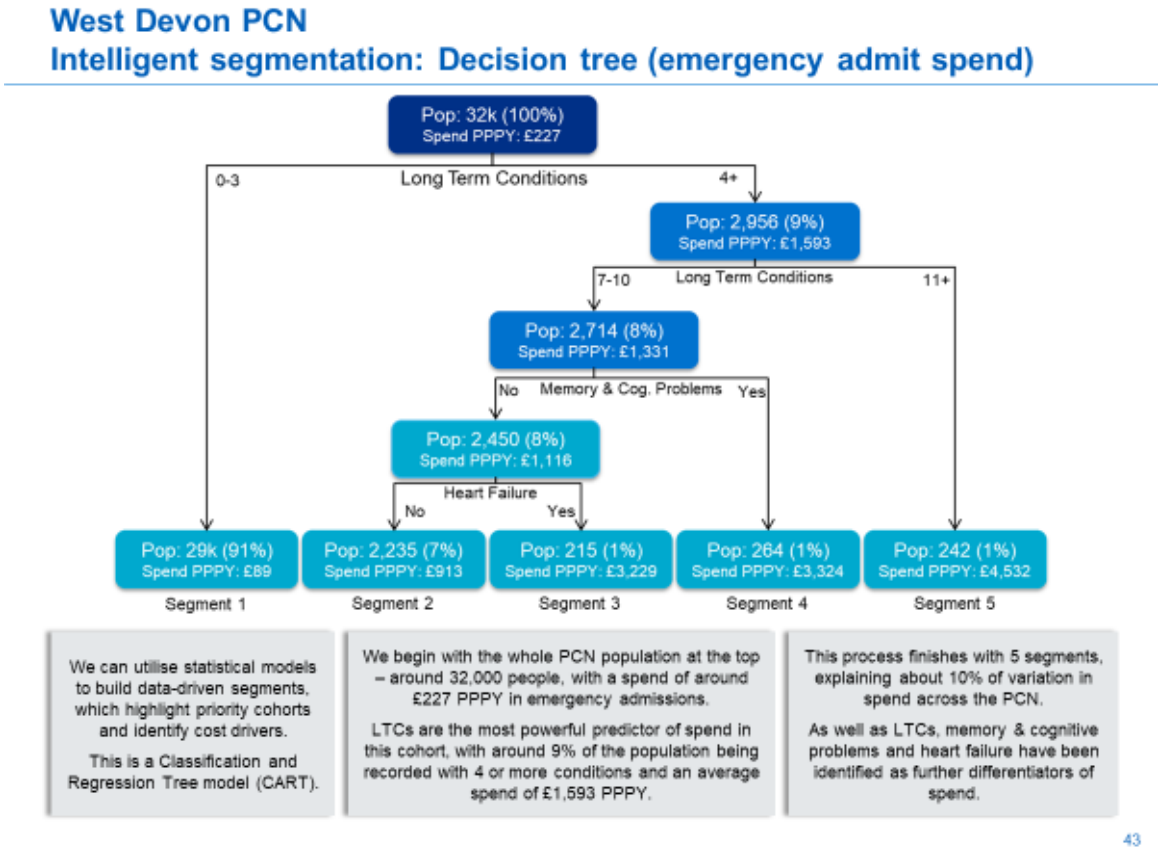
PHM maturity matrix: Journey of development for building PHM capability

	Preliminary	Foundation	Advanced
Infrastructure	• Organisational and human factors such as dedicated system leadership and decision making on population health and PHM • Some linking of traditional data flows between primary and secondary care. • Information governance arrangements in place between commissioners and primary and secondary care providers to support analysis of population health. • No clear PHM vision shared across the system. • Individual and sporadic population health and health inequalities leadership. • Digitised health & care providers and common integrated health and care record plan in place • Linked health and care data	• Whole system linked primary, secondary, community, mental health care data available for direct care and care redesign, with plans to link wider data sources, including social care and other wider determinants – and an ICS-wide IG framework that allows analysis and identification for care purposes • Clear plans for converging shared care records with linked data for PHM • System wide IG arrangements which allow for analysis of de-identified patient level data for care design purposes and smooth re-identification for clinical purposes. • Development of a PHM data and analytics platform that provides insights to support strategic, operational and clinical decisions • Clear vision for PHM at system and place level, with some PCNs engaged and involved. • Clear multi-professional leadership throughout the different tiers of the ICS, with named leads for health inequalities.	• Single integrated health and care record that features PHM insights, based on the linked data set. • Full flows of data from all health and social care sources available for direct care and care planning, including demonstrable efforts to link patient level information on wider determinants (housing, unemployment, income etc). • Information Governance- whole system data sharing and processing arrangements that ensure data is shared safely, securely and legally • Fully-fledged PHM data and analytics platform that is maintained by the ICS intelligence function and is well understood by decision-makers. • Cross system leadership and vision clearly articulated and embedded across the system, with a clear health inequalities responsibility.
Intelligence	• Traditional reporting, intelligence systems and analytical outputs acting at organisation level with limited clinical engagement. • Use of analytical teams and support units to provide population health analytical insight, but not in a systematic and consistent way across the system. • Costing and performance analysis is organisationally focused rather than patient focused. • Occasional assessment and monitoring of health inequalities data • Mapping the system analytical workforce and intelligence tools, with a view to formalising cross-system analytical collaboration in an ICS intelligence function.	• Starting to use local linked data to segment and stratify population to understand needs of different patient groups and risk factors. The costs of different cohorts are understood now and in the future. • Some social determinants information being used alongside health data to examine inequalities questions. • Timely analyses and actionable insight to understand health and wellbeing needs of the population, opportunities to improve care, manage risk and reduce health inequalities, including support to PCNs • Population health costing data starting to be used for forecasting demand and risk to inform future payment and contracting models. • Agile and responsive ways of working across multi-disciplinary groups comprising clinical, improvement, analytical teams working hand in hand with providers	• Whole System Population Health Intelligence Function with multi-disciplinary analytical and finance teams with skills in predictive techniques that enables actionable insights to be regularly delivered to strategic, operational and clinical decision-makers equipped with advanced analytical tools and software • The intelligence function provides bespoke support to PCNs, places, the ICS and provider collaboratives where needed, and can direct these teams to the PHM data and analytics platform for the majority of their data needs. • Analysis which shows current and future costs of different cohorts, key risk factors (across health and wider social needs) and those patients who are at greatest risk of a deterioration in health and care. • Comparing current and predicted health status of the local population with achievable health and well-being outcomes and performance standards for populations of similar size, demography and epidemiology to understand mitigated scenarios

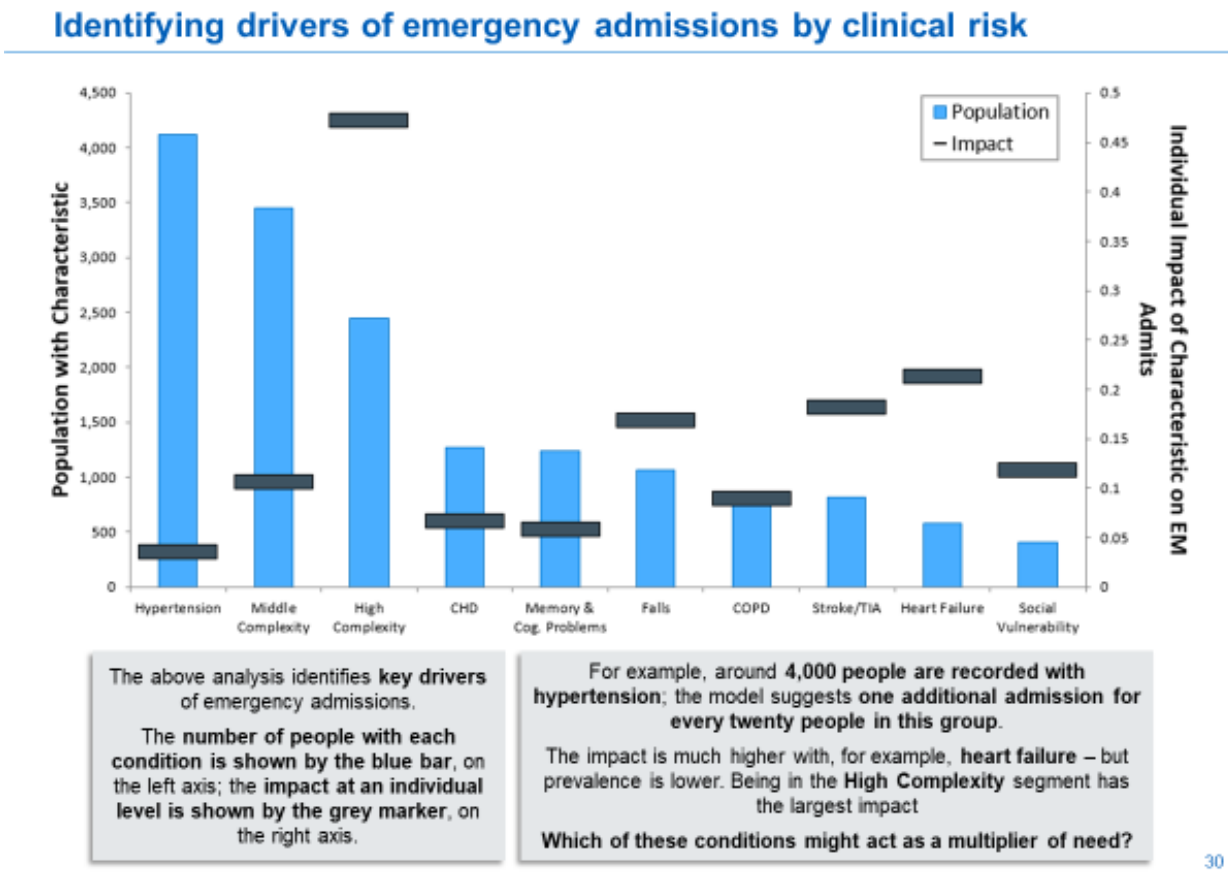
PHM maturity matrix: Journey of development for building PHM capability

	Preliminary	Foundation	Advanced
Intervention	• Limited engagement across primary and secondary care teams to integrate care around high need groups • Limited use of voluntary and third sector to respond to key patient groups and health inequalities. • Social prescribing and anticipatory care activity not linked to needs or inequalities analysis • Ad-hoc approach to co-production	• Care model design and delivery through proactive and anticipatory care models with a focus on prevention and early intervention and reducing health inequalities established between health and care providers including and with third sector involvement - to design proactive care models for different patient groups based on patient level analysis. • Integrated MDTs (all providers involved in care delivery to those patients within cohort) being supported to adopt rapid improvement cycles to implement anticipatory care interventions which includes social prescribing). • Personalised care plans in place for at risk groups and those at the sharp end of health inequalities. • Population health analysis being used to inform shared workforce models between primary and secondary care. • Community well-being - asset based approach, social prescribing and social value projects • Citizen co-production in designing and implementing new proactive integrated care models	• Clearly defined care models in place for all population groups across vertically and horizontally integrated teams. • Clear working arrangements between PCNs, secondary care and voluntary and community sector partners with clear offers of support for specific patient groups. • Progress in reducing health inequalities is routinely monitored and iterated, leading to continuous improvement. • Making use of service-user tracking, patient activation outcomes, experience and utilisation measurement tools to enable partners to monitor, understand and influence how interventions impact on required outcomes and how workflow presents itself to build the future evidence base and continually learn
Incentives	• Basic population segmentation in place to understand needs of key groups with early insight into resource use.	• Whole population segmentation approach agreed by ICS and starting to be used to organise planning and delivery • Some system outcome metrics based around population segments • Payment models based around future health needs of the population, rather than organisations, in place for some cohorts and incentivise proactive and holistic support, collaborative workforce models and a community asset based approach. • Frictionless movement of workforce between settings in place to support specific care models • Enabling governance to empower more agile decision making within integrated teams	• System oversight metrics based around population segments and chosen to deliver agreed population health outcomes. • Payment models based around future health needs of the population, rather than organisations, in place across population groups • Contracting approaches encourage shared accountability for outcomes • Workforce planning performed across organisations, based on expected future need and representative of population • Incentives alignment – value and population health based contracting and blended payment models • Workforce development and modelling - upskilling teams, realigning and creating new roles

Appendix 2 – PHM analytics: segmentation

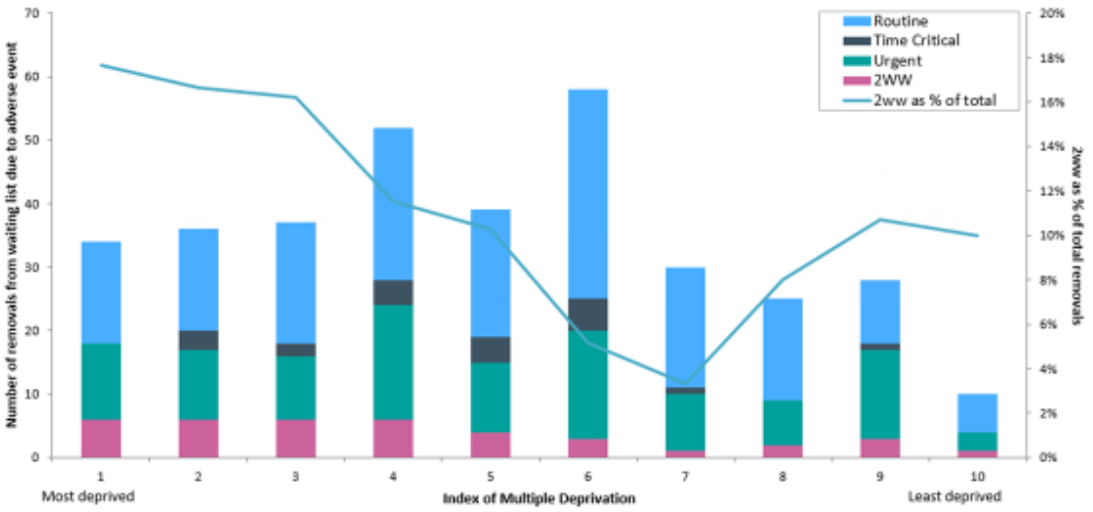


Appendix 3 – PHM analytics: risk stratification



Appendix 4 – PHM analytics: wider determinants of poor outcomes

Collective challenge: Backlog of time-sensitive need, which has converted from planned to unplanned care, since March 2020



The above analysis shows the **number of waiting list removals due to adverse events**, split by **priority (different colours)** and **deprivation (bottom axis)**.

Additionally the line shows the **percentage of removals which are two-week-wait cancer referrals**.

There is a clear trend towards **people living in areas of higher deprivation having a larger proportion of their removals be related to two week waits**.

The most common specialties to see removals are Cardiology/Cardiac Surgery, haematology, colorectal and thoracic – **which of these specialties is appropriate for community management?**

Data via UHP 17

Appendix 5 – PCN intervention outcomes

Barnstaple Alliance PCN cohort outcomes
Reduced emergency admissions
Reduced pain medications
Fewer MH crises
Reduced health inequalities
Improved wellbeing
Increased PAM
Increased employment
In settled accommodation
Reduced obesity
Reduced emergency primary care consultations

WEB PCN cohort outcomes
Reduced primary care consultations
Reduced emergency admissions
Reduced medications
Meaningful engagement with community
Reduced health inequalities
Reduced system cost per patient
Increased PAM
Increased employment
Reduced chronic depression
Reduced obesity

West Devon PCN cohort outomes
Reduced emergency admissions
Reduced polypharmacy
Increased PAM
Reduced falls
TEP in place
Patient access to digital support

Newton West PCN cohort outcomes
Reduced emergency primary care consultations
Improved mental health
Reduced medications
Reduced referrals to secondary care MH services
Reduced health inequalities
Young people knowing about the intervention
Increased PAM

Appendix 6 – Resource workings

Analytical capacity and data infrastructure

- 3 PHM analysts – Band 6 analysts at £35,000 per annum totalling to £105,000 per annum
- Database development – Around £25,000 per annum
- Primary care data extraction services – currently provided by Wellbeing DMS (Apollo) with costs covered by SWAHSN. Ongoing costs for all 122 practices in the Devon system would be ~£1,500 per quarter. This cost could be mitigated or avoided by using other extraction methods such as TPP bulk extracts used in other systems (being explored)
- Facilitation and programme management - £14,000
- Total ~150K

Primary care clinical engagement

- £5K per PCN over 31 PCNs
- Total ~£155K

SWAHSN support for spread of PHM capability via ALS workshops

- £17K estimate provided by SWAHSN for services above core offer

Evaluation support via researcher in residence

- £30K estimate is half of £60K estimate provided by Plymouth University researchers in residence with matched funding from the university

Central project coordination

- £65K estimate of 8b band post including 24% on costs obtained from analysis of ubiquitous PHM coordination roles across wave 1 and 2 areas.

IG support

SWCSU contracted support of £1000/day for 10 days

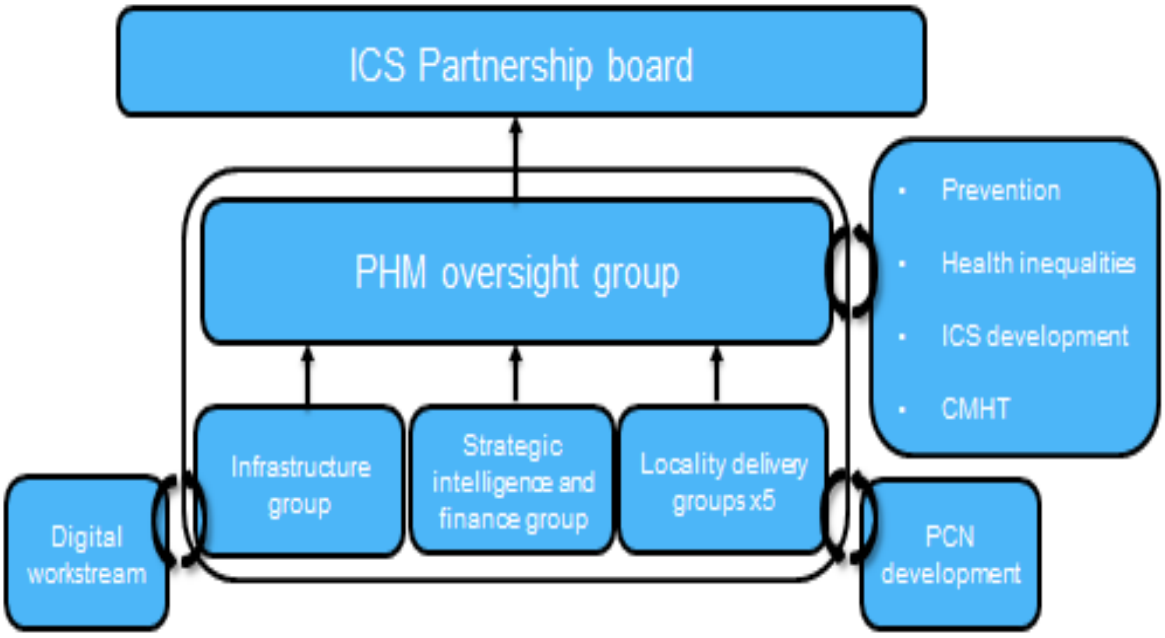
Locality integration roles

- £164K estimate of 4 band 6 posts including 24% on costs

Appendix 7 –PHM steering group membership

Job Title and Organisation	Group Role
Dr. Paul Johnson	Clinical lead and SRO
Lorraine Webber	Executive lead
Todd Chenore	Programme management
Kelvin Grabham	Strategic intelligence lead
Adam Carrick	ICS development lead
Simon Chant	Public Health lead
Gill Munday	PCN development lead
Jon Taylor	Evaluation lead

Appendix 8 – Adapted PHM programme governance



Appendix 9 – Locality PHM ambitions

How will learning from the programme PCNs will be spread to the remaining PCNs?

In our locality we are testing a thematic focus based on our locality needs analysis within the JSNA: Self harm and alcohol use in young people, carers and social isolation in working age adults and loneliness in older people. Providing PCNs at sub-locality level with the data and thematics and asking them to dig deeper into the dataset and design interventions at PCN level to deal with the themes, recognising that solutions and assets will be different in each area.
Updates from the Newton West pilot have already been shared with the South Primary Care Forum. Further development and learning can be discussed through the LCP Delivery Group as it progresses and decisions made on uptake from other PCNs.
One Northern Devon and the Northern GP Collaborative Board are working together to share learning across the 4 PCNs. We intend to highlight PHM approaches at the Northern Primary Care Development days.
The Locality is creating a plan (in line with the Devon Roadmap) to further adopt PHM across relevant workstreams; many of these will involve primary care.

How will PCN and wider integrated multi-disciplinary teams (including community, social care, mental health, and secondary care teams) be supported to design and implement future new care models and interventions alongside analytical teams and other system managers?

Prevention and PHM has been identified as one of 5 core strategic work streams within the Eastern LCP and will feature within our community services transformation plans. We recognise that project management to coordinate PHM plans as well as analyst capacity will be required to make the programme a success, we are keen to understand the resources available following the roadmap discussions.

The South Locality works on place-based integration projects. Through regular Huddles/locality meetings, we bring together VCSE, community and acute physical and mental health and social care and as a way of working, PHM would be significant both in update and in approach on our agendas. A commissioning manager in the team has this in her work plan, involving how MDTs are convened and benefits of multi-sector/agency working.
Prevention and PHM has been identified as one of the strategic work streams within the Northern LCP and will feature within our community services transformation plans. We consider it essential that there are sustainable and dedicated project management and analytical resources allocated to this workstream.

There is a requirement in the Integrated Care Partnership contract for the ICP to employ PHM (with the CCG providing the One Devon Dataset) in planning and implementing services.

How will all providers be supported to adopt PHM methodology?

We are keen to share good practice as it emerges to encourage all providers of the benefits of this approach. Dedicated support within our LCP around project management and analyst capacity will be essential.

The following can be supported by the Locality Team via commissioning manager resource:

- *Facilitation and enabling the processes to get underway in each PCN*
- *Convening MDTs that reach further into our communities than has previously been achieved,*
- *Facilitation of monitoring impact, learning and adjusting from this.*

The following will be needed from the central CCG:

- *Data production to enable initial review and decision of where to focus effort.*
- *Tools and methods to measure the impact of intervention, such as reduction of service use.*
- *Financial resource to enable PCNs to take part in the process.*

We are keen to share good practice within a well designed programme structure. Dedicated support within our LCP around programme management and analytical capacity will be essential.
Easy access to the One Devon Dataset for all involved is crucial, with the appropriate analytical support where needed.

How can system and place level PHM modelling of future trends be used to direct and drive integration and transformation plans?

We would intend to use PHM as the lens through which we plan services by the nature of PHM, we anticipate that integrated ways of working will provide the most beneficial solutions for the cohorts of focus.

In South, PHM is already supporting the effort to respond to the increasing acuity and prevalence of mental health issues coming through primary care as a result of the Covid pandemic. We have been able to increase and support the network of resource available to social prescribers and initiate a project of outreach to people who have asked for help with their mental health.

The strength of using data to identify a cohort of focus and bring individuals, teams and organisations together who would not have collaborated previously is powerful. This approach can be applied to any programme of work and will naturally become a way of working in all projects/commissioning plans and development, rather than exist separately. South Locality is committed to this principle.
We intend to use PHM to inform conversations at North IDG and OND Partnership Board to allow co-design and co-delivery of projects aimed at northern system improvement. We intend to focus on inequalities and services for poorly served groups.
Another key feature of the ICP is community integration with primary care (enhanced primary care teams with MDTs) and this will include some PHM. An ICP transformation plan is prepared (subject to contract approval) with commissioners and providers across the system to work collaboratively as part the ICS in implementation.

How can wider services such as social care and the voluntary sector be involved in the design and delivery of PHM interventions?

We already collaborate with social care and VCSE colleagues in our local system, at PCN level we would anticipate that these partners will be integral to the PHM programme of work.

The South pilot in Newton West has illustrated this well. In convening an MDT tailored for the issues around the cohort, we were able to engage a range of community and voluntary sector organisations as well as mental health social care wider than we have previously been able to. This has helped describe the principle of PHM and engage people in being part of the solution. It has also piqued the interest of those working outside the Newton West PCN or outside the requirements of the selected

cohort. Social care and mental health are represented on the South LCP delivery group. Working groups are running below that which are able to adopt the PHM approach when appropriate/possible. One Northern Devon has a 10 year Strategy, which prioritises locally focused initiatives. Social Care and VSCE sector are already active participants at the OND Partnership board and One Communities meetings.
The Western system works in an integrated way across health and wellbeing with the LCP leading developments with priorities agreed.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Update on Minor Injury Unit Closure				
Date of committee: 29 July 2021 **Date report produced: 22 July 2021**				
Author (s) Name and Title: Jenny Turner Head of Integrated Care, South		**Supporting Executive:** John Finn **Name and Title:** Director of In-Hospital Commissioning **Contact Details:** john.finn@nhs.net **Report Approved by:** Helen Bailey **Name and Title:** Associate Director for Urgent Care **Date** 22 July 2021		
Public or Private (Governing Body only):	**Public**	**x**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

- North Devon Hospital Trust (NDHT) closed Ilfracombe and Bideford Minor Injury Units (MIUs) at the start of the COVID-19 pandemic in March 2020.
- Torbay and South Devon (TSDFT) have temporality closed Dawlish and Totnes MIUs.
- The staff moved from the MIUs are still needed to support their Emergency Department and Urgent Treatment Centre to maintain the ongoing health, safety and wellbeing of patients. The MIUs cannot be safely staffed without compromising the delivery of safe patient care within the main ED and UTC and so the MIUs remain temporarily closed.
- Both Trusts are actively recruiting to their workforce, once recruited and backfilled, the MIU staff will be available to return.

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:
Impact on our objectives
(Delete as applicable) 1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic
Reference to other documents or accompanying papers:
No
Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services		x
Health Inequalities		x
Equality (staff or public)		x
Resource and Finance		x
Legal		x
Engagement and Consultation		x
Risk		x

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.

Update on minor injuries services

1. **Context and Background**

    a. **Northern Devon**

North Devon Hospital Trust (NDHT) closed Ilfracombe and Bideford Minor Injury Units (MIUs) at the start of the COVID-19 pandemic in March 2020. This allowed their highly skilled MIU staff to be redeployed to the emergency department (ED) at North Devon District Hospital (NDDH), where extra space and staffing was needed to provide a COVID-safe service.

In line with national requirements, COVID-19 infection control guidelines are still in place at NDDH, meaning there is an ongoing need for the additional space and staffing in the main ED.

    b. **South Devon**

Dawlish Minor Injury Unit (MIU) opening hours were reduced due to staff shortages at the end of July 2019 following Devon CCG approval in order to provide a safe and consistent level of service. The initial agreement was to reduce the hours over a three month period. However, the staff shortages were unable to be resolved within this time frame and a further extension was agreed in October 2019 to continue until the end of March 2020.

In March 2020, in response to the COVID-19 pandemic, the Torbay and South Devon NHS Foundation Trust (TSDFT) agreed with the CCG that the MIUs in Dawlish and Totnes would be closed from March 2020 onwards. Both remain closed currently. COVID-19 and the additional challenges arising from social distancing, infection control processes and screening requirements increased pressures on both the staffing model and service delivery. COVID-19 has compounded the staffing issues as there is now a requirement for two staff to cover triage and assessment of patients to ensure safety. In addition to this, the requirement to provide adequate social distancing arrangements within the department limits the number of people in the waiting area to four.

As a result, a decision was made to temporarily close Dawlish and Totnes MIUs enabling the concentration of the staff to the Newton Abbot Urgent Treatment Centre UTC) supporting a greater ability to provide a robust, safe and efficient service that provides the best possible patient experience within Covid-19 and infection control regulations.

2. **Current Situation**

The staff moved from the MIUs are still needed to support their ED and UTC to maintain the ongoing health, safety and wellbeing of patients. The MIUs cannot be safely staffed without compromising the delivery of safe patient care within the main ED and UTC and so the MIUs remain temporarily closed.

Both Trusts are actively recruiting to their workforce, once recruited and backfilled, the MIU staff will be available to return.

The following is in place ready for the summer to support local residents and visitors in the Ilfracombe and Bideford areas to access urgent care more easily:

- Ongoing GP support to provide a minor injury service in the GP practices, Monday to Friday, nearest the MIUs that are temporarily closed in Ilfracombe and Bideford. Although these do accept walk-in patients when necessary we ask that people call NHS 111 or the GP first as you may be directed to a more appropriate service for your needs.

- From Saturday 19 June, a weekend MIU service is being provided from 10am to 6pm by two fully qualified private ambulance staff in the Ilfracombe MIU. This will be available for both walk-in and patients referred through NHS 111.

- In response to the expected high level of tourist demand over the summer, private ambulances (no impact on 999 capacity) and first responder staff have been recruited to support existing RNLI life saver teams on three beaches in Northern Devon.

In South Devon the nearest minor injuries service to Totnes and Dawlish is Newton Abbot Urgent Treatment centre which is 9.4 miles from Totnes Community Hospital and 9.3 miles from Dawlish Community Hospital with all 3 towns on the main London to Penzance train line as well as local bus services. Newton Abbot UTC is open 7 days a week 8am to 8pm with radiology 9am to 5pm. The South Hams population is also serviced by South Hams MIU in Kingsbridge which is 13 miles from Totnes Community Hospital and is open 7 days a week 9.00am to 5.00pm with radiology Monday-Friday 9am to 5pm.

3. Next Steps

Both Trusts remain committed to the provision of local urgent care services and recruitment of Advanced Practitioners who are needed to staff the units is on-going, however, this continues to be a challenge. These Advanced Practitioner roles are so beneficial that they are now being used across wider healthcare services, thus creating a highly competitive market.

The Trusts are working with partners across the Integrated Care System for Devon to address the workforce issues and plan in the longer term.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality update report

Locality:	Plymouth
Period covered by update:	June 2021
Person completing template:	Anna Coles

Key achievements/progress

Delivery Highlights

- Integrated Care Partnership Procurement- Contract has been signed by CCG/PCC/LWSW and UHP. Handover meetings have been completed and work is underway to review existing transformation plans to ensure they are aligned to system pressure priorities. Presentation of year one transformation scheduled for PCC Cabinet in July.
- Progressing the City Centre Health and Wellbeing Centre- Schedule of accommodation developed, ongoing work on operating model and approach, community engagement supported by local community provider and through surveys. Pre-App meeting with Planning Department on 30th June to consider site options. Benefits realisation work underway drawing together economic and health outcomes for the facility. Weekly project board in place.
- Huddle with PCN CD's now monthly but using forum to work with clinicians on key locality challenges such as urgent and emergency care recovery, community mental health framework roll out, elective care restoration & recovery, self- harm presentations in young people. Sessions continue to ensure strong engagement with Primary Care locally, attended by UHP/LWSW/St. Lukes/LPC/LMC/LA. Attendees reviewed to ensure clinical representation from AHP's, MH specialists and Social Care.
- Performance and Improvement Group meeting monthly bringing together quality and performance elements and sharing areas for escalation to LCP Executive and System Performance group. Key areas for escalation, Urgent and Emergency Care position including ambulance handover delays, primary care resilience across locality, UTC/MIU closures. System pressures response grp developed and led by Michelle Thomas as nominated LCP Executive.
- UEC Locality Improvement Plan developed and shared with Regional Team.
- Urgent Care Board in place to ensure appropriate oversight of delivery and Programme Director appointed to provide additional capacity at locality to oversee changes. Appointment made within UHP of Programme Manager to oversee ED Improvement work following CQC Report being published and support offered to UHP to assist with additional project management capacity if required.
- Locality profile finalised.
- Locality system plan developed to inform key deliverables for each priority in 21/22 linked to the long term plan.

- Workforce capacity stocktake reviewed across the locality, gap analysis completed. Proposal to support locality workforce campaign developed through City skills agenda and Economic Development to be shared at LCP Executive Grp.
- Estate stocktake completed and programme mandate agreed by LCP Executive, Board to be set up and LCP Executive Chair agreed to be Ann James. Report due back to LCP Executive in 12 weeks.

Local Care Partnership Delivery Group

- Board continues to meet and are overseeing a number of key developments:
    - Establishment of the Homelessness Prevention Board and Homelessness
    - Approval and roll out of the Community Empowerment Framework
    - A Bright Future- A new strategic plan for Children and Young Peoples Services
    - Locality plan for LCP Priorities and workstreams
    - Development of the locality Estates Strategy
    - Development of local workforce initiatives
    - Fair Shares proposals

Proposed Leadership arrangements

Together For Plymouth Exec Group meeting monthly and Membership includes

- Devon CCG
- Livewell Southwest
- Plymouth City Council
- Primary Care Network Representation
- University Hospital Plymouth

The TFP Executive Group maintains effective and efficient governance links with other statutory boards. Specifically the Executive group reports to the Health and Wellbeing Board quarterly through a Chairs Report. LCP Delivery Group now established with wider participation including VCS and Healthwatch.

Primary Care Involvement continues to develop, the local huddles have been reviewed and refined following engagement with the new Collaborative Board Chair, there is representation at the LCP Delivery and Executive Groups and a joint clinical forum between Primary and Secondary care is in place to support the redesign and transformation of care pathways across the system.

Key priorities for the next three months

Priorities for the next three months:

1. Focussed delivery of UEC Improvement Plan
2. Refresh of the Health and Wellbeing Strategy
3. Establishment of programmes of work for LCP priorities
4. Review of Fair Shares schemes
5. Development and roll out of Local Communication and Engagement approach
6. Refinement of the Performance group
7. Further development of local care model to inform estates priorities

8. Development of resourcing plan to support LCP progress

Issues of concern or risk

Whole system pressures across all health and care partners impacting on development of LCP
Capacity for Primary Care Networks to play a full role in the LCP
Capacity for UHP and LWSW to play a full role in LCP with current pressures, ICP contract go live, significant performance challenges at UHP.
111/DDoC and Primary Care resilience across the whole locality is extremely challenged and it is reported that this is leading to increases in attendances at ED and residents having difficulties in accessing provision
Deteriorating performance on ambulance handovers at UHP
Community capacity to meet increasing urgent care demand with current workforce capacity

Support required and/ or barriers to progress

Development and delivery of plan to improve resilience of 111/DDoCs and Primary Care across the whole wider system.
Implementation of an Ambulance Handovers improvement approach supported by wider system resource in addition to locality support.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality update report

Locality:	Southern
Period covered by update:	June 2021
Person completing template:	Derek Blackford – Locality Director (S&W)

Key achievements/progress

Local Care Partnership (LCP) development:

Work is underway through the Delivery group which has now been reinstalled in relation to the specific areas of focus agreed including self-harm, suicide, peer support and the experience of and outcomes for children in care, with a set of proposals being developed. These will focus on how we can build on what already exists but extend/improve by working collaboratively to consider potential impact and what it would take to achieve. A half day workshop is being arranged during July to take the development of the locality workplan, key deliverables and targeted action toward current performance challenges forward.

The LCP Executive Group also considered updates in relation to the respective models of Provider collaboratives and what a maturity/gateway framework might look like to gauge the ambition and progress of respective Local Care Partnerships.

Local system:

The local health and care system if significantly challenged at present with increased activity being experienced on most fronts, particularly in relation to Primary and Urgent care. This requires a focus on workforce challenges and the impact of the current situation, particularly in relation to isolation requirements and understanding the increases and potentially more appropriate alternatives which avoid attendance and admission. This is being taken forward through a refocus to the South Urgent Care Group this month, alongside accessing support through NHS England & Improvement. An update on each of the specific programmes of work appears below:

System flow:

The focus remains on creating capacity to support hospital discharge appropriately following the review sessions with NHS England/Improvement and the local arrangements which have been in place over the last few months. Governance arrangements have been identified for monitoring progress in relation to the end to end improvement plan. TSDFT have instigated a Flow Improvement Group to support flow throughout the acute pathway. The group has representation from all key partners.

First Responder support in Torquay and Paignton started on 1st July and will provide 2 enhanced first responders and 1 paramedic 7 days a week 10:00-18:00 until 31st August.

Urgent Community Care:
Some preliminary work is underway to review the provision of the urgent community care response in the south locality in line with the Devon wide review. This includes identifying what would be required to bring the local UTC (Urgent Treatment Centre) up to the national specification. The review of Community Urgent Care recommendations from the Devon Urgent Care Board also considers key short-term priorities regarding Newton Abbot Urgent Treatment Centre alongside current degree of challenge and demand through the local system.

Same Day Emergency Care (SDEC):
Further to the completion of the SDEC self-assessment tool a task and finish group has been established discussing the current provision, gaps and specific areas of focus through a frailty lens. This aligns to the continued work being undertaken as part of the Acute Frailty Network and is focused on identifying frail patients in the Emergency Department and Medical & Surgical Receiving Units ensuring patients are managed appropriate from a clinical perspective. To facilitate this the arrangements for a Consultant Geriatrician based at the Front Door, working closely with the Joint Emergency Team is in place.

Urgent Community Response (UCR): SWASFT paramedics now have direct access to UCR in Torbay and South Devon via a single point of access. This is being promoted within SWASFT and listed on NHS Service Finder via the Directory of Services.

Frailty and Healthy Ageing Partnership (FraHAP):
The workplan consists of five priorities: frailty identification (system wide), education and communication, Comprehensive Geriatric Assessment, community pathways and voluntary sector and acute frailty and same day emergency care. These priorities now have established multidisciplinary working groups leading on the delivery components.

Part of the first priority; frailty identification is the development of a Local Enhanced Service Specification which will essentially identify frail patients within primary care and signpost individuals to the current offering to support/promote healthy ageing/ageing well. The identification of frailty in primary care directly aligns to the ongoing work in the acute and community.

Vaccination Programme:
Links have been established between South Commissioning/Primary Care Teams and Torquay Public Health Vaccination Inequalities group. All PCNs are signed up to continue to provide vaccinations to cohorts 10-12 and have offered appointments to all eligible patients.

Current Leadership arrangements

The LCP leadership arrangements have been confirmed and are in place with review during the next 6 months, with Simon Tapley, CCG Accountable Officer taking the role of the Chair with Liz Davenport, Chief Executive, T&SDFT, being vice-chair.

Key priorities for the next three months

The key priorities for the next three months include:

1. Working with Primary Care, T&SDFT and system partners to better understand and develop alternatives in light of the significant challenge and current levels of demand being experienced.
2. The further development of the Local Care Partnership, finalising the engagement plan, establishing communications, and delivering against the local priority ambitions.
3. Local performance oversight and improvement arrangements.
4. Maintain focused attention on discharges and the robustness of associated data reporting in line with national expectations.
5. Embedding the learning from the Population Health Management pilot (Newton West) to consider the potential for rolling out across all primary care network areas and considering other interventions.
6. Contributing to and ensuring arrangements which seek to deliver against more short-term deliverables within the Operating Plan and Long-term plan roadmap.

Issues of concern or risk

The main areas to consider are:

- the capacity within the team to manage, focus on and respond to immediate challenge and the priorities of the operational and long-term plan;
- Workforce capacity across all Providers including nursing, domiciliary care, pharmacy, voluntary sector, particularly in relation to clinical staff and the necessity for recovery as a result of the impact felt from the period of the pandemic.
- Impact of visitors over the coming months placing additional pressures on all parts of the system with record attendances through the Emergency Department and circa 20% increases in primary care contacts.
- Operationally the level of primary and urgent care demand in the system, particularly with the likely pressures over the next week or so and with urgent care demand impacting on the restoration of planned care services.

Support required and/ or barriers to progress

- None at present.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality Update Report

Locality:	Eastern Devon
Period covered by update:	June-July 2021
Locality Director:	Tim Golby

Key achievements/progress

Urgent and Emergency Care

- Pressure in the urgent care system has continued through June across primary and acute care. It has been acknowledged that this is additionally challenging when teams would ordinarily be taking well-deserved annual leave to rest and recuperate. Planning for summer demand will acknowledge a focus on maintaining health and wellbeing of staff.

- The Royal Devon & Exeter NHS Foundation Trust (RDEFT) continue their Gold Command operational structure, focusing on an improvement programme for patient flow into and out of the hospital.

- The Eastern Locality Delivery Group has been formulating the 2021/22 winter schemes, with bid submissions from across the system for a set allocation of winter social care funding.

Community Services and Flow

- The Eastern Flow Programme Board continues work on 4 workstreams aiming to understand demand and capacity, pathway efficiency and utilisation, embedding learning from the Gold Command process and continuation of the Discharge to Assess model. Outcome measures have been defined for the 4 workstreams and these will be incorporated within the monthly Integrated Performance Report.

- The project group for services in Crediton continues to develop the case for change and shared understanding of the benefits that could be understood from collocation and purpose-built facilities. A draft engagement plan and decision paper will be submitted to CCG governance for approval to proceed with the identified plan and stakeholder engagement.

- Work is ongoing to understand the future potential for the community hospital sites in the locality, with a detailed review received on the Hub in Budleigh Salterton, now known as Seachange. Local teams are in discussion to understand the benefits identified there and the role the Hub can play within the Woodbury, Exmouth and Budleigh area. This is in conjunction with a locality-wide

piece of work to understand the local needs assessment and estates strategy for each community hospital site within Eastern Devon.

- The Eastern and Northern Localities have submitted information for the diabetes annual plan.

Prevention

- The Devon-wide Population Health Management (PHM) roadmap business case has been approved by the ICSD and locality teams are now working on local implementation. The Eastern Locality Prevention Workstream has been formed and will meet monthly, focusing on the selected three priorities for the workstream to focus on:

    1. Young People - Self Harm and Alcohol related admissions
    2. Working age population - unpaid carers
    3. Older population – isolation and loneliness

- Localities will be recruiting PHM coordinators, one in East and one in North, to join the commissioning teams and work with clinical leads to drive forward the PHM workplan and local prevention workstream. Additional data analyst support has also been approved centrally.

Eastern Locality Forum

- The Eastern Locality Forum (ELF) is consulting with their members regarding their views on how ELF can continue to work across the LCP and have an impact on the work undertaken within the locality.

Mental Health

- The new roles linking Community Mental Health teams with their local Primary Care Networks (PCNs) have begun to be recruited to. Clinical Associate Psychology Trainees will work within core mental health teams and support PCNs, starting in September and the Peer Support Workers will be recruited to in phases covering groups of PCNs.
- Developments are ongoing with how these roles link with the community health and social care teams, the funding arrangement with primary care and the service level agreement with is the Local Medical Committee for comment.

Key priorities for the next three months

- To progress the overarching workplans of the Eastern LCP for the 5 thematic areas, aligned to the ICS Strategic Outcomes Framework.

- Develop a needs assessment and strategic direction for the community hospital estate within the Eastern locality, focusing on addressing health inequalities and further integrated models of care.

- Re-establish the diabetes transformation plan for the locality alongside the Diabetes Clinical lead.

Issues of concern or risk

- The need for system Data Protection Officers to resolve information governance issues in relation to the application of Population Health Management across Eastern, and Devon more widely.

Support required and/ or barriers to progress

- The need for an on-going staffing capacity to support and co-ordinate locality development and delivery, particularly in relation to community urgent care.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality Update Report

Locality:	Northern Devon
Period covered by update:	June - July 2021
Locality Clinical representative:	Dr John Womersley
Locality Executive Lead:	Andrew Millwood
Locality Non-executive representative:	Charlotte Burrows

Key achievements/progress

1. **One Northern Devon:**

- One Northern Devon's High Flow project was highlighted in the keynote speech by the chief executive of NHS Confederation in June. Jane Milligan, who attended the conference commented, "*it's fantastic to see the collaboration showcased on the national stage.*"

- **The Primary Care Flow (PCF)** project is about to test Prototype #2 with 3 new patients and 2 further GPs. The pilot will then test how PCF can be delivered in the course of a GP's routine consultation with patients rather than using additional GP time for the "What Matters to You" conversations. The current limitation to this work is funding of the Flow Co-ordinator role which supports PCF.

- **Co-funded joint roles.** Co-funding 'person' centred, non-organisationally aligned LCP roles is being explored with partners from primary care, secondary care and the VCSE sector. The joint roles considered for piloting are: –

  - **Flow Co-ordinators** - giving secondary care access to wellbeing teams focussed on the individual determinants of the person's health and primary care access to specialist support to manage long-term conditions;
  - **Wellbeing Team Co-ordinators** – who can triage patients to the appropriate non-clinical service (Flow, Community Connecting, Social Prescribing, Health Coaching etc); and
  - **Community Developer/Connectors** – who will work with their local One Communities to develop local provision as well as connect people to that provision.

- One Northern Devon presented at the Community is the Best Medicine Kings Fund conference. This led David Buck, Kings Fund Senior Fellow in Public Health and Health Inequalities, to arrange a follow-up meeting to discuss OND's health inequalities work. David was aware of OND from previous Kings Fund conferences which highlighted the work of One Ilfracombe.

- **Community Mental Health Flow** has had its funding extended by a further three months by DPT hoping to bridge the gap between this work and the funding becoming available for the Community Mental Health Framework which is based on the same principles.

- **Community Developers**: unless further funding can be found the Torridge Community Developers' contracts will end at the end of July. The joint roles discussion above highlighted the possibility of using primary care additional roles funding to partly address this funding gap. The vital role of the Community Developers was highlighted at the Community is the Best Medicine conference.

- **One Northern Devon's Youth Advisory Panel** have decided to write a report to public service leaders highlighting some of the issues they are currently facing.

2. Population Health Management (PHM):

- Funding has been identified for the appointment of four locality based PHM coordinators to support the roll-out of PHM workplan and prevention workstreams. At the time of writing this report, approval from the Vacancy Control panel is still pending prior to advertisements for the posts being published.

3. Primary Care Collaborative Board (PCCB):

- The Northern PCCB will be meeting on 20th July for a key development session to review their current operating structure and establishing clarity on further PCCB engagement with both the developing Northern LCP and the wider northern Devon workplans. James Wright will be supporting this session with the oversight of local workplan priorities and allocation of resources to progress key actions.

4. Community Services

- *Wellbeing at Work* programme, in conjunction with the Youth Flow DWP funded project, continues to work with a Barnstaple based motor repair company as a pilot site and has a secondary school coming on board soon. Youth Flow opportunities at Royal Marines Chivenor continue to be discussed. Funding opportunities to support the growth of this programme are still being explored through OND.
- A 'Mental health and Physical Activity' programme will provide education and upskilling of DPT and PCN based staff, focusing initially on those working with patients with Serious Mental Illness (SMI) across the system. Devon Training Hub's new 'Personalised Care Programme' may be the host for the interventional based training aspects, with PHE providing online interactive education to the workforce on the benefits of activity in chronic disease.
- The Active Travel group are engaging with Local Planning Officers on the review of the North Devon and Torridge Local Plan, which aims to ensure future developments have a positive impact on local communities.
  The 'Our Future Hospital' delivery group have been contacted to look at active travel opportunities to the site and facilities that will help encourage patients and staff to be active in their journeys to and from and while on the estate i.e. walking routes.
- The Long COVID assessment and support service is running weekly new patient and follow up assessments from NDHT. It has access to *Your COVID Recovery Programme*, a University of Leicester developed online programme for the NHS to help patients self-manage their symptoms and recovery.

5. Northern Minor Injury Units:

- MIU-Closure: At the beginning of COVID the Trust closed both MIUs (Bideford and Ilfracombe) and brought staff back to cover the extended footprint and workload associated with running a socially distanced, COVID compliant ED. The between-wave drop in COVID admissions did not change the guidance requiring the enlarged space and staffing in ED. Recognising both

ED's need and the issues at play as tourist activity returned, the system came together to develop a three-strand approach:

A) GP Practices close to the MIUs offered to deliver the well-defined GP Locally Enhanced MIS Service (LES). This has delivered assistance but has also added significantly to the Practice problems as they grapple with the same guidance that ED is addressing. Walk-in patients remain a distancing issue.
B) For the months of July and August (starting Monday 5th July) the CCG has commissioned a 3-man team of mixed paramedic and advanced responder to ally with the RNLI on some of our busiest beaches so as to manage lower acuity tourist resort-based demand without it leaving the resort. This is an innovative test with an eye to future seasonal offers that reflect the locality UEC demand profile better.
C) In Ilfracombe there is a weekend partial MIU service in the Tyrrell hospital delivered by ambulance paramedic and technician staff. They are also profiled on 111 for professional referral.

Key priorities for the next three months

Development of a more coordinated programme approach across the northern 'system' to progressing the locality work priorities around the 5 core themes of:

- Urgent Community Care (immediate pressures of MIU provision and longer-term planning of service provision)
- Development and roll-out of the PHM programme and prevention
- Roll-out of the Community Mental Health Framework programme
- Development of the community services contract
- Planned care recovery

Issues of concern or risk

Need vacancy panel approval ASAP for the PHM coordinator posts to enable the recruitment process to begin. These posts (and the analysts) are now key to the roll out of PHM in the localities.

NHS Devon Clinical Commissioning Group

Locality update report

Locality:	Western
Period covered by update:	July 2021
Locality clinical representative:	Dr Shelagh McCormick
Locality Director:	Anna Coles/Derek Blackford
Locality non-executive representative:	Nick Ball

Key achievements/progress

Plymouth:

- City Centre Health and Wellbeing Centre - Model of Care project progressing at pace, Schedule of accommodation developed, design ambitions being finalised. Stakeholder engagement has commenced ongoing discussions regarding location of pharmacy and dental provision. Outline business case in draft.
- Continued work of Programme Director to support delivery of UEC Improvement agenda for Western system
- Tactical system support for Primary Care provider in the City
- Plymouth LCP Executive maintaining focus on whole system pressures agreeing rapid initiatives to address current demands across primary care, secondary care, community services, social care and wider provider market.
- Alternative site for temporary relocation of Stroke Beds agreed and move scheduled for 12/7/21.
- Recruitment on Health & Care link worker from DWP agreed to work alongside Health and Care Skills co-ordinator, both roles focussing of increasing recruitment of community health & care workers
- LWSW recruitment of additional reablement workers underway.
- Discharge to Assess review due for completion 26/7 to inform community capacity requirements for Plymouth system.
- Tactical command approach in place for community provision to reduce over prescribing of care, maximise use of voluntary sector and mange finite Dom Care capacity in Plymouth.

Plymouth & West Devon

- Integrated Care Partnership commenced 1st July.
- COVID vaccination programme continues to demonstrate positive examples of integrated working between PCNs, community and acute providers and commissioners delivering strong rates of vaccination with further work to implement outreach for those cohorts with lower uptake rates and needing alternative offers
- Independent Sector (IS) providers working well with the NHS and supporting treatment of long wait patients.

- Planning started as a system for the 2021/22 operating plan and Phase 4 Recovery and Restoration.
- Updates and proposed investment areas taken through Plymouth LCP Delivery Group for consideration, with same process through West LCP.
- Revised arrangements for monthly system Huddles with agreed key themes per session,
- Development of an agreed system wide urgent and emergency care recovery plan addressing demand, flow and capacity throughout the urgent care process. This also encompasses Cornish solution.
- Set up at short notice further patient hotel and blocked care home beds to avoid any hospital discharge delays for G7 and the summer period.

Key priorities for the next three months

Plymouth:

- Embedding the governance for the Integrated Care Partnership with system governance
- Finalising the Model of Care project and engagement for the Cavell Centre to support development of Business Case

West Devon:

- Further development of the Local Care Partnership with, Executive and Delivery components in place following meeting on 9th June.
- Agreement to task the Delivery/Operational group with an exercise to map the respective priorities driven the operational and long-term plans.
- Development of the emerging themes and priorities and finalisation of a first draft locality profile. Scoping exercise through Delivery group focussing on areas including Dementia, Diabetes, Obesity & Fuel Poverty.
- Leadership arrangements confirmed with Chair being covered by Acting Chief Executive Officer, Livewell Southwest for this interim period and Vice-chair by DPT Director of Finance

Plymouth/West Devon:

- Delivery against Urgent Care Locality improvement plan to address key performance challenges including ambulance handover delays and ED improvement recommendations and commence delivery against priorities
- Further develop Performance and Improvement group for LCPs
- Review of the use of care home placements for 'Discharge to assess' to understand changes in utilisation and ongoing requirements to support market management work.
- Informing and implementing the next phase of Population Health Management as part of the Devon programme
- Agreement of use of Equity Funding investments in line with key areas agreed by LCP Delivery Group
- Continued locality actions and planning in partnership with Public Health and Local Authority to ensure a sustainable COVID vaccine delivery programme which does not exacerbate health inequalities.
- Implementation of the local Lower Back and Radicular Pain pathway in line with the agreed specification.

- Continuation and further development of work for Place based Population Health Management when appropriate for both LCPs (timetable for which has been amended given service pressures and operational priorities)
- Aiming to treat elective patients according to clinical need and secondly by priority. Additional capacity coming on line over the next few months to include modular theatre provision and outsourcing support.
- Locality involvement in Devon-wide Operational Planning

Issues of concern or risk

- Staffing capacity across the commissioning team to manage priorities and operational demand including increased reporting requirements; further recruitment planned to fill vacancies
- Workforce capacity across all Providers including nursing, domiciliary care, pharmacy, voluntary sector, particularly in relation to clinical staff and the necessity for recovery as a result of the impact felt from the period of the pandemic
- Cornwall capacity across community specifically Care Home provision which impacts on UHP Length of delay performance.
- PCNs may not be able to recruit to additional roles effecting their ability to deliver the DES requirements
- PCNs ability to continue vaccination programme and business as usual; mapping of provision Cohorts 10-12 to ascertain ongoing capacity with 5 PCNs stepping back
- Urgent care demand impacting on the restoration of planned care services.
- Clinical workforce capacity at MMG which, whilst not the only GP practice dealing with high levels of demand, is also experiencing significant difficulties recruiting GPs.

Support required from CCG/system or barriers to progress

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Audit Committee

Date of Governing Body: 29 July 2021

Dates of Committees covered in this report: 14 July 2021

(Minutes of these committee meetings are available as an addendum on request)

Chair's Name and Title: Nick Ball, Non-Executive Director

Contact Details: Nick.ball1@nhs.net

Reports received and noted

- Risk Report – The committee were assured that risk is being managed appropriately through the Corporate Risk Register, the addition of new risks to the corporate risk register, the current position of the Board Assurance Framework and the process for revision of the Assurance Framework (Appendix 3). The committee received confirmation that there are sufficient assurances on the management of the CCGs risk process in line with the recommendations from the Internal Audit 2020/2021 of risk management (section 5). The committee are assured that risks classified as very high/significant are being reviewed and managed appropriately and assured that risk 109 Underperformance Constitutional Standards is appropriately scored (appendix 4)

- Scheme of reservation and delegation – the committee are assured of the content outlined in the Scheme of Reservation and Delegation and strengthening of the operational scheme of reservation (appendix 1) and recommends approval by the Governing Body.

- Internal Audit Update Report – The committee noted the status of work against the 2021/2022 Audit and Assurance Plan, and final reports issued. These included:
    - Primary Care Quality Assurance Arrangements Follow Up – Satisfactory;
    - Data Security and Protection Toolkit Assessment – Moderate; and,
    - Financial Management, Reporting & Delivery – Position Statement which shows good assurance.

  It was agreed to reset audit recommendation timeframes for all CHC recommendations to 30 September 2022 to enable the team to have sufficient time in which to implement.

- Annual Internal Audit Opinion – The committee noted the report which brings together the work carried out and presented within the Head of Internal Audit Opinion. Performance measures have been included which show how well recommendations are received and taken forward, this also shows where changes have been requested during the year.

- Counter Fraud Progress Report – The Committee noted progress and changes to the Government Functional Standards which will affect methodology to some areas of work.

Risk Register Review Updates

- Summary review of updates to corporate risk register as at 01 July 2021 were reviewed at this meeting and are available as an appendix to this report.

Committee Decisions

The Audit Committee

- Noted the Risk Report
- Noted and approved recommendation to the Governing Body to approve the Scheme of Reservation and Delegation
- Agreed to reset audit recommendation timeframes for all CHC recommendations to 30 September 2022
- Noted the Internal Audit Update Report
- Noted the Annual Internal Audit Opinion
- Noted the Counter Fraud Progress Report
- Noted the Counter Fraud Annual Report
- It was agreed that the Audit Committee will receive an update report for ICS Transition, at each meeting, which will be presented by the Programme Director as set out in the TOR for the Transition Group.

Items of concern to be escalated to the Governing Body

- N/A

Recommendations for Governing Body

- **Recommends the Governing Body approve the Scheme of Reservation and Delegation**

Recommendations for other Committees

- N/A

Terms of Reference or other committee effectiveness issues

- N/A

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.

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

AUDIT COMMITTEE

Report title: Risk Report				
Date of committee: 14 July 2021 **Date report produced: 01 July 2021**				
Author (s) Name and Title: Theresa Farris, Risk and Governance Manager theresa.farris@nhs.net **Contact Details:**		**Supporting Executive:** Ginny Snaith, Board Secretary **Contact Details: g.snaith@nhs.net** **Report Approved by:** As above		
Public or Private (Governing Body only):	**Public**		**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:
This paper provides the Audit Committee with relevant assurances regarding the risk process that is embedded within the CCG through the risk management framework policy. The data for this report was accessed on 01 July 2021.

The Audit Committee is presented with a report from the corporate risk register of risk reporting to this committee (Appendix 1) showing status and management of these risks at this time.

As requested by the Audit Committee a summary of the significant risks is included as section 2.7 and detailed in appendix 2 to allow the committee the opportunity to review and comment on progress to address these risks.

The corporate risk register is being monitored in accordance with the risk management framework policy as appropriate, this is being overseen by the Governance Team. The corporate risk register is reported to the Senior Leadership Team meeting monthly, Audit Committee bimonthly and to Governing Body through the Audit Chairs report.

The board assurance framework v1.5 (BAF) is attached as appendix 3 and has been reviewed by the executives and updates are indicated in red. The summary front sheet within the BAF document shows the status of risks at the date of reporting and trajectory of risk scores.

Following a request of the committee risk 109, Underperformance Constitutional Standards has been reviewed and the risk score has been returned to 20 (L = 5, I = 4) (appendix 4). Risk owners and risk coordinators have been asked to ensure that executive leads are informed of any risk score change in future before any changes are made to the corporate risk register

In the reporting there have been no new risks added to the corporate risk register. Risks on the corporate risk register continue to be operationally managed to seek assurance that mitigating actions and controls are in place.

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:

The Executives have responsibility for the risks identified on the Corporate Risk Register.
Each committee of the Governing Body, following discussion with appropriate Executive(s), has approved any additions and / or closures to risk.

Key recommendations and actions requested:

1. Note that the risk is being managed appropriately through the Corporate Risk Register
2. Note the addition of new risks to the corporate risk register.
3. Note current position of the Board Assurance Framework and agree the process for revision of the Assurance Framework (Appendix 3)
4. Confirm they have received sufficient assurances on the management of the CCGs risk process in line with the recommendations from the Internal Audit 2020/2021 of risk management (section 5)
5. Are assured that risk classified as very high/significant are being reviewed and managed appropriately
6. Are assured that risk 109 Underperformance Constitutional Standards is appropriately scored (appendix 4)

Impact on Strategic Objectives

We will continue to commission safe, effective and accessible services
We will work as a strategic partner in Devon
We will improve the physical and mental health of our population
We will make best use of our resources

Reference to other documents or accompanying papers:

Report section	Item	Appendix
Section 2	Corporate Risk Register	Appendix 1 - Audit Committee Risk Report Appendix 2 - Corporate Risk Register - Significant Risks Appendix 4 Risk 109 Underperformance Constitutional Standards
Section 4	Board Assurance Framework (BAF)	Appendix 3 - Board Assurance Framework V5
Section 5	Internal Audit Recommendations	

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		NO
Health Inequalities		NO
Equality (staff or public)		NO
Resource and Finance		NO
Legal		NO
Engagement and Consultation		NO
Risk		NO

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.

Risk Assurance Report

Audit Committee

14 July 2021

1. Introduction

1.1 This paper provides the Audit Committee with relevant assurances regarding the risk process that is embedded within Devon Clinical Commissioning Group (the CCG) through the risk management framework policy. The data for this report was accessed on 01 July 2021.

1.2 The report is being presented as follows:

Report section	Item	Appendix
Section 2	Corporate Risk Register	Appendix 1 - Audit Committee Risk Report Appendix 2 - Corporate Risk Register - Significant Risks Appendix 4 Risk 109 Underperformance Constitutional Standards
Section 4	Board Assurance Framework (BAF)	Appendix 3 - Board Assurance Framework V5
Section 5	Internal Audit Recommendations	

2 Corporate Risk Register

2.1 At the time of writing the report there are 36 risks being monitored on the corporate risk register. At the time of writing this report the CCG has eight risks scored significant summarised in the table below and detailed in appendix 2.9

** Risk is scored using a 5x5 matrix which does not produce the following risk scores 7, 11, 13 & 14.

Period of report –19 May 2021 to 01 July 2021	
Total Number of Risks on Corporate Risk Register	36
New Risks	0
Risk score reduced since last report	1
Risk score increased since last report	1
Total Risks Closed (detail is within the committee minutes of the following committees)	3
Quality Committee	*2*
Primary Care Committee	*1*
Finance & Performance Committee	*0*
Audit Committee	*0*
Low risks (scored 1-3)	
Moderate/Medium risks (scored 4-6)	6
High risks (scored 8-12)	22
Significant/Very high risks (scored 15 to 25)	8

2.2 There are seven risks which report to the Audit Committee and are detailed in appendix 1.

2.3 The following risks on the corporate risk register have seen movement in the risk score during this reporting period (19 May 2021 to 01 July 2021):

2.4 Risk 143 - RDEFT COVID-19: Nosocomial COVID-19 infection
The risk score has reduced from 12 to 4 (L = 2, I = 4) The CCG continues to have growing confidence in the Trust to manage the risk of nosocomial transmission of COVID-19. This has been evidenced by reduced levels of nosocomial transmission, along with a combination of CCG attendance at provider meetings, increased executive leadership within the provider, an unannounced CQC visit in January 2021, and action plan completion. Of the 5 most recent hospital outbreaks across the Devon acute Trusts, all 5 have involved RDEFT, and therefore it is recommended this risk remains open at this time, however with a reduced likelihood score of 2.

2.5 Risk 109 - Underperformance Constitutional Standards has at the request of the committee been reviewed and the risk score returned to 20 (L =5, I = 4).

2.6 A review of each risk is undertaken by the risk owner and the risk co-ordinator on a schedule appropriate to each risk. Requests to close risks and add new risks are being approved by the named executive lead.

Risk owners and risk co-ordinators have been asked to ensure that executive leads are informed of any risk score change in future before any changes are made to the corporate risk register.

2.7 There have been no new risks added to the corporate risk register in the reporting period 19 May to 24 June 2021.

2.8 As requested by the committee the following summarises the risks classified as very high/significant i.e. with a risk score above 15.

The risk management framework policy specifies responsibilities for the management of risk within the CCG, with each risk having a named executive lead and senior officer as a risk owner. Risks with a very high-risk score are reviewed no less than monthly.

Risk Number	Risk Score	Risk Score movement	Risk Reviewed	Date risk Opened	Risk Title	Mitigating actions	Reporting Committee	Executive Lead
109	20 L = 5 I = 4	⇧ 01/07/ 2021	01/07/2021	06/006/2019	Underperformance Constitutional Standards	1/6/21 LCP performance review groups now meeting and reporting through to SPG. New senior ICS performance improvement lead post in place, to provide added focus on this agenda and ensure the performance improvement framework is embedded across the system. H1 activity plans now developed, which the system will monitor against. Following the query raised by the Audit Committee the risk has been reviewed and the score increased to 20 (likelihood of 5 and impact of 4), as the CCG is unlikely to achieve Constitutional standards during 21/22. AW/SR	Audit Committee	Sheila Roberts
134	20 L = 5 I = 4	⇧ 24/02/2021	02/06/2021	27/10/2020	Operational delivery by Child and Family Health Devon	The CCG will monitor progress against this waiting list reduction plan through: • Weekly receipt of metrics/data report from internal performance monitoring meetings • Fortnightly MS Team Calls between CFHD/CCG 01.06.21 continued engagement to oversee the ASD wait list recovery programme and development of Learning Disability & Autism investment opportunities through the NHSEI LD&A Programme	Commissioning Committee	Jo Turl

137	20 L = 4 I = 5	⇔ 29/10/2020	09/06/2021	02/11/2020	Impact of implementation of National Guidance	June 2021 - Risk reviewed and score to remain as waiting list numbers and the duration of waits continues to increase. Elective care long waits remain a significant system restoration risk. Following reporting of restoration risks through the Planned Care Board, a group of workstream leads has met to consider pulling together resources when working on the harm issue during long waits (safety and experience). Further discussions are taking place within the CCG as to how this work will move forward but quality leadership will be key. The Devon elective recovery programme is led and manged at ICS level. The Devon ICS has a robust work programme in place with the ability to accelerate (SW)	Quality Assurance Committee	Darryn Allcorn
149	20 L = 4 I = 5	⇔ 05/05/2021	10/06/2021	05/05/2021	Eating Disorders Physical Health	3/6/21: weekly task and finish group continues to meet and an options paper has been written. This is scheduled for commissioning committee for 10th June 2021. The focus of this paper is for those with an eating disorder within Devon and Torbay. The task and finish group will be reporting to Clinical Commissioning Committee within the CCG and Exec to exec within DPT. (This risk is also logged on DPT's Risk Register).	Commissioning Committee	Jo Turl
135	16 L = 4 I = 4	⇔ 29/10/2020	18/06/2021	29/10/2020	CHC Assessment Backlog	June 2021 - Risk has been discussed within the team and agreed that as much can be done with this risk as it currently stands and for a new risk to be drafted that also takes into consideration risk 136, Care Home & Care at Home. Once the new risk has been drafted and exec approval gained a request to close this risk will be recommended (SB/SD)	Quality Assurance Committee	Darryn Allcorn
108	16 L = I =	⇧ 02/12/2020	07/06/2021	29/05/2019	Sustainability of General Practice	Risk is discussed at the Primary Care Operational Group and recommendations from this group presented to the Primary Care Commissioning Committee for oversight	Primary Care Commissioning Committee	Jo Turl

100	15 L = 5 I = 3	⇧ 05/01/2021	11/06/2021	21/01/2019	SWASFT Call Stacking	June 2021 - SWAST continues to record the risk of the call stack at 25 internally, which covers their whole footprint of 7 counties. With the call stack remaining similar in volume to recent months, increases in demand and the high internal SWASFT risk score, but no reported cases in Devon and the triage of patients in the stack reducing the risk to those most ill, the risk should remain the same for the CCG. It is almost certain patients in Devon will be delayed in receiving an ambulance (almost certain = 5) but those mostly likely affected will be a lower risk illness patient and therefore the impact will be a moderate level, for example longer in pain or longer lie on floor (moderate - 3) (RC)	Quality Assurance Committee	Darryn Allcorn
146	15 L = 5 I = 3	⇔ 24/03/2021	15/06/2021	26/03/2021	Assurance Concerns UHPT	June 2021 - Risk reviewed and score to remain the same. The actions continue, with Chief Nurse attending System Oversight Meeting (SOM) and Head of Nursing and Quality attending the Western urgent care group. Reason for no change in risk score - this risk has not been on the risk register for very long and the Head of Nursing is not aware of any significant improvements in the safety and quality data that would indicate a change in the rating. The CCG attend the SOM and have provided no feedback to suggest that there is any sustained improvement in the position. The situation regarding urgent care is discussed widely at a number of system meetings of which we have no information to indicate changing the score from these meetings. The situation regarding elective care is monitored through a number of system led meetings - including surgical restoration and the latest update from this group is that the current situation is worsening not improving (VC)	Quality Assurance Committee	Darryn Allcorn

3 Board Assurance Framework (BAF)

3.1 The full board assurance framework (BAF) v1.5 is attached as appendix 3. The assurance framework is reviewed by the executives and regularly updated the latest updates to the risks are indicated in red text.

3.2 The summary front sheet within the AF document shows the status of risks at the date of reporting. Including risk score trajectory.

4 Internal Audit Recommendations

5.1 Audit South West (ASW) provides the CCG with robust and a regularly monitored internal audit service. Below are the audit recommendations from the internal audit on Risk Management within the CCG was completed in March 2021 and provided significant assurance. Two recommendations were made and are detailed below.

Risk Management Audit 2020/21

Rec no.	Recommendation	Risk rating	Manager responsible	Action date	Update	Status
1	We would expect lower level risks, if current and still presenting a risk, (even if they had reached the risk appetite for the area in question) to be reviewed at least annually to ensure controls are still appropriate and operating as expected and the scoring doesn't need amending. Consideration should be given to amending the Risk Management Framework, to allow for the fact that some risks may require less frequent review, e.g. annually, that the currently stated monthly review.	Moderate 4	Theresa Farris	September 2021	The revised risk management framework is presented to this committee 14 July 2021	In progress
2	The CCG's Risk Management Training should be updated/strengthened to ensure the audience are fully aware of what constitutes a risk and what should be recorded on Risk Registers.	Moderate 4	Theresa Farris	September 2021	The presentation will be updated on approval of the Risk Management Framework Policy	In progress

7 Risk Management Training

7.1 The Governance team have produced a risk management presentation to give all staff an overview of risk management process within the CCG. The training presentation on teams can be found via this link Risk Management Presentation

The presentation will be updated on approval of the risk management framework policy. A Risk Coordinator's Teams site brings everything together in a shared workspace where the risk coordinators can chat, hold meetings online, share files and training. This will enable ongoing development and support. The risk coordinators meet every two months.

1. Recommendations

The Audit Committee are requested to:

1. Note that the risk is being managed appropriately through the Corporate Risk Register

2. Note the addition of new risks to the corporate risk register.

3. Note current position of the Board Assurance Framework and agree the process for revision of the Assurance Framework (Appendix 3)

4. Confirm they have received sufficient assurances on the management of the CCGs risk process in line with the recommendations from the Internal Audit 2020/2021 of risk management (section 5)

5. Are assured that risk classified as very high/significant are being reviewed and managed appropriately

6. Are assured that risk 109 Underperformance Constitutional Standards is appropriately scored (appendix 4)

SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP (CCG) AND SCHEME OF RESERVATION AND DELEGATION

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	Chief Finance 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.			✓		
4.	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**
5.	REGULATION AND CONTROL	Approve detailed financial policies.					**Finance and Performance Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
6.	REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests (IFR).					**Finance and Performance Committee**
7.	REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal.		✓			
8.	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).	✓				
9.	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.		✓			**Recommendation for approval from Remuneration and Strategic Workforce Committee**
10.	ACCOUNTABLE OFFICER (CHIEF EXECUTIVE)	Approve arrangements for identifying the CCG's proposed Accountable Officer and the appointment.		✓			**Recommendation for approval from Remuneration and Strategic Workforce Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
11.	STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.		✓			
12.	STRATEGY AND PLANNING	Approval of the CCG's operating structure.			✓		
13.	STRATEGY AND PLANNING	Approval of the CCG's commissioning plan.		✓			~~CCG Executive & oversight to Governing Body~~ Recommendation for approval from Commissioning Committee
14.	STRATEGY AND PLANNING	Approval of the CCG's corporate budgets that meet the financial duties as set out in Schedule 3 of the Constitution.		✓			~~CCG Executive & oversight to Governing Body~~
15.	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.		✓			
16.	ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's Annual Report and Annual Accounts.		✓			Recommendation for approval from Audit Committee ~~Audit Committee & oversight to Governing Body~~

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
17.	ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.					
18.	HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body Members and Executive team members, including pensions and gratuities.					**Recommendation for approval from Remuneration and Strategic Workforce Committee** ~~**Remuneration Committee**~~
19.	PRIMARY CARE COMMISSIONING	Approve the review, planning and procurement of primary care services in Devon.					**Primary Care Commissioning Committee**
20.	PRIMARY CARE COMMISSIONING	Approve the ~~primary care aspects of the overall CCG~~ primary care commissioning strategy in conjunction with the Governing Body.					**Recommendation for approval from Primary Care Commissioning Committee**
21.	PRIMARY CARE COMMISSIONING	Approve any policies relating to the management by the CCG of primary care.					**Primary Care Commissioning Committee**
22.	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					**Primary Care Commissioning Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
		branch/remedial notices, and removing a contract).					
23.	PRIMARY CARE COMMISSIONING	Approve enhanced primary care services.					**Primary Care Commissioning Committee**
24.	PRIMARY CARE COMMISSIONING	Approve the design of local incentive schemes as an alternative to the Quality Outcomes Framework.					**Primary Care Commissioning Committee**
25.	PRIMARY CARE COMMISSIONING	Approve the establishment of new GP practices in an area; any merger of GP practices and 'discretionary' payments (e.g., returner/retainer schemes).					**Primary Care Commissioning Committee**
26.	PRIMARY CARE COMMISSIONING	Review and approve the business case for the development of primary care related premises.					**Primary Care Commissioning Committee**
27.	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**
28.	PRIMARY CARE COMMISSIONING	Approve the financial plan and budget for any additional primary care funding allocated by the Governing Body.					**Recommendation for approval from Primary Care Commissioning Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
29.	PRIMARY CARE COMMISSIONING	Where decisions in Primary Care Commissioning Committee by exception exceed individuals delegated authority, a recommendation will be escalated from Primary Care Commissioning Committee to Governing Body for approval is to be made. This will require conflicts of interest to be managed through the GB for decisions that impact into contractual payments to General Practice					**Recommendations for approval from Primary Care Commissioning Committee**
30.	HUMAN RESOURCES	Approve 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.					**Recommendation for approval from Remuneration and Strategic Workforce Committee**
31.	HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.					**Recommendation for approval from Remuneration and Strategic Workforce Committee**
32.	HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or Member of the CCG) and for other persons working on behalf of the CCG.					**Recommendation for approval from Remuneration and Strategic Workforce Committee**
33.	HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.					**Remuneration and Strategic Workforce Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
34.	HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG					**Remuneration and Strategic Workforce Committee**
35.	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**
36.	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~~ Primary Care Commissioning Committee**
37.	QUALITY AND SAFETY	Approve the CCG's arrangements for handling complaints.					**Quality Assurance Committee**
38.	OPERATIONAL AND RISK MANAGEMENT	Approve changes to the provision or delivery of assurance services.					**Audit Committee**
39.	OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements.					**Audit Committee**
40.	OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements in line with the terms of reference of the Audit Committee. This includes the CCGs Board Assurance Framework and Corporate risk register					**Audit Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
41.	OPERATIONAL AND RISK MANAGEMENT	Approve CCG's risk management framework policy and health and safety policy					**Recommendation for approval from Audit Committee**
42.	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).					
43.	OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control,					~~**Finance and Performance Committee**~~ **Audit Committee**
44.	FINANCIAL MANAGEMENT	Approve system of budgetary control that underpins the effective, efficient and economic operation of the CCG.					**Finance and Performance Committee**
45.	OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the CCG.					~~**Audit Committee**~~
46.	OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.					~~**Audit Committee**~~
47.	QUALITY AND SAFETY	Approve the CCG's arrangements for handling complaints.					**Quality Assurance Committee**
48.	INFORMATION GOVERNANCE	Approval of the arrangements for ensuring information governance arrangements,					**Audit Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
		appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.					
49.	TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support in accordance with financial thresholds.			✓		**Finance and Performance Committee**
50.	TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision) in accordance with financial thresholds.			✓		**Finance and Performance Committee**
51.	FINANCIAL MANAGEMENT	Scrutinise and approval of all business cases for expenditure between £0.5m and £2m					**Finance and Performance Committee**
52.	FINANCIAL MANAGEMENT	Approve the procurement strategy for onward approval to Governing Body		✓			**Recommendation for approval from Finance and Performance Committee**
53.	FINANCIAL MANAGEMENT	Approve decisions to procure through open tender or other approved processes for services with a value in excess of £2m					**Finance and Performance Committee**
54.	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		✓			**Recommendation for approval from Commissioning Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
		services, obtaining appropriate advice and public engagement and consultation.					
55.	COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of commissioning decisions relating to Ambulance Services					**In accordance with its powers under section 14Z3 and 14Z4 of the National Health Service Act 2006 (as amended) ("NHS Act") NHS Devon CCG ("the CCG") has approved the establishment of the Ambulance Joint Commissioning Committee ("AJCC") and has delegated the exercise of the emergency ambulance functions as specified in the Delegation to the AJCC**
56.	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. Approve decisions with individual member employees and approve decisions delegated to joint committees established under section 75 of the 2006 Act decisions that individual members or employees of the CCG					**Recommendation for approval from Commissioning Committee**

Serial No	Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer ~~Director of Finance~~	Committees and Sub - Committees
		participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.					
57.	COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests.			✓		
58.	COMMUNICATIONS	Approving a comprehensive Publication Scheme for the CCG.			✓		

Appendix 1

1. SCHEDULE OF MATTERS DELEGATED TO OFFICERS (Operational Scheme of Delegation)

General

This schedule of matters delegated to officers (operational scheme of delegation) has been developed in conjunction with the organisation's prime financial policies and standing orders and will provide guidance for the CCG. This document lays down financial limits to the authority of CCG and others to commit or approve expenditure on behalf of 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 Chief Executive/Accountable Officer, the ~~Director of~~ Chief Finance Officer (CFO) 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 Chief Executive/Accountable Officer and Executive 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 Chief Executive/Accountable Officer
c) as part of Financial Procedures approved by the Chief Finance Officer (CFO)
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.

2. FINANCIAL CONTROL ENVIRONMENT

In accordance with Prime Financial Policies the Governing Body (and the Primary Care Commissioning Committee in respect of primary care medical services) 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 Chief Executive/Accountable Officer; the ~~Director of~~ Chief Finance Officer 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 operational 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) CFO ~~DoF~~ (b) CFO ~~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 (ADOF) (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 (ADOF) (c) ~~DoF~~ CFO, or ~~AO or DOC~~, CEO/AO, COO or Director Commissioning
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~~ CFO (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~~ CFO (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~~ CFO or CEO/AO

10	(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~~ CFO or CEO/AO (h)(i) Designated budget holder (h)(ii) Executive team member (h)(iii) ~~DoF~~ CFO or CEO/AO (i) ~~DoF~~ CFO or CEO/AO (j) ~~DoF~~ CFO or CEO/AO (k) Governing Body
11	**Verification and High Cost Panel Decisions regarding individual packages of care** (a) Up to £1,000 per week (b) Up to £1,~~3~~200 per week (c) From £1,~~3~~201 to £1600 per week (d) From £1,601 to £2,000 per week	(a) Quality Assurance Practitioner/ CHC lead Nurse (b) ~~Quality Assurance Lead Nurse or~~ Senior Commissioning Manager/Head of Market Development (c) Quality Assurance Lead Nurse ~~Associate Director of Quality Assurance and Nursing (CHC)/ Deputy~~

	(e) From £2,001 to £2,500 per week (f) From £2,501 to £5,000 per week (g) 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.	~~Head of CHC and Nursing or in their absence 2 QA leads with IPOC Panel ratification at next panel~~ (d) Senior Quality Assurance Lead ~~Individual Package of Care (IPOC) Panel~~ (e) Head of Quality Assurance ~~CNO~~ **and** ~~DFO~~ CFO ~~or~~ ~~CO~~ AO ~~or COO or Director of Commissioning~~ (f) Individual Package of Care (IPOC) Panel (g) CNO **and** CFO or CEO/AO or COO or Director of Commissioning

Fraud cases over £15,000 must be referred to NHS ~~Protect Operational Service~~ Counter Fraud Authority

3. Maximum Authorisation limits

Individuals within the CCG have the authority to authorise invoices in the Oracle Finance system in line with the financial scheme of delegation detailed above

(a) up to £500 (band 3-4)

(b) up to £15,000 (band 5-6)

(c) up to £50,000 (band 7-9)

(d) up to £250,000 (VSM)

END

NHS
Devon
Clinical Commissioning Group

Risk Management Framework

NHS Devon Clinical Commissioning Group

Author (s): Theresa Farris, Risk and Governance Manager NHS Devon CCG Clare Doble Head of Governance Ginny Snaith; Board Secretary	Contact Details: theresa.farris@nhs.net clare.doble@nhs.net	
Approved by: Governing Body	Date of formal approval	Review Date: July 2021~~2~~
Date Issued:		V 7
All policies are held centrally by Governance: **d-ccg.governance@nhs.net**		

Document Change History: Risk Management Framework Policy		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V1	August 2017	Review and produce a joint policy for Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group. To reflect the risk appetite of both organisations as they align systems.
V 1.4	November 2017	Staff Forum & Staff Council – NEW Devon 7 November 2017 and SDT CCG 20 November 2017
V1.5	July 2018	Risk Appetite approved by Chief Officers Team Meeting
V1.5	July 2018	Risk Appetite discussed at Audit Committee – committees in common
V1.6	12 September 2018	Audit Committee – committees in common – **APPROVED**
V1.6	27 September 2018	Governing Body – meeting in common APPROVED
V2	April 2019	Review to reflect merger of the organisations and recommendations of Internal Audit March 2019
V3	April 2019	Reviewed by Board Secretary
V4	April 2019	Following feedback from Exec Team 30th April 2019
V5	June 2019	Reviewed at Audit Committee and Senior Leadership Team
V5	June 2019	Governing Body July 2019
V5.1	July 2019	Minor corrections to format
V5.2	August 2019	Amendment to corporate objectives page 26 appendix 4 Minor corrections to forms appendix 1 Addition of closure box appendix 4 Replace Assurance Framework documentation
V6	March 2020	Amendments following outcome of internal audit of risk management • Index updated • Added section 4.4 Directorate risks • Use of action field in corporate risk register added section 5.4 all staff • Section 7.1 capture of risks and use of action field explained • Section 8 added risk management and risk escalation flow chart. Clarity of wording now reds directorate risk • Section 9 added directorate risks • Section 10 level at which risk managed updated, included

		update to section 10.4 to include Programme Management Office process • Section 11 timescales for review updated • Section 14 Risk Training updated as recommended by Internal Audit outcome • Addition appendix 7 Risk Management Training programme
	June 2020	Reviewed by Board Secretary
	June 2020	Present to Executive Team for approval
	July 2020	Present to Audit Committee for approval – approved 08 July 2020
	July 2020	Include in Audit Committees Chairs report for Governing Body information and agreement – approved 30 July 2020
	August 2020	Publish on website and intranet Article in staff bulletin Uploaded to Risk teams page Risk Co-Ordinator's advised of review, use of corporate risk register and directorate risk registers
V6.1	October 2020	Update to include reference to Commissioning Committee
V7 draft	May 2021	Review following internal audit of risk management to incorporate recommendations • Change assurance framework to board assurance framework (BAF) • Update to section 2.1 to include list of risk registers page 7 • Detail of groups impacted by this policy section 3.1 • Section 4 updated to include definition of what constitutes a risk page 9 • Section 4 table added to distinguish between a corporate risk and a team risk page 9 • Addition of risk review frequency section 8 page 16 • Addition of paragraph section 9 on team risk register reviews page 18 • Review of incident reporting (section 13) update to web site address page 22 • Additions to glossary appendix 3 page 29
V7 draft	May 2021	Reviewed and approved by Policy Review Group
V7 draft	May 2021	Reviewed and approved by Executive Team
V7 draft	July 2021	Present to Audit Committee for approval

Equality, diversity and inclusion statement

NHS Devon CCG is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net
Post: Patient Advice and Complaints Team
FREEPOST EX184, County Hall, Topsham Road, Exeter, EX2 4QL

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Risk Management Framework

1. Statement of Intent

1.1 The objective of this risk management framework is to ensure that the organisation is best placed to deliver its strategic objectives set out in its operational plan. At the forefront of this framework is the knowledge of protecting members of the public and staff, and best utilising the assets of the organisation and identifying any risk that may affect NHS Devon Clinical Commissioning Group hereafter known as the CCG in the achievement of its objectives, for example, risks in relation to commissioning comprising, clinical, quality, safety, financial, patient experience, performance, reputation and business conduct must be assessed and appropriate actions taken.

1.2 In the CCG risk management is not the responsibility of one role or one individual, it is the responsibility of everyone.

1.3 The CCG is committed to ensuring that risk management is a key part of the CCG's role of improving the health of the local population and ensuring an outstanding level of patient safety through commissioning of high-quality services that meet the needs of local people. The CCG also has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk which could affect the function of the CCG. This includes both the risk to the organisation and the risk to those individuals to whom the CCG has a duty of care.

To this end:

- risks within the organisations are identified, assessed, treated and monitored and are integral to the governance of the CCG
- all elements of the commissioning process, including needs assessment, tendering, contract management and evaluation, include robust risk assessment and monitoring mechanisms

1.4 Risk management is a continuously evolving process and engagement of all staff and partners is essential for its successful implementation. Therefore, the CCG will work with its partners to promote robust risk management across its whole health and social care economy, to improve patient safety and learning from all incidents.

1.5 It is not the intention of the CCG to use risk management to stifle risk taking and/or innovation. Risk is inherent in all activity. The risk management systems ensure that risk is identified in line with the CCG risk appetite, the level of risk will be deemed acceptable as part of the overall impact of the project or process.

1.6 All managers and staff need to acknowledge risks in line with the Nolan Principles of openness and transparency. With this approach the overall level of risk within the CCG will be reduced, actively mitigated and have a clear action plan and trajectory for closure. The overall approach within the CCG will be one of help and support of each other, rather than recrimination and blame. The CCG Governing Body are committed to this approach.

1.7 This framework is designed to coordinate risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register and its supporting documents across the CCG, namely: board assurance framework (BAF), corporate risk register (CRR) and team risk register (TRR). This will enable the CCG to facilitate improvements in patient safety, quality of care, CCG reputation and financial governance and provide reports that will contribute to the monitoring and auditing of all risks inherent within the organisation through the appropriate forums.

2. Introduction

2.1 This document is the risk management framework for the CCG. The CCG is committed to a framework that identifies and takes appropriate action to minimise risk to patients, stakeholders and the CCG through a comprehensive system of internal assurances and controls whilst providing maximum potential for flexibility, innovation and best practice in delivery of its vision, mission and objectives.

The CCG has adopted corporate objectives, as approved by the Governing Body and will actively identify and report any risks and threats, opportunities are also established to support the organisation's objectives.

A risk is something which if it arises may impact on an organisation's ability to achieve its objectives successfully – this can be at any level of the organisation. Risk is recorded on the following risk registers as described in section 10:

- Board Assurance Framework
- Corporate Risk Register
- Team Risk Register
- Project Risk

2.2 The CCG approach to risk management, in line with being a clinically led member practice organisation, is supported by its committees and working groups who manage and have oversight of risk at both a strategic and operational level. The CCG culture is of devolved accountability, empowered decision making and corporate responsibility. In line with their operating models, all delegated functions by the Governing Body are managed through the committee governance arrangements, therefore, this framework is based on proportionate governance structures, policies, procedures which report and identify and manage risk in the place or by the person(s) where the most value is added.

2.3 Key success factors for embedding risk:

- Risk management is everybody's business
- Our risks are understood and managed effectively
- Leadership behaviours and accountability drives a risk aware culture
- Risk aware behaviours are underpinned through performance management
- Compliance with legal and statutory requirements
- Assist compliance with national guidance
- Encourage proactive risk management
- Meet the CCG commissioning responsibilities for risk management through the contracting process

2.4 Risk management is viewed by the CCG as an integral part of good management practice which underpins the organisations objectives and enables the prioritisation of its resources in line with risks. An integrated approach to risk management is embedded so that lessons learned can be understood and applied across the all populations of the CCG.

3. Purpose and Scope

3.1 This framework is intended for use by all members and employees (clinical, managerial, specialist and administrative) of the CCG.

This includes, but is not limited to:

- staff employed by the organisation
- those engaged in duties for the organisation under a letter of authority
- honorary contract or work experience programme

- volunteers
- any other third party such as contractors or support services organisation
- Students or visitors.

3.2 The Governing Body will continuously strive to ensure that there are effective governance and risk management systems and arrangements in place and that these are monitored on an on-going basis.

3.3 Work is underway to develop system-wide arrangements for risk management. This framework will be revised if required to accommodate these new arrangements whilst ensuring that the principles of good governance and accountability are maintained.

3.4 All staff must be familiar with the contents of this document and, more importantly, what it means in terms of implementation and applicability to their role.

3.5 The purpose of this framework is to provide a consistent defined systematic approach to identifying, reporting and managing risk in both organisations. This policy provides a framework for the embedding of risk management in all activities within the organisations.

3.6 The framework provides a method by which organisational understanding of risks in all its constituent parts, control measures, importance of actions, review and ownership is robustly assured through the CCG governance structure.

3.7 Risk management is the responsibility of everyone either directly or indirectly working with the CCG to achieve its objectives. The CCG key strategic risk management aims as a commissioner of health services are as follows:

- To adopt an integrated approach to the management of risk and to integrate risk into the overall arrangements for clinical and corporate governance.
- To support the achievement of the CCG objectives
- To comply with national standards
- To have clearly defined roles and responsibilities for the management of risk
- To commission a high-quality service for patients and continuously strive to improve patient safety
- To ensure that risks are continuously identified and assessed, and that they are treated, either by avoidance (by discontinuing a specific activity), taking or increasing the risk in order to pursue an opportunity, removing the risk source, changing either the likelihood/probability or consequence, sharing or transferring the risk, or retaining the risk by informed decision
- To use risk assessments in informing the overall business planning/investment process in the CCG
- To encourage open and honest reporting of incidents through the use of a single incident reporting system
- To establish clear and effective communication that enables information sharing.
- To foster an open culture that allows organisation wide learning

4. Definitions

4.1 **Risk** - the chance of something happening that will have an impact upon objectives. It is measured in terms of likelihood/probability and impact. Refer to appendix 1 for examples of likelihood/probability and impact of risk, along with the 5x5 risk scoring matrix.

4.2 **Clinical risks**: defined as “those risks which have a cause or effect which is primarily clinical or medical” examples include clinical care activities, consent issues and medicines management.

4.3 **Corporate or organisational and business risks**: defined as “those risks which primarily

relate to the way in which the CCG is organised, managed and governed". Examples include human resource issues and corporate governance risks concerning the establishment of an effective organisational structure with clear lines of authorities and accountabilities. The risk events can include inappropriate decision making and delegation of authorities; all can result in sub optimal performance and losses for the CCG.

4.4 **Team Risk Registers**

Team risk registers have been established, using a standard risk template to record risks that have been removed from the corporate risk register and to record risks that are not considered corporate risks and are being managed operationally. This will provide assurance that any residual risk is managed and where necessary escalated to the corporate risk register. See section 8

Corporate Risk Register	Team Risk Registers
High level operational risk monitored by the Senior Leadership Team Risk will have an organisational wide impact These are risks which cannot be managed at Team level Risks that exceed the risk score as described in the risk Appetite appendix 1 Risks removed from the CRR may be transferred to a Team risk register for ongoing monitoring	Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans Emerging risk to allow discussion and articulation of the risk may include discussion prior to potential escalation to the corporate risk register Risks that have been removed from the corporate risk register and require less frequent review Lower level risks, if still current and presenting a risk, even if they had reached the risk appetite for the area in question, to be reviewed at least annually to ensure controls are still appropriate and operating as expected and the scoring doesn't need amending

4.5 **Specific risk areas**: Behind the comprehensive areas of risk above there are more clearly identified risk areas that the CCG may encounter and need to manage:

Change	These concern risks that programmes and projects do not deliver agreed benefits within an agreed budget, and/or introduce new or changed risks that are not effectively identified and managed.
Legal and Compliance	These include Health & Safety; Data Protection, Employment practices; employment legislation; the NHS constitution; freedom of information; civil contingencies; deprivation of liberty and regulatory issues.
Operations	These concern the day to day concerns that the CCG is confronted with as it strives to deliver its strategic objectives. They can be anything from loss of key staff to process failure. It covers risk events such as failure by a third party to deliver a service for the operational, breakdown in partnership with third party, failure to manage internal change etc. Operational risks are largely short or medium term where impact is high/medium, and likelihood/probability is low to high

Information & Technology	These concern the day to day issues the CCG is confronted with as it drives to deliver its strategic objectives. They can be anything from loss of data to failure of a key IT system. It covers risk events such as cyber security a technological breakdown, loss of hard or soft copy data, failure by a third party to deliver a service breakdown in partnership with third party, failure to manage internal change etc
People	These concern insufficient staff resources (capacity and capability). These risks can have a significant impact on the performance and reputation of the CCG.
Strategic	These concern the long-term strategic objectives of the CCG. They can be affected by external factors such as the economy, changes in the political environment, technological changes, and in legal and regulatory changes. The strategic risks are mainly significant risks that can potentially impact the whole of the CCG.
Clinical	These concern risks that arise directly from the commissioning of healthcare to patients. This includes safeguarding, clinical errors and negligence, healthcare associated infection and failure to obtain consent.
Reputational	It is important that the reputation of the CCG is protected through robust systems of communication with stakeholders. Systems of communication with external stakeholders that contribute to minimise risk need to be in place, including regular meetings, patient surveys, publications and public meetings. The CCG has a large and diverse range of stakeholders with whom it needs to develop and maintain engagement

4.6 **Risk Management** – Includes all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate, monitoring and reviewing progress.

4.7 **Risk Management Process** - the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying and analysing, evaluating, treating, monitoring and communicating risk.

The risk management process is a continual cycle and is the responsibility of everyone in the organisation.

5. Accountabilities and Responsibilities

5.1 The management of risk is a key organisational responsibility. The Governing Body holds overall responsibility for the CCG's risk management framework and is supported by the Accountable Officer and Executives. The Audit Committee will provide assurance on risk management to the Governing Body.

5.2 For risk management to be part of operational activity throughout the CCG, it is important that individual accountability is clearly defined. All staff must accept the management of risks as one of their fundamental duties and must have a sense of ownership and commitment to identifying and minimising risks. Risk issues are present in the CCG at all times and the day to day management of those risks is the responsibility of all staff employed by the CCG.

5.3. As a commissioner of healthcare, the CCG is committed to ensuring that services are provided to high standards, and that any risk to patients, staff or the organisation are treated by a process of identification, assessment, management, and, any mitigations to risk applied. To facilitate understanding and ownership of responsibility for risk

management the CCG encourages a culture of openness and honesty in relation to reporting adverse incidents and near misses. Adverse incident reporting will be used in a positive way as learning opportunities to eliminate or reduce risks in the future.

5.4. Key responsibilities for risk management are:

Accountable Officer	The Accountable Officer has the responsibility for having an effective risk management system in place within the CCG. This is to ensure that the CCG is meeting statutory requirements and adhering to guidance issued by the Department of Health in respect of governance.
Director of Commissioning	The Director of Commissioning is required to have an ability to understand the CCG risk environment, including knowledge and understanding of the strategies that have been adopted by the CCG and the risks inherent in any transformation strategies.
Chair of the Governing Body	The Chair of the Governing Body is required to have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control are in place for all aspects of governance, including financial and risk management, including any risks to the delivery of the QIPP programme.
Lay member / Audit Chair with lead role for governance	The Lay member (Audit Chair) on the governing body with a lead role in overseeing key elements of governance and systems of internal control, is required have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance, including financial and risk management. The Audit Chair is also the Conflict of Interests Guardian.
Chief Nursing Officer/ Caldicott Guardian	The Chief Nursing Officer within the CCG has a lead role for the safeguarding of children and of vulnerable adults and consideration of nursing and patient safety at all times. The chief nursing officer also oversees clinical audit and clinical best practice development and benchmarking. The Chief Nursing Officer is the Caldicott Guardian and has a direct route to escalate risk to the SIRO.
Chief Finance Officer	The Chief Finance Officer has overall responsibility for the integrity of the system of internal financial controls, financial risk and for specific responsibilities as set out in the standing financial instructions. The chief finance officer: • Holds executive responsibility for financial risk management, financial performance management and is accountable to the Chief Officer. • Has professional responsibility for internal audit • Ensures the effectiveness of the organisations financial control systems, including counter fraud measures • Ensures that the significant financial risks faced by the CCG are identified and managed effectively
Senior Information Risk Owner	The SIRO is an executive who is familiar with and takes ownership of the organisation's information risk management policy and acts as an advocate for information risk on the Governing Body. The SIRO in turn provides assurances to the organisation's Chief Officer.

Board Secretary	The Board Secretary will advise the Governing Body (and managers) on matters of good governance within statutory and regulatory frameworks and being accountable for a range of corporate issues. They are accountable to the Chief Officer, Executives and lay member for governance, for the management of the corporate risk register and board assurance framework. As a key member of the Senior Leadership Team(s) working closely with the Governing Body, the Board Secretary will share responsibility for ensuring functions are exercised effectively, efficiently, economically, with robust governance and in accordance with the terms of the CCG Constitution as agreed by their members.
Operational Senior Managers	Each senior manager is operationally responsible for ensuring effective structures and systems for managing risks, reflecting this framework, exist within their team/department. • Ensuring risk management is incorporated into all processes • Ensuring that the risk management strategy and other information is disseminated to all staff within the CCG • Identifying staff within the CCG who are responsible for taking risk management forward and making their roles, responsibilities and accountabilities clear both to them and to other staff • Ensuring that all staff have received corporate induction and specific local induction regarding risk management processes and are aware of their personal responsibility for risk management • Undertaking regular and thorough self-assessment for risk and demonstrating outcomes from the assessment process, including action plans and evidence of implementation • Ensuring appropriate risks are entered onto the risk register • Ensuring that a robust process of self-audit and review exists for all risk related objectives and activity. • Ensuring that documentary evidence exists for all risk management activity and to demonstrate that CCG standards and legal and statutory requirements are being met • Ensuring that risk related governance objectives are achieved.
Managers	Managers have specific operational responsibilities in relation to their area of work. Managers are also responsible for ensuring that risks within their area are identified, assessed, monitored and captured on the corporate risk register in accordance with this framework.
All Staff	All members of staff are accountable for their own working practice and behaviour and this is implicit in contracts of employment and reflected in individual job descriptions. It is the duty of all members of staff to ensure that all actions taken are in the best interest of the organisation and that they do not expose the organisation to unnecessary levels of risk. All staff are required to follow the processes set out within this framework with regard to the identification of risk within their sphere of work. Individual accountability must be clearly defined and reflected in objective setting and performance reviews through line management accountabilities. • Be alert to risks and recognise their duty to report them through their line management arrangements so that appropriate action can be taken. • Be aware of existing risk assessments related to their area of work and

	relevant procedures or control measures to be adopted to reduce identified risks • Contribute to minimising risks wherever possible • Be familiar with the CCGs risk management framework (this document) and associated standard operating procedures • Recognise their duty under legislation to take reasonable care for their own safety and of others that may be affected by the CCGs business • Report incidents and serious incidents requiring investigation (SIRI) as per the respective policies, which should be read in conjunction with this policy • Attend all relevant risk management training as required by this framework and job description. • Ensure the action field on the CRR should be appropriately completed, i.e. it should detail the actions needed to strengthen control and/or assurances further.
Information Asset Owners (IAOs)	The CCG's Information Asset Owners (IAOs) shall ensure that information risk assessments are performed at least annually. IAOs will submit the risk assessment results to the SIRO via the IG Forum for review. IAOs are senior individuals involved in running the relevant business areas. Their role is to understand and address risks to the information assets they 'own'. IAOs are likely to be supported by Information Asset Administrators (IAAs) e.g. User Administrators who are operational staff with day to day responsibility for managing risks to their information Assets. The CCG's Information Asset Register holds a list of all the current IAOs and IAAs.
Partnership working groups	The CCG is committed to the continuing development of partnership working with other health and social care and other organisations in line with our Working with Industry Policy In commissioning quality services, the CCG needs to be acutely aware of accountability arrangements and the management of risks in partnership working arrangements. There is an understanding that in addition to internal risks, there are also external risks that the CCG shares with partner organisations such as NHS England, Local Acute Trusts), Local Authority, social care and other partner stakeholders. These risks need to be assessed and where necessary appropriate 'risk sharing' management arrangements set in place. When partnership agreements are being developed risk management will be specifically addressed. This will need to incorporate clear lines of accountability and responsibility for staff working across partner organisations. Within the agreement there will be an explicit statement that sets out how the risk management structures and systems of the organisations will link and how decisions will be made, and which organisations will lead on the management of a specific identified risk. The CCG will work closely with partner organisations to achieve a shared ownership of risks facing the health economy and the solutions that are implemented. The CCG expects risk management to be a priority for those from whom it commissions services.
Contractors	Contractors and temporary staff are required to follow CCG policies and procedures as well as being aware of risk assessments within their area of work.

Commissioning services	The CCG commissions health services on behalf of the registered population of Devon. The CCG Governing Body must be informed of, and where necessary, consulted on all significant risks that arise from the service level agreements with other healthcare providers. The failure of a commissioned service to deliver services as agreed would be a significant threat to the achievement of one or more objectives of the CCG. Therefore, risks must be systematically identified, assessed and analysed in the same way as other risks to the CCG with clear accountabilities defined. Risk associated with commissioned services will feature in the CCGs corporate risk register to enable the Governing Body to be fully informed on the risk profile of the CCG.

6. Risk Appetite

6.1 The Good Governance Institute states:

"*The resources available for managing risk are finite and so the aim is to achieve an optimum response to risk, prioritised in accordance with an evaluation of the risks. Risk is unavoidable, and every organisation needs to take action to manage risk in a way that it can justify to a level which is tolerable. The amount of risk that is judged to be tolerable and justifiable is the "risk appetite*".

Risk appetite is therefore 'the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.' (HMT Orange Book definition)

The CCG has articulated their risk appetite by creating the following statements:

'The Governing Body of NHS Devon CCG recognise that risk is a natural part of health and social care provision. The CCG will manage and mitigate risk whenever possible, to optimise patient safety. Whenever possible, we will look to take calculated risks where the potential results outweigh the costs.

Management should implement specific limits or tolerance levels that are aligned with those overall limits set by the Governing Body at departmental or functional, activity and operational risk levels'

Our risk appetite statement helps our staff and our stakeholders to understand the level of risk the Governing Body are prepared to accept across the Clinical Commissioning Group. It describes the levels of risk we are prepared to tolerate and how they will be treated and by whom.

Management should implement specific limits or tolerance levels that are aligned with those overall limits set by the Governing Body at departmental or functional, activity and operational risk levels (Appendix 1).

Appetite Level	Described as
None	**Avoid:** the avoidance of risk and uncertainty is a Key Organisational objective
Low	**Minimal** (as little as reasonably possible): the preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.
Moderate	**Cautious:** the preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	**Open:** willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	**Seek:** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk. **Mature**: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Appendix 1 indicates the overarching risk score and management response expected to review and agree actions to address risks identified and held on the corporate risk register. The risk scoring matrix also considers likelihood/probability and impact to produce an agreed risk score.

6.2 The Governing Body will on an annual basis set specific limits for the levels of risk the CCG is comfortable to tolerate in the pursuit of its objectives.

7. Risk Capture

7.1 Risk will be captured by all parts of the organisation via the reporting system. A Risk Template must be completed by the risk owner with the support of the directorate risk coordinator. Risks must then be approved by the responsible Executive before being added to the risk register.

Expert advice and guidance from the Governance Team will assist to provide as accurate an assessment as possible.

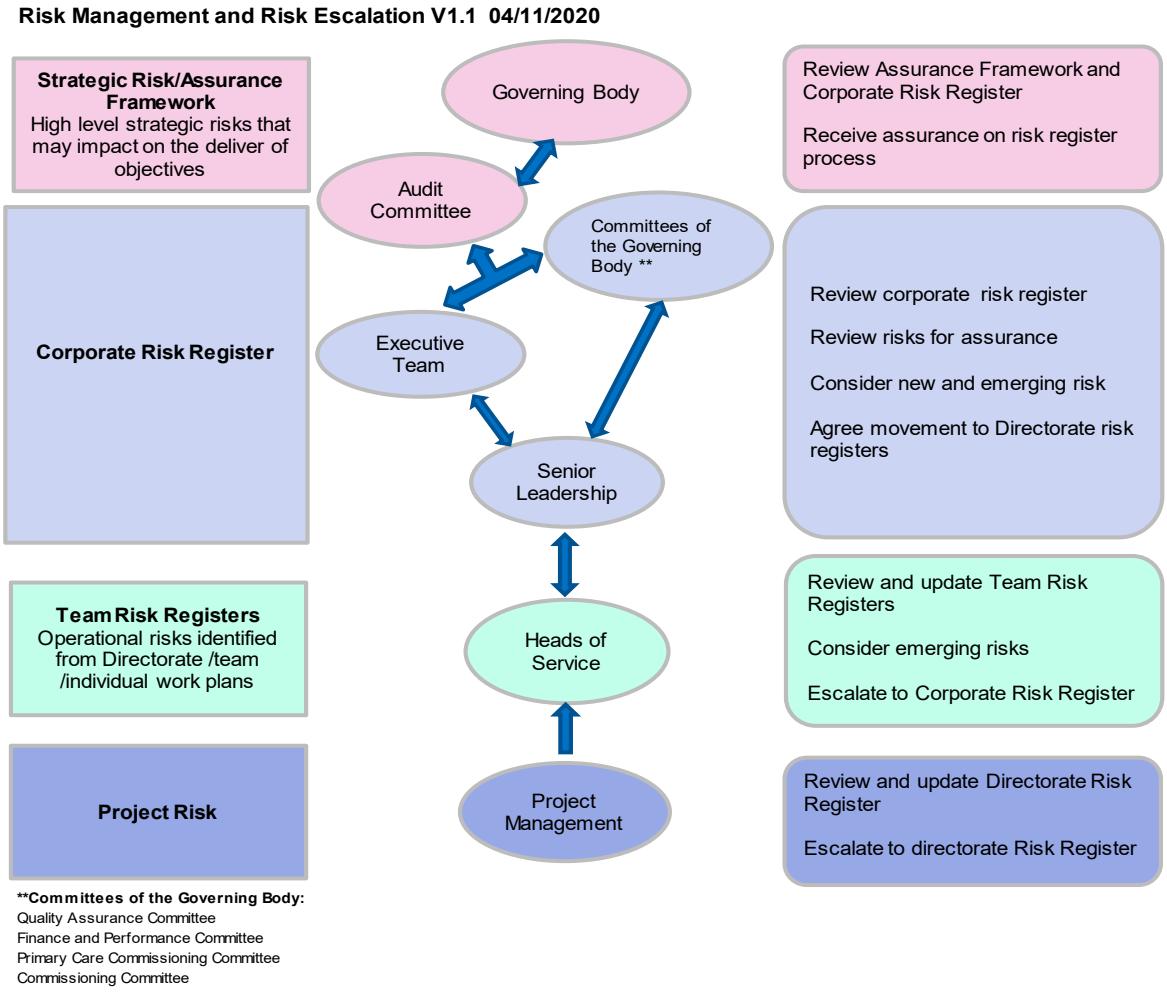
Risk information should be captured for the following fields using the template in Appendix 4.

Risk description	An identity by which the risk is known throughout the life of the risk in the organisation e.g. There is a risk that……
CCG Objective	The risk must be linked to one of the CCGs objectives
Executive Lead	Is the identified Director who is lead for the risk and who is corporately responsible for ensuring that the mitigating action plans are put in place and that risk scores are reduced. The Executive Lead must have approved the risk prior to adding to the corporate risk register for committee approval.
Risk Owner	Will be the senior officer leading on the area of work in which the risk has been identified.
Risk Coordinator	Maintaining consistency in reporting, ensuring use of language is appropriate and the content of the risk register is kept up.
Risk Rating	This is the assessment of likelihood/probability and impact of the risk before controls are considered (Appendix 1 risk scoring matrix)
Controls	Are identified and put into place to mitigate the causes identified. Gaps in the controls are identified and remedied.
Assurances	Provide the CCG with confidence that the risk is being fully managed and reported. Gaps in these assurances are identified and remedied.
Actions	These are the activities in place to drive the risk down to a more acceptable risk rating level. Updates are made to the risk register to confirm actions completed. The action field on the CRR should be appropriately completed, i.e. it should detail the actions needed to strengthen control and/or assurances further.
Reporting	Risk is reported via a named committee, which includes Governing Body and Governing Body Committees.

Residual Risk Rating	This is the risk level that remains (likelihood/probable and impact) after controls have been put into place.
Adequacy of Controls and Assurances	This will provide reassurance that the risk is being managed and impact has been mitigated.

8. Risk Monitoring and Review

8.1 Risk will be scrutinised in the following way:



Team Level – Team risks shall be reviewed at team meetings to ensure that risks are continually monitored, accurately reflecting current position and that the Executive Director is satisfied that the current position of risks within their department is a true and accurate reflection of the department risk profile.

Executive Directors will have responsibility for agreeing the addition of risks to the team risk register, escalation to the CRR or removal of risks from the corporate risk register to be recorded on team risk registers which will be monitored at team level.

Risks must not appear on the CRR and Team Risk Register (TRR) at the same time – They must be stepped down (transferred) or escalated as appropriate with Executive approval

Risks removed from the CRR, with Executive approval and agreement from the responsible committee must be added (transferred) to the TRR for regular review to ensure that the risks remain in view and can be escalated to the CRR with Executive approval should the risk score change in line with the risk appetite.

Executive Team The executive team will review the board assurance framework twice a year as a specific agenda item

Senior Leadership Team– will act as the CCG's senior risk committee. All risks will be brought before the group monthly as a specific agenda item for review and recommendation of any additions and changes. Additionally, the group will ensure that the Risk Register is used to develop the agendas for meetings to ensure that all high-risk areas are reviewed on a regular basis.

Governing Body Committees – As appropriate, committees will provide assurance of the risk process following formal accountability of the risk process from heads of department at department level and locality clinical leads at locality level. The Committees will provide assurance that collectively the board assurance framework and the corporate risk register form a true reflection of the risk profile of the organisation, that evidence of robust risk management is in place on captured risks and that those risks are accurately assessed prior to Governing Body reporting.

Governing Body – The Governing Body is ultimately accountable for risk management in the CCG and assure themselves through the risk register and the board assurance framework assurance over risks identified to achieving the vision, priorities and aims/objectives in the CCG are being managed effectively.

The Governing Body is ultimately responsible for:

- approving the risk management framework
- the system of internal control and risk management
- insuring that national and CCG clinical governance issues are addressed

The Governing Body will agree appropriate courses of action where it appears that risks are not being effectively managed.

Audit Committee – The non-executive director/lay member for probity and governance chairs the Audit Committee which reports directly to the Governing Body. The committee's primary role is to conclude upon the adequacy and effective operation of the CCG's internal control system. The committee's work will focus on the framework of risks, controls and related assurances that underpin the delivery of the CCGs objectives in the board assurance framework. Members of the Audit Committee are presented with the board assurance framework for the CCG as specified in the CCG's constitution.

The Audit Chair will provide a summary to the Governing Body of its assurances and where necessary request deep dives to be undertaken in areas of risk where further assurances are required. The Audit Committee provides assurance to the Governing Body that the risk management process that is in place is designed effectively to provide a robust risk management framework.

8.2 Risks should be reviewed by each risk owner as a matter of good practice in accordance with the timescales indicated in the table below or following a review of actions assigned to the risk to understand if the profile of each risk has altered across its constituent parts.

Risk Level;	Frequency of review by risk owners	Management of risks
Low Risk	No less than Quarterly	Managed by teams
Medium/Moderate Risk	Monthly	Managed by directors
High Risk		Report to Senior Leadership Team
Significant Risk		Report to Audit Committee / Governing Body

A monthly review of each Risk by the Risk Owner is considered to be best practice, with

the risk coordinator supporting the risk manager to maintain an accurate risk register for the CCG.

The Board Secretary is responsible for the CCG risk register as a whole, and requires the support of all directors, risk managers, risk owners and risk coordinators to add and review all risks.

Risk will be reviewed as detailed in the following table:

Governance Level	Frequency	Reported	Risk Register Owner
Team/Directorate	At least Quarterly	All risks relating to relevant Team/ Directorates	Risk Co-ordinator with Risk Owners
Non Active Team/Directorate	At least annually	This includes risks de-escalated from CRR or team risk	Risk Co-ordinator with Risk Owners
Senior Leadership Team	Monthly	Risk Register and board assurance framework	Board Secretary
Audit Committee	As specified in the CCG constitution	Risk Register and board assurance framework	Board Secretary
Quality Assurance Committee	At every meeting	Safety and Quality Risks	Chief Nursing Officer/ Caldicott Guardian
Primary Care Commissioning Committee	At every meeting	Primary Care Risks	Director of Primary Care
Commissioning Committee	Monthly Meetings	Commissioning Risks	Director(s) of Commissioning
Finance and Performance	At every meeting	Finance and Performance Risks	Director of Finance Director of Commissioning
Governing Body	In accordance with the constitution	board assurance framework (BAF)	Board Secretary

9. Risk Reporting

9.1 Risk reporting will be facilitated by the Head of Governance on behalf of the Governing Body, Senior Leadership Team and Audit Committee and will provide the appropriate risk register report for each of the areas listed above.

9.2 Team risk registers will be updated by the named risk owner with assistance from the risk co-ordinator no less than monthly and discussed and reviewed at team meetings no less than quarterly. Lower level risk non active on a team risk register should be reviewed annually to ensure controls are still appropriate.

10. Risk Registers

10.1 Level at which risk is managed, recorded and monitored

Level of Risk	Risk Register	Risk Score	Risk Impact
Strategic	**Board Assurance Framework** (BAF) The BAF serves as the key document to assure the Governing Body that risk management is in place to address risks to the organisation's principal objectives **Section 11** **Appendix 5**	**Significant risk 15 to 25**	**Requires Board level and Executive Director scrutiny and oversight** **Supports the annual governance report**
Corporate	**Corporate risk register** High level operational risk monitored by the Senior Leadership Team Risk will have an organisational wide impact These are risks which cannot be managed at Directorate level	**High risks 8 or above or in accordance with risk appetite appendix 1**	**High level operational risk** **Monitored by the Senior Leadership Team** **Organisational wide impact** **Cannot be managed at Directorate level.**
Team	**Team risk registers** Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans. This will include risk that have been removed (transferred) from the corporate risk register	**Moderate to low or Residual risk score in accordance with the risk appetite appendix 1**	**Operational** **Managed at team or programme level**
Project	**Risk and Issues logs** Relate to specific time limited projects If further escalation is required Head of PMO will discuss with the Board Secretary.	**Issues logs refer to risk specific to providers that CCG should be aware**	**Relate to specific time limited projects**

The board assurance framework will be overseen by the Board Secretary, who is responsible for reporting and presenting to the Governing Body for approval no less than annually. The corporate risk register is also overseen by the Board Secretary, delegating any actions through the Head of Governance. The Chair of the Governing Body and chairs of relevant Committees will lead the discussion on these risk registers and hold the executives to account when appropriate.

The CCG captures corporate risks on a single database.

The risk assessment process provides a systematic examination of the CCG's work processes and enables the reporting of a CCG wide risk profile to the appropriate level as described above. Appendix 1 contains the matrix that is to be used when scoring the identified risks.

10.2 On identification of a new risk to be added to the corporate register, the risk register template Appendix 4 must be completed as fully as possible and submitted to the executive director whose area of responsibility the risk impacts for approval. A new risk must not be added to the corporate risk register without the approval of the responsible executive.

10.3 Requests for new risks to be added to the risk register will be reviewed by the Governance Team to ensure that:

- All required information fields are completed
- They do not duplicate an existing risk
- That they do not contradict an existing risk

10.4 Each team, directorate and committee will capture their risks in the corporate risk register for their area of responsibility. This is typically done by the nominated risk coordinator for the team or directorate, following instructions from the director, head of department or risk owner. The risk coordinator is not responsible for the risk, they will act as a resource to ensure that the risk is regularly reviewed and updated. Risk coordinators collectively form the risk coordinators group, where learning and best practice can be shared to add value and consistency to the CCG's risk register entries.

- Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans. This will include those risks that have been de-escalated or transferred from the corporate risk register.

- Risks exceeding a rating of 15 (significant) will be reported on the Corporate Risk Register and presented to the Senior Leadership Team, Audit Committee and Governing Body.

- The Senior Leadership Team will discuss the potential escalation of other corporate risks to the board assurance framework depending on the perceived impact to corporate priorities and objectives

- Programme Management Office (PMO) will work with the CCG teams to understand their programmes of work, discussing and understanding programme risks identified. The PMO team meets weekly to discuss areas of work and any programme risks or issues will be discussed at that meeting. If further escalation is required Head of PMO will discuss with Board Secretary.

- Provider performance issues and risks, that raise serious patient safety concerns, should be separately recorded on the CRR (not subsumed into the over-arching provider performance risk currently recorded on the CRR). The responsible Executive will approve the addition of the risk to the CRR and the Quality Assurance Committee will agree to the recording of such risks on the CRR.

10.6 **Controls**

The controls are the systems, measures and management actions that are in place to manage or mitigate the effects of the key risks. In some instances, they may be tried and tested systems that have been audited and are proven to control risks. At a high level, for example, a management structure is an organisational control as are the governance arrangements themselves. In other instances, they are more likely to be management actions that are required to manage a specific risk that has been identified.

As the Department of Health's guidance recognises "The relationship between a risk and control is not necessarily straightforward. One specific risk may be mitigated by a number of controls. Some of those controls may only be effective when operating in conjunction with other controls and one control may relate to more than one risk."

Examples of key controls include:

- Governance processes; statutory frameworks, e.g. governance frameworks (standing orders, standing financial instructions and scheme of delegation)
- Management structure and accountabilities
- Risk management processes
- Communications and patient and public feedback
- Compliance with regulatory standards
- Management processes
- Policies and procedures

10.7 **Assurances**

For each of the risks and controls a source of assurance is set out, i.e. what provides evidence that the organisation has identified the risks and has controls in place. Assurances may be internal or external e.g. internal audit reports, a report to Governing Body or Governing Body Committees. The process for gaining assurance about the effectiveness of the key controls is to triangulate the relevant evidence.

10.8 **Gaps in Controls and Assurances:**

The effectiveness of the controls and supporting assurance will be evaluated for any gaps. Further action needs to be identified to address the gaps in controls and assurances that have been identified.

11. Board Assurance Framework (BAF)

11.1 All principal objectives and their associated risks are set out in the Governing Body board assurance framework (BAF). The BAF serves as the key document to assure the Governing Body that risk management is in place to address risks to the organisation's principal objectives. The AF (template shown at Appendix 5) is also a source for identifying links to CCG's Corporate Risk Register and risk management plans.

The AF identifies where there are risks to the CCG's principal objectives, the controls in place to mitigate those risks and the assurance available to the Governing Body that the risks are being managed. The AF also indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. Our risk appetite in relation to the risks associated with each principal objective is given in the AF. Assurance scoring will be used to evaluate the level of assurance given.

The Audit Committee will review the AF quarterly. The Governing Body will review the AF quarterly.

Governing Body Board -Assurance Framework		**Timescale**
Maintenance Coordination and Updating	Governance Team	Ongoing and at least bi-monthly
Review and sign off	Directors	Ongoing and at least bi-monthly
Monitoring	Directors Audit Committee Governing Body	Twice a year Quarterly Quarterly via Audit Chairs Report

12. Mitigating Action

12.1 Mitigating action describes the part of the risk assessment process when decisions are made about how to treat risks that have been identified. The options for mitigating action are:

- **Reduce Risk:** For risks with high likelihood/probability and impact, risk reduction measures are absolutely essential. Take direct action to reduce the level of risk to an acceptable level. Current 'ongoing' controls and actions to be continually monitored and actions planned to be implemented. Actions recorded must be 'SMART' (specific, measurable, agreed, realistic and time bound). This will require defined actions to be allocated to individuals, implementation dates agreed and implementation status to be monitored.
- **Transfer Risk:** It may be that the risk can be transferred to another organisation by way of a contractual agreement (for instance the private sector) or shared with partner organisations. In some instances, a risk may be insurable either totally or in part (e.g. legal liability, property, motor vehicle). However, it must be remembered that responsibility for statutory functions cannot be fully transferred and the reputational implications of risks need to be managed.
- **Manage Risk**: For risks with a higher likelihood/probability but a low impact the approach should be to manage and control the risk, i.e. by improving and documenting processes, providing adequate training and education or by implementing controls and procedures to regularly monitor and review the situation.
- **Contingency Plan**: If the likelihood/probability is low but the impact high contingency plans (or business continuity plans) should be developed. The purpose of contingency plans is to ensure the organisation's critical business functions or processes can continue at an acceptable level.
- **Accept Risk:** If the likelihood/probability is low and the impact is low, it is reasonable to do nothing and to accept certain risks. The ultimate aim of the risk management system is to reduce all risks to a level that the organisation is willing to accept. A decision taken not to implement any additional controls or actions indicates that the cost of control will exceed the benefits of risk reduction. When deciding on this management strategy, care will need to be taken to ensure consequences of the defined risk are fully considered, e.g. potential breach of legislation, reputational loss. Current 'ongoing' controls and actions (established 'routine' controls) will need to be monitored.
- **Terminate Risk**: The risk may be so serious that adding controls or modifications do not reduce the risk to an acceptable level. At this stage withdrawal from the activity may be considered.

13. Incident Reporting

13.1 The routine reporting of adverse events, incidents and 'near misses', is an essential requirement of the CCG's risk management framework policy.

All staff are required to report non-clinical incidents and near misses using the processes agreed within the CCG.

Detailed guidance regarding incident reporting and investigation is contained within the NHS Devon CCG policy for the management of incidents (including serious incidents) https://devonccg.nhs.uk/?s=serious+incidents

All staff should be encouraged to report incidents. This will be achieved through awareness training and by on-going support from the quality directorate for serious incidents. Staff can report an incident via a link available on all staff laptops.

The CCGs will comply fully with the commitment to identify record, investigate and report incidents and serious untoward incidents to the appropriate agencies including the appropriate NHS reporting bodies.

14. Risk Training

14.1 As described in section 5 - Accountabilities and Responsibilities- all staff are responsible for complying with the risk management framework policy. This will ensure that all identified remedial actions are taken for risks identified within their area of responsibility.

14.2 All staff must familiarise themselves with the Risk Management Framework Policy and develop an understanding of what is expected of them in line with risk management within the CCG.

Staff will be offered risk management training commensurate with their duties and responsibilities.

The CCG will implement a structured programme of Risk Management training. As detailed in appendix 7.

Risk Management Presentations, which are kept under review, are available to all staff within the CCG as part of continuous training.

All staff can request additional risk management training through the Governance Team d-ccg.governance@nhs.net

14.2 Annual risk awareness training for Governing Body members, Executives and their senior officers (direct reports), will be facilitated by the Board Secretary.

14.3 In addition:

a. Staff new to the organisation will receive risk management training via the induction programme.
b. Support and training for Directors, Deputy Directors, Associate Directors and key managers is ongoing throughout the year via the risk updating process.
c. All staff must ensure that they have the knowledge, skills, support and access to expert advice necessary to implement the strategies, policies and procedures associated with this Policy
d. Details of the risk management framework will be available to all employees of the CCG and communicated to stakeholders and the public. Via the following:
    - Induction programme
    - Local induction via team risk co-ordinator
    - Risk assessment
    - CCG staff bulletin
    - Risk reports to CCG Governing body and sub committees
    - Risk reports to identified committees/groups to review and support programme risk. Escalating to corporate risk register as necessary

e) Risk management training will be reported annually to the Audit Committee as part of the annual report to the committee on COI, Gifts Hospitality and sponsorship report.

15. Monitoring Effectiveness and Compliance

15.1 The government financial reporting manual requires CCGs to prepare a governance statement as part of the annual report and accounts. This is referred to as the annual governance statement (AGS) and is part of the CCGs annual report. This also includes the Head of Internal Audit Opinion.

15.2 Each year the CCG is required to carry out an internal audit of its risk management

processes and report this within the AGS. This includes any recommendations for improvement.

a. The AGS is reviewed and approved annually by the Audit Committee before being submitted to the Governing body as part of the annual report and accounts.
b. The Audit Committee also review risk though papers submitted throughout the year. In addition to risk reports being submitted to:
    - Quality Assurance Committee
    - Finance and Performance Committee
    - Primary Care commissioning Committee
    - Senior Leadership Team

The committees listed can also request information on specific risks to seek further assurance and details of actions being taken to address the risk.

16. Document review and Version Control

16.1 The risk management framework policy will be reviewed every two years, or sooner should any changes be made to national guidance.

16.2 Changes will be issued as amendments to the policy and be clearly entered on page 2 of this document.

Appendix 1

Summary of Risk Appetite and Acceptable Risk Score

Risk Category	Definition	Appetite/ tolerance	Residual / Acceptable Risk Score	Rationale
Public, Patient and staff Safety (people)	These concern insufficient staff resources (capacity and capability). These risks can have a significant impact on the performance and reputation of the CCG.	Low	4	Patient and staff safety is of the highest importance and the CCGs will not accept any risks that threaten this. The CCG will aim to commission quality services for our patients.
Provider Performance (quality / patient experience)	Risk events such as failure by a third party to deliver a service, breakdown in partnership with a third party, or failure to manage internal change etc.	Moderate	8	The CCG challenges provider performance so as to help improve the service to patients and the public,
Statutory and mandatory compliance and governance. National policy	These include health and safety, data protection, employment practices, employment legislation, the NHS Constitution, Freedom of Information Act, Civil Contingencies Act, Deprivation of Liberty and regulatory issues.	Low	4	The CCG complies with all applicable legislation and will not accept any risk which (if realised) would result in non-compliance.
Financial Statutory Duties	In line with Constitutional requirements and standing financial instructions.	Low	4	Achieving financial balance both within the CCGs and in the wider local health economy is both a strategic priority and a statutory duty. Therefore the CCG will not accept any risk that (if realised) will threaten this.
Fraud and negligent financial loss	This is in line with Anti-Fraud and bribery act and NHS Protect requirements.	Low	4	The CCG will not tolerate financial losses from fraud and negligent conduct as this represents corporate failure to safeguard public resources.
Commissioning	These relate to the day to day concerns the CCGs are confronted with when striving to deliver strategic objectives. They can be anything from loss of key staff to process failure.	Moderate	8	Innovative approaches for commissioning incorporate inherent risk, which can impact on the delivery of outcomes. These concern risks that programmes and projects do not deliver agreed benefits within agreed budget and/or introduce new or changed risks that are not effectively identified and managed.
Reputation	It is important that the reputations of the CCG are protected through robust systems of communication with stakeholders. .	Low	4	The CCG will maintain high standards of conduct, to safeguard both the organisation and public and stakeholder confidence.
Strategic	Strategic risks can be defined as the uncertainties and untapped opportunities embedded in strategic intent and how well they are executed. As such, they can impinge on the whole organisation, rather than just an isolated department or locality.	High	12	Were the CCG to fail to deliver its strategic priorities, the reputation of the CCG would be compromised, jeopardising its ability to carry out its core purpose and/or meet its strategic objectives
Engagement	The processes of engaging with and involving stakeholders in commissioning decisions	Moderate	8	The CCG will work with its member practices and other organisations (including but not restricted to other CCGs and local authorities) to ensure the best outcome for patients and communities. We are willing to accept the risks associated with a collaborative approach.
Information and technology	These can be anything from loss of data to failure of a key IT system	Moderate	8	We manage our systems to minimise the threat of risk events such as a technological breakdown, loss of hard or soft copy data, failure by a third party to deliver a service, failure to manage internal change etc.
Innovation	Commissioning intentions and operating plan	High	12	We encourage a culture of innovation and are willing to accept risks associated with this approach where they do not threaten risk areas that the CCG are not prepared to accept (as defined above e.g. quality patient care / safety).

Risk Assessment Scoring Guidelines

Risk Assessment Scoring Guidelines - Using the management response guidance at the bottom of this page:

- If a risk falls into one of the boxes numbered **15-25** immediate action is required, so far as is reasonably practicable. (Risk score of 25 can only be approved by the Accountable Officer)
- If a risk falls into one of the boxes numbered **8-12** prompt action is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **4-6**, risk reduction is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **1-3** further risk reduction may not be feasible or cost effective.

Assessing the likelihood/probability of risk

Score	Description	Definition
5	Almost Certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the CCG or within the NHS.
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the CCG or within the NHS.
3	Possible	The event may occur at some time as there is a history of ad-hoc occurrence at the CCG or within the NHS
2	Unlikely	Not expected but there is a slight possibility it may occur at some time.
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen but probably never will.

Risk scoring matrix (5x5 scores for impact & likelihood/probability)

		Likelihood/probability of Risk Occurring				
		1 Rare	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
Impact	**1 low**	**1**	**2**	**3**	**4**	**5**
	2 Minimal	**2**	**4**	**6**	**8**	**10**
	3 Moderate /Medium	**3**	**6**	**9**	**12**	**15**
	4 High	**4**	**8**	**12**	**16**	**20**
	5 Significant	**5**	**10**	**15**	**20**	**25**

Risk scoring categorisation	
1-3	**Low risk**
4-6	**Medium/moderate risk**
8-12	**High risk**
15-25	**Significant risk**

Overarching Risk Score and Management Response				
Risk Ranking	**Low**	**Medium/moderate**	**High**	**Significant**
	1-3	**4-6**	**8-12**	**15-25**
Rectifying Action	**Business as usual. Acceptable but continue to monitor.**	**Management responsibility must be specified, and actions set out over time**	**Senior Management attention needed. Actions set out within defined timescale to address control weaknesses**	**Immediate action required to mitigate the risk and address gaps in control or arrange contingencies**
Monitor	**At operational / departmental level**	**At operational / departmental level**	**Senior management**	**Executive level**
Escalation	**Risk Register**	**Risk Register**	**Risk Register**	**Governing Body Risk Board Assurance Framework**
Acceptable Risk Score for Appetite	**5**	**8**	**12**	**15**

Assessing the impact of risk

Appendix 2

Score	Public staff and patient safety (physical or psychological harm)	Quality/complaints/ audit	Finance	Staff	Service delivery	Environment estate and IT
Catastrophic	• Incident leading to avoidable death or serious permanent harm due to a failure of process, breach of policies or protocols/procedures or safe working practices. • An event which adversely impacts on a large number of patients or multiple permanent injuries or irreversible health effects, or serious safeguarding issues • Increased mortality rates or serious incidents/never events indicating failure of the services to deliver patient safety, requiring immediate intervention such as suspension of service or escalation.	• Totally unacceptable level or quality of treatment/services. • Gross failure of patient safety if findings not acted upon. • Inquest/Ombudsman's enquiry with identification of gross failure to meet national standards of care or treatment. • Totally unsatisfactory patient outcome or experience	Serious impact on financial position of CCG	Non delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff	Sustained failure to meet standards and / or national requirements. Serious impact on overall performance and possible intervention Serious long-term impact (nationally and locally) on reputation, prolonged interest and DoH / Select Committee overview Serious breach with potential for ID theft or over 1000 people affected	Permanent loss of service or facility Catastrophic impact on environment, multiple breach and prosecution Damage will spread beyond one item of equipment and take over 1 week to repair
Major	• Major injury leading to long term incapacity or disability (not irreversible) • Requiring time off work for >14 days • Increased length of hospital stay by >14 days • Mismanagement of patient care with long term effects, including • Safeguarding • Increased mortality rates or serious incidents/never events indicating urgent interventions e.g. risk summit, improvement plan or contractual action	• Non -compliance with national standards with significant risk to patients if unresolved • Multiple complaints or an independent review • Low performance rating • Critical report (internal or external) • Mismanagement of patient care – long term effects	Significant impact on financial position of CCG	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing levels or competence (>5 Days) Loss of key staff	Major impact on overall performance which puts achievement of standards and / or national requirements at risk. National and local interest and impact on reputation specific to an issue – prolonged interest Serious breach with either particular sensitivity e.g. sexual health details, or up to 1000 people affected	Loss / interruption of service or facility > 1 week Major impact on environment, multiple breach and prosecution notice issued Equipment will be out of action less than 1 week to repair

Moderate	• Moderate injury requiring professional intervention and leading to long term incapacity or disability • Requiring time off work 4-14 days • RIDDOR reportable incident • An event which impacts on a small number of patients including safeguarding • Increased length of hospital stay by 4-15 days • An increasing mortality rate or serious incidents/never events trend requiring monitoring with action plan to mitigate risk	• Treatment or service has significantly reduced its effectiveness • Formal complaint with potential to go to independent review • Repeated failure to meet internal standards • Major patient safety implications if findings are not acted upon • Mismanagement of patient care – short term effects	Significant impact on financial position of CCG	Late delivery of key objective / service due to lack of staff Unsafe staffing levels or competence (>1 Day)	Failure to meet internal standards with some impact on overall performance of the CCG. Local interest and impact on reputation specific to an issue Serious breach of confidentiality e.g. up to 100 people affected	Loss / interruption of service or facility > 1 day Moderate impact on environment, improvement notice issued Equipment shut down immediately and restarted in less than half a day.
Minor	• Minor injury or illness requiring minor intervention • Requiring time off work >3 days • Increased length of hospital stay by 1-3 days • Mortality rates within normal limits or individual serious incidents that require monitoring	• Overall treatment or service suboptimal • Formal complaint – local resolution • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved • Unsatisfactory patient experience – easily resolvable	Minor impact on financial position of CCG	Low staffing levels that reduces the service quality	Failure to meet internal standards with some impact on overall performance Short term local interest and impact on reputation specific to an issue Serious potential breach & risk assessed high e.g. unencrypted clinical records lost. Up to 20 people affected	Loss / interruption of service or facility > 1 day Minor impact on environment, single breach of legal requirement Moderate damage to equipment easily repairable.
Insignificant	• Minimal injury requiring no/minimal intervention or treatment • No time off work • Mortality rates or serious incidents require routine monitoring.	• Peripheral element of treatment or services suboptimal. • Informal complaint / enquiry • Unsatisfactory patient experience not directly related to patient care	Minor impact on financial position of CCG	Nil	Failure to meet individual employee objectives Minimal impact Potentially serious breach. Fewer than 5 people affected or risk assessed as low, e.g. files were encrypted	Loss / interruption of service or facility > 1 hour Minimal or no impact on environment Little damage to equipment

Appendix 3

Glossary

Definitions	Risk Management
Action	An action must detail the actions needed to strengthen control and/or assurances further. The action field on the CRR should be appropriately completed, to demonstrate the actions being taken to mitigate the risk
Acceptable Risk	The maximum score associated with a specific risk that the CCG is willing to tolerate.
Accident	An unintended event or series of events that result in death, injury, loss or environmental damage.
Adverse Event	An undesired outcome that may or may not be the result of error.
Assurance	Confirmation that the control environment that is in place is robust and that the controls are working so as to ensure that they will have the desired impact on the risk identified.
Assurance Framework	Links organisational objectives with identified risk to achieving those objectives, via the risk register. It identifies gaps in the control and assurance environment, along with the actions required in order to mitigate risks and control them as far as reasonably practicable.
Board Assurance Framework	A method for the effective and focused management of the principal risks that arise in meeting the CCG objectives.
Corporate Risk Register (CRR)	A scored list of clinical, organisational, financial and strategic risks to the organisation, identified by the Executive Directors, by sub-committees of the Board or by processes of assurance. Controls and assurances in relation to these risks are also set out in the CCG Risk Register.
Consequence	Is the most likely impact on the organisation should the risk materialise
Control	Is something that helps minimise the likelihood/probability of a risk occurring, or if it does occur reduces the consequence of that risk.
Executive Lead	Is an identified Director who is the lead for the risk and who is corporately responsible for ensuring that the mitigating action plans are put in place and that the risk scores are reduced.
Gaps in Control	Those areas where there are inadequate controls in place to manage a strategic risk or where the existing controls are not effective.
Gaps in Assurance	Those areas where there is insufficient assurance that the controls in place are adequate and effective
Hazard	A source of potential harm.

Incident	An incident is any occurrence which gives rise to, (or, in the case of a near miss narrowly avoids giving rise to), unexpected or unwanted effects involving the safety or well-being of any person on CCG premises or employed by the CCG. It also refers to the loss of or damage to property, records or equipment that are on CCG premises or belong to the CCG. The term therefore includes accidents, clinical incidents, security and confidentiality breaches, violence, and any other category of event, which does or could result in harm. It also includes failures of medical or other equipment.
Likelihood	Is a measure of the frequency of the specific risk being realised?
Operational level risks:	Those risks that impact on the day to day activities of the organisation and its associated activities. These risks are likely to be associated with a Committee or Transformation Programme, although this may not always be the case. Specifically, these are those risks rated as being low or medium and will be managed locally on team risk registers.
Probability	The likelihood of a specified event or outcome occurring. This is measured by the ratio of specific events or outcomes to the total number of possible events or outcomes. Probability is expressed along a scale ranging from 'rare' to 'almost certain' By definition, a risk is a probability of a loss or an opportunity. As such, risks are modelled with probability and impact and Appendix 2 should be used to determine this, alongside a clear trajectory to be agreed between the Risk Owner and Executive Lead
Residual Risk	A risk that remains after all efforts have been made to mitigate or eliminate, risks associated with a business process or investment. After a risk assessment, a residual, risk may be known but not completely controllable.
Risk	The chance of something happening that will have an impact upon objectives. It is measured in terms of consequences and likelihood/probability.
Risk Analysis	A systematic process to understand the nature of, and deduce the level of, risk.
Risk Appetite	The amount and type of risk that an organisation is prepared to seek, accept or tolerate
Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation.
Risk Avoidance	A decision not to become involved in, or to withdraw from, a risk situation.
Risk Co-ordinator	Is the identified individual who ensures that all relevant risks for their , directorate, team or department are visible on the risk register, and who will liaise with the senior member of the governance team to ensure risks are reported effectively and escalated as necessary to the board assurance framework .
Risk Criteria	Terms of reference by which the significance of risk is assessed.
Risk Evaluation	Process of comparing the level of risk against risk criteria.
Risk Exposure	The level of risk that an organisation or process or project is exposed to.
Risk Identification	This is the process of determining what, where, when, why and how something could happen.

Risk Level	Is calculated using the Risk Matrix to multiply the selected consequence and likelihood/probability to determine a risk grade.
Risk Management Framework Policy (RMF)	Includes all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.
Risk Management	The culture, processes and structures that an organisation applies in order to realise potential opportunities, whilst managing adverse effects.
Risk Management Process	The systematic application of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk.
Risk Owner	Is named on the risk register as the individual responsible for ensuring that the action plan in place to mitigate the impact is delivered.
Risk Reduction	Actions taken to lessen the likelihood/probability, negative consequences or both associated with risk.
Risk Register	Is a log of risks faced by an organisation and is used to ensure that appropriate action is being taken to control and reduce each risk as far as reasonably practicable. Each register comprises an assessment of each risk including a description, analysis and a summary of action to be taken in respect of each identified risk.
Risk Tolerance	Is the level of risk that the organisation is prepared to accept and be exposed to at any point in time. This will vary dependant on the conditions facing the organisation at any point in time.
Risk Treatment	Process of selection and implementation of measures to modify risk (avoiding, modifying, sharing and retaining).
Service User	A person who is using services provided by the CCG.
Strategic (significant) level risk	Those risks that threaten the achievement of the organisation's strategic objectives. Specifically, these tend to be those risks rated as being major or severe.
Stakeholders	Those people and organisations who may affect, be affected by, or perceive themselves to be affected by a decision, activity or risk.
Team Risk Registers	These are risks held a team level. Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans. This will include those risks that have been de-escalated or transferred from the corporate risk register.
The CCG	NHS Devon Clinical Commissioning Group

Appendix 4

Risk Register Template (January 2021)

Date risk opened:		
Risk Description:	***There is a risk that*** .. ***The impact of this is (the impact statement should clearly state the effect of the risk to the CCG)***	
Is the risk evidenced on a provider risk register *Please comment in the assurance box*		***Yes / No***
Risk Register Indicate which register the risk will be recorded.	***Corporate Risk Register***	***Team Risk Register*** *Name*
Executive Lead:		
Programme lead/senior manager		
Risk Owner:		
Risk Name*:(2-4 word title to describe risk e.g.: Fracture liaison service)*		

Risk Score *(likelihood score x impact score) – please refer to risk matrix scoring section of risk policy*

Likelihood:	*Rare (1)*	*Unlikely (2)*	*Possible (3)*	*Likely (4)*	*Almost Certain (5)*
Impact:	*Low (1)*	*Minimal (2)*	*Medium/Moderate (3)*	*High (4)*	*Significant (5)*

Risk Coordinator:	
Committee Reported to:	
Other reporting areas	

CCG Objectives *(please indicate the objective the risk links to)*

Corporate Objectives	Indicate which Corporate Objective this risk is linked to.
1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes	
2. Improve service performance	
3. Achieve financial sustainability	
4. Be an effective, well-led organisation with an empowered and inclusive workforce	
5. Lead the system's response to the coronavirus pandemic	

	○

Controls:	*Controls are the arrangements made or precautions taken, to reduce risk. (e.g. Governance processes / statutory frameworks, management structure & accountabilities, communications & patient / public feedback, policies & procedures / reviewed at team meetings etc). Please provide details of controls in place, below:*
Control Gaps: *(Detail gaps or state 'none identified')*	
Assurances:	*For each of the risks and controls a source of assurance is set out i.e. What provides evidence that the organisation has identified the risks and has controls in place. (e.g. Internal audit report, report to Board or Board Committees) Please provide details of assurances below:*
Assurance Gaps: *(Detail gaps or state 'none identified')*	
Actions	
Executive Lead Approval	**Name** **Date:**
Added to Risk Register	**Date**
Closure of risk transfer or Escalation	**Rationale for risk closure, transfer for Escalation** **Risk closure transfer or escalation approved by executive** **Name** **Date**

Appendix 5

Governing Body Board Assurance Framework

Governing Body Board Assurance Framework Risk Tracker

The Governing Body Board Assurance Framework identifies the CCG's principal, strategic objectives and the principal risks to their delivery. The controls in place to manage those identified risks are summarised. The internal and external assurances that controls are in place and have the impact intended are set. Where there are gaps in controls or assurances these are described, and the actions planned to mitigate these are also explained. The table below gives an overall summary of the Governing Body Board Assurance Framework.

Board Assurance Framework (BAF) 2021 to 2022 With sub objectives V1.3													
CCG Objectives		Board Assurance Framework Risk Ref	Principle Risks *There is a risk that……*	Delivery Date	Corporate Risk Register mapping	Initial Risk Score	Updated score at last review	Risk Movement (Trend)	Risk Appetite /Target Score	Assurance Score	Lead Director	Date BAF Risk Reviewed	*Comments*
1	**Commission high-quality and safe services that reduce health inequalities and improve health outcomes**												
	We will ensure that we are clear about the outcomes we are commissioning from new and existing services and ensure that contracts are agreed to achieve these.	BAF 1a											
	We will work with our partners to reduce health inequalities and deliver on the 8 Urgent Actions outlined in Phase 3	BAF 1b											
	We will embed the commissioning cycle so that our decision making is based on a strategic evidence base and prioritisation framework	BAF 1c											
		BAF 1d											
	We will consider the use of new technology during the process of commissioning new services	BAF 1e											
	We will ensure that patient and public views are sought in everything we do	BAF 1f											
2	**Improve service performance**												
	We will ensure that we have robust mechanisms for monitoring progress on delivery of our plans	BAF 2a											
		BAF 2b											
	We will work with our partners to ensure delivery of the operational system plan	BAF 2c											
	We will have robust processes in place for identifying and responding to emerging risks	BAF 2d											
	We will deliver the phase 3 restoration plan to maximise planned care during winter and corona virus	BAF 2e											
3	**Achieve financial sustainability**												
	We will ensure that the CCG delivers a break-even position for 20/21.	BAF 3a											
	We will agree a medium-term plan that will deliver against the financial ambition of the LTP	BAF 3b											
	We will deliver our agreed efficiency programme for 21/22	BAF 3c											
		BAF 3d											
4	**Be an effective, well-led organisation with an empowered and inclusive workforce**												
	We will increase staff satisfaction by addressing the issues raised in the staff survey	BAF 4a											
	We will support staff through the ICS transitions process	BAF 4b											
	We will achieve an improved NHSE assurance rating	BAF 4c											
	We will grow and develop our staff to meet their potential and the organisation's needs	BAF 4d											
	We wil increase the diversity of our staff to reflect that of the Devon population	BAF 4e											
5	**Lead the system's response to the coronavirus pandemic**												
	We will support staff health, wellbeing and morale during the COVID pandemic	BAF 5a											
	We will deliver our Primary Care strategy to increase capacity and capability in Primary Care	BAF 5b											
	We will maintain robust incident management arrangements	BAF 5c											

Corporate Objective:				Director Lead:
Risk: BAF 1a				Reviewer
Corporate risks				Date Last Reviewed:
Risk Scores				
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:				
Risk score at last review				
Appetite:				Rationale for risk appetite:
Delivery Date				
Controls: (What are we currently doing about this?)				Assurances:
Control Gaps				Assurance Score:
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Narrative of anticipated timeline				
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update

Appendix 6

Adequacy of Assurance scoring

This score is used to inform the CCG of the degree of reliance they can place on an item of assurance.

1	Does this assurance provide evidence that the controls are achieving the desired outcome?	Yes - proceed to Section 2 No - Do not proceed with this assessment and the score will automatically be 0. If the item highlights areas where controls are not in place or are not achieving the desired outcome, please add this information to the "gaps in Controls" section of the Risk.

2	**Timeliness**		**Score**
2a	If the information is older than 6 months then the adequacy score automatically becomes 0, otherwise proceed to question 2b		
2b	How old is the most recent information on which the Assurance is based? Within the last month between 1 and 3 months between 4 and 6months		 **3** **2** **1**

3	**Scope of Positive Assurance**	**Score**
3a	Does it provide positive assurance on all aspects of the issue? For example, CCG is fully compliant / achieving the target.	**3**
3b	Does it provide partially positive assurances? For example, compliance in some areas.	**1**

4	**Sufficiency**	**Score**
4a	Is this a key/definitive source of assurance for this area? For example, CQC, formal reports, data.	**3**
4b	Is this one of a number of sources of assurances contributing to an overall picture?	**2**
4c	Is this an indicator of likely achievement of the outcome rather than evidence of actual achievement?	**1**

5	**Basis for Assurance**	**Score**
5a	What is the Assurance based on? Evidence - Audited externally Evidence - audited internally Self-assessment - externally validated Self-assessment - without audit or validation	 **4** **3** **2** **1**

Score 0	No assurance
Score 1 - 7	Weak assurance. Very limited reliance can be placed on this as an indicator.
Score 8 - 10	Moderate assurance. Limited reliance can be placed on this as evidence.
Score 11 - 13	Strong assurance. This evidence can be strongly relied upon.

Appendix7

Risk Training Matrix

Course/training summary	Target Audience	Minimum Frequency
Introduction to Risk Management This will be provided by a presentation available via teams and access recorded by the Governance Team.	All employees	Induction Every 2 years
The Risk and Governance Manager will clarify the role of the Risk Coordinator and their responsibilities within the Risk Policy with a face to face meeting.	Risk Co-ordinators	On appointment Subsequently through peer group meetings
Risk Owners responsibility for identifying and managing risk to ensure that risks in their specific area of responsibility are recorded in accordance with the Risk Policy.	Risk Owners	On appointment
To provide an overview and understanding of the Senior Leadership Committees responsibilities as described in the Risk Policy.	Senior Leadership Team	Annually and through monthly discussions of risk report and corporate risk register
To provide Governing Body members with an understanding of risk management within the CCG and their responsibilities, to include: • An understanding of the risk assessment process • An understanding of 'the language' and common acronyms used in risk assessment • How risk links to the operational and business planning processes • The reporting processes within the CCG • How risk management is embedded in the culture of the CCG	Governing Body	On appointment and every 2 years Governing Body members require risk management training every two years in accordance with national guidance.

NHS DEVON CCG
Risk Report (Audit)

Date produced: 01-07-2021 - 08:43
Produced by: theresa.farris@nhs.net

L = Likelihood | I = Impact

ID	Objectives	Risk Description	Controls	Risk Score	Dates	Action Plan	Assurances Given	Owners

109	Improve service performance [Reporting Committee] Audit	There is a risk of underperformance against some key constitutional standards (including but not limited to 52 week waits, Diagnostics, 62 day cancer standard A and E 4 hour waits) The risk of underperformance (and mitigating actions) is included in the risk registers of provider organisations (and will be part of system risk management arrangements) and is appropriately managed at this level. However there are a number of impacts that mean the CCG must make every effort to support achievement of standards. These impacts are: •Loss of credibility with regulators leading to increased levels of scrutiny, assurance and external intervention •There is reputational impact due to potential patient harm or perception of the CCG is impacted by patient outcomes. •Diversion of resources from transformational programmes of work required to achieve financial and performance sustainability. (COVID Risk wave 2 risk ID 02) (HISTORIC ID: Na)	27/01/2021 The focus in phase 3 recovery has been recovery of service activity compared to 20/21 rather than the recovery of the constitutional standards. Under adapt and adopt the CCG has been working with system partners to implement the agreed actions under this programme. Elective recovery performance as detailed within adapt and adopt reporting was on plan until Mid December as a result of further waves of Covid. This reporting has been stood down by NHSE on 3.1.21 to be replaced by revised reporting as yet not stipulated. The CCG will fully comply when this reporting is available (AW) 27.01.21 The Devon system moving to surge with IS providers from 29th January gives us an opportunity to increase diagnostic cancer and elective capacity to support restoration (JF) For the national performance standards there are operational groups, as part of the emerging local care partnerships, in place with acute provider and commissioner in each locality. These groups monitor and actively manage performance of both elective and non-elective performance accounting for expertise of commissioner and provider. A risk register is held at each locality for risks pertaining to the delivery of the national performance standard and these risks are actively managed at place, with the appropriate Associate Director. These above arrangements are in place for the elective and diagnostic standard and report into the STP wide elective operational group on a monthly basis. The non-elective performance standards are actively managed at the Acute Provider and Commissioner Group in each locality with oversight via local A&E boards and with risk registers held and managed locally. These local A&E boards, comprising of local commissioners and providers, feed into the Devon A&E board. For the national performance standards, pertaining to cancer, each locality has a local group driving delivery with risk registers held locally as part of the planned care risk register and these local groups also report to the STP wide cancer strategy group. Escalation is actively managed from providers through these groups and onto appropriate oversight groups. 4/5/21 System performance improvement process being implemented in LCPs and the ICS, with reinstatement of System Performance Group (SPG) to oversee delivery of standards and offer system support for escalated issues. 1/6/21 LCP performance review groups now meeting and reporting through to SPG. New senior ICS performance improvement lead post in place, to provide added focus on this agenda and ensure the performance improvement framework is embedded across the system. H1 activity plans now developed, which the system will monitor against. [Control Gaps] 01/10/20 Lack of involvement in provider access meetings. Impact of MyCare , dues to Covid System perf group has been stood down, need to reinstate that infrastructure 13/01/2020 - Opel 4 esculation at the start of January puts some risk into this delivery	20 [01/07/2021] ▲ 20 (L=5 x I=4) [04/05/2021] ▼ 16 (L=4 x I=4) [01/10/2020] ▲ 20 (L=5 x I=4) [22/10/2019] = 16 (L=4 x I=4) [31/07/2019] ▲ 16 (L=4 x I=4) [06/06/2019] 9 (L=3 x I=3)	Risk Opened: 06/06/2019 Reviewed: 01/07/2021	[05/11/2020] Reviewed by Executive Team 19 October 2020, [02/10/2020] 01/10/2020 Fortnightly NHSE/I elective care recovery meetings with system partners, consistent meeting to be established with providers under new Performance Team identity to assure against Phase 3 plan trajectories, [27/08/2019] System performance meeting monthly with providers,	Monthly national reporting is reviewed at the appropriate locality or cancer system wide group. This then reports to the System Performance Group, reporting to PDEG. 13/01/2020 scrutiny at Dec SPG has provided assurance on these plans and elective board [Assurance Gaps] none identified	Executive Lead: Sheila Roberts Owner: Alison Wilkinson

130	Lead the system's response to the coronavirus pandemic [Reporting Committee] Audit	There is a risk that the CCG does not respond effectively to the COVID-19 pandemic. The impact of this is that the CCG may delay or disrupt the pandemic response by providers, NHS England or multi-agency partners, with consequences for patients, provider or partner emergency response and perception of the CCG. COVID Rik Register Wave 2 risk ID 14 (HISTORIC ID: Na)	19/05/2021 reviewed no updates at this time PC 21/04/2021national requirement to maintain incident response structures PC 18/02/2021 • Incident Management Team comprising of Incident Director, Incident Manager, admin support, Loggists and Cells to lead on specific workstreams, in place • Overview of the incident response maintained by Executive Team • Regular reviews of the Incident response structures and responsiveness are being undertaken • Regular co-ordination and update meetings scheduled, internally, across the system and with Region; these meetings are reviewed and the frequency adjusted to meet the needs of the response. 27/01/2021 CCG has a structured incident Reponses team in place, this is being managed and monitored daily to respond to daily issues or escalation as required by the Devon Health and Social Care community or requests from NHSE/I 12/11/2020 Risk reviewed no changes identified PC •Incident Management Team comprising of Incident Director, Incident Manager, admin support, Loggists and Cells to lead on specific workstreams, in place •Overview of the incident response maintained by Executive Team •Regular reviews of the Incident response structures and responsiveness are being undertaken •Regular co-ordination and update meetings scheduled, internally, across the system and with Region; these meetings are reviewed and the frequency adjusted to meet the needs of the response. Currently the System meetings are only held if an issue is identified. [Control Gaps] No Gaps Identified	12 [17/09/2020] 12 (L=3 x I=4)	Risk Opened: 17/09/2020 Reviewed: 15/06/2021	[13/10/2020] System Resilience Plan to be developed by 31/10/2020,	18/02/2021 CCG has a structured incident Reponses team in place, this is being managed and monitored daily to respond to daily issues or escalation as required by the Devon Health and Social Care community or requests from NHSE/I As part of a national requirement form NHSE/I the CCG has undertaken two mass vaccination exercises across Devon on 21/22 January 2021 No risk score change 27/01/2021 As part of a national requirement form NHSE/I the CCG has undertaken two mass vaccination exercises across Devon on 21/22 January 2021 Internal Interim Debriefing of the first wave completed and recommendations agreed by Executive Team •System Interim Debriefing of the incident response to the first wave drafted and awaiting submission to Executive Team. [Assurance Gaps] no assurance gaps identified	Executive Lead: Andrew Millward Owner: Phil Coutie
129	Improve service performance [Reporting Committee] Audit	There is a risk that a disruption to the availability of staff, IT and/ or telecoms, critical information, premises, supplies or suppliers/ contractors, may prevent the CCG from delivering its essential functions as set out in Directorate BCPs The impact of this is that CCG essential functions may be delayed or stopped with a knock on impact upon statutory functions, finance of CCG and Provider service delivery, and perception of the CCG is impacted by patient outcomes. (HISTORIC ID: Na)	15/06/2021 Internal Audit complete and report received: significant assurance given PC 19/05/2021 Risk reviewed no changes identified PC 21/04/2021 Internal Audit complete and report awaited 16/02/2021 Reviewed by PC - Assurances updated 27/01/2021 Business Continuity Plans have been reviewed across the CCG Audit South West are undertaking an internal audit as part of the annual requirement on Business Continuity Plans arrangements in the CCG 12/11/2020 Risk reviewed no changes identified PC •Business Impact Analysis undertaken at least annually •Business continuity risks reviewed by Directorates at least annually •Business continuity audit undertaken annually •NHSEI EPRR assurance, incorporating business continuity, undertaken annually and reported upon to GB •Trained Directorate BC Leads in place •EPRR Lead now in place with responsibility to maintain oversight [Control Gaps] no gaps identified	9 [17/09/2020] 9 (L=3 x I=3)	Risk Opened: 17/09/2020 Reviewed: 15/06/2021	[13/10/2020] BC Audit to be completed by 31/12/2020., [13/10/2020] BC Framework and Plan to be revised by 30/11/2020., [13/10/2020] BC Review due to be complete by 12/10/2020 and outcome included in EPRR Assurance report to GB on 29/10/2020.,	15/06/2021 Internal report received 21/04/2021 Internal Audit complete and report awaited 16/02/2021 NHSEI EPRR Assurance undertaken annually, last completed in September/October 2020 EPRR policy reviewed and approved by Governing Body 19 November 2020 Business Continuity Audit undertaken annually, completed in April 2021 NHSEI EPRR Assurance undertaken annually, last completed in October 2020 Business Continuity Exercise completed in March 2020 Review of Business Continuity plans undertaken in March/ April 2020 [Assurance Gaps] non identified	Executive Lead: Andrew Millward Owner: Phil Coutie

131	Improve service performance [Reporting Committee] Audit	There is a risk that the CCG will be unable to respond effectively in the event of an emergency or business continuity incident, through not meeting its statutory and policy obligations to be prepared to respond to emergencies and disruptive incidents. The impact of this is that the CCG may delay or disrupt an emergency response by providers, NHS England or multi-agency partners, with consequences for patients, provider or partner emergency response and the perception of the CCG. (COVID Risk Register Wave 2 risk ID 15) (HISTORIC ID: Na)	15/06/2021 Manager on call rota has been deferred to end July 2021 09/05/2021 On call rota to commence 14 June 2021 21/04/2021 Increasing resilience in on call system by adding a manager on call rota to start late May 2021 18/02/2021 • Maintenance of the ongoing COVID Incident response structures and process to be maintained • Reviews of emergency and business continuity plans to be continued as per EPRR work plan • Training of On-call and other key staff to be maintained as per the EPRR work plan • Participation in system and multi-agency emergency preparedness exercises to be maintained as per the EPRR work plan. 27/01/2021The CCG response to the current pandemic incident/EU Exit (D20) / winter and flu is monitored daily to identify any challenges and issue that may arise and managed in accordance with EPRR and framework and policy 12/11/2020 Risk reviewed no changes identified PC •EPRR Lead recruited to lead on preparedness workstream; •An EPRR workplan in place to ensure that preparedness is maintained and that new requirements are implemented in a timeous manner; •Suite of business continuity plans and emergency plans in place •On-call system in place, supported by trained on-call staff, available to initiate a response 24/7; •Trained Directorate Business Continuity Leads in place to maintain their business continuity plans •Regular training is undertaken by On-call staff and BC Leads to maintain knowledge and skill sets •Regular exercising of business continuity plans and participation in the exercising of multi-agency emergency plans is undertaken to ensure skills are maintained, plans are tested and the CCG is integrated into the multi-agency response to emergencies; •EPRR Lead is engaged with NHS and multi-agency (LRF) EPRR planning to ensure the CCG is integrated into these plans. •EPRR Lead will fulfil the CCG responsibility of undertaking an annual assurance of Providers preparedness in line with the NHSEI EPRR Core Standards and annual assurance process, and reporting upon this to the AEO & GB. [Control Gaps] •The incident response to COVID has placed most other EPRR work on hold, meaning that wider preparedness activities are not currently being undertaken.	6 [17/09/2020] 6 (L=2 x I=3)	Risk Opened: 17/09/2020 Reviewed: 15/06/2021	[13/10/2020] On-call Induction training to be provided to new On-call staff before participating in the rota., [13/10/2020] Refresher On-call training to be offered to On-call staff before 31/12/2020, [13/10/2020] Maintenance of On-call rotas, [13/10/2020] Ongoing refreshing of On-call pack and contact lists,	21/04/2021 monitoring frequency has reduced to weekly for COVID and EU exit reporting has been stood down. Winter reporting has stopped. Light touch EPRR assurance 2020 is complete and CCG rated as fully compliant 18/02/2021 The CCG response to the current pandemic incident/EU Exit (D20) / winter and flu is monitored daily to identify any challenges and issue that may arise and managed in accordance with EPRR policy. no risk score change •CCG and Provider emergency preparedness reviewed annually against NHS England EPRR Core Standards as part of a national NHSEI process; the 2019 assurance rated the CCG as Substantially compliant with work required on only 2 of 43 standards. •Business Continuity Plans audited in December 2019 with a Significantly assured outcome. [Assurance Gaps] No gaps identified	Executive Lead: Andrew Millward Owner: Phil Coutie
127	Achieve financial sustainability [Reporting Committee] Audit	There is a risk that Devon CCG may be subject to increased fraudulent activity during and following a pandemic or similar major incident The impact of this is potential , Financial loss to the CCG Phishing / Cyber attack Fraudulent staff absence / leave requests Information Governance Breaches Damage to CCGs integrity (HISTORIC ID: Na)	16/06/2021 On-going review of processes to mitigate fraudulent activity CD 27/01/2021 The counter fraud officer monitors and oversees any fraudulent activities with support of specialist, reporting to Audit Committee or escalating any urgent matters to CFO and Board Secretary 16/12/2020 Risk reviewed by Head of Governance, update to assurances added Arrangements for invoice processing under continuous review by budget holders IT undertake regular phishing and spam email checks – clear process for staff to alert IT to any concerns which is logged and reviewed through both the CCGs IT provider and the NHS spam alert system. Counter Fraud Specialist in place as part of contract with internal audit provider Circulation of information to relevant staff on specific issues via Counter Fraud Specialist and other experts within the CCG raising issues in relation to fraudulent behaviours through team meetings and staff communications. [Control Gaps] Directorate managers across the CCG to review internal standard operating procedures for their areas of responsibility with support from the Governance team as necessarily to ensure relevant procedures are in place to monitor for fraudulent activity and address these with the CCGs counter fraud specialist	6 [03/09/2020] 6 (L=2 x I=3)	Risk Opened: 09/09/2020 Reviewed: 16/06/2021	[10/09/2020] On-going review of processes to mitigate fraudulent activity ,	07/04/2021 The audit is in the final stages and the report will be issued shortly and shared with relevant departments for responses. Audit being undertaken by Counter Fraud service Policies in place which cover areas which may be impacted by fraudulent activity ie HR, Finance, commissioning, procurement 16/12/2020 Head of Governance contacted Counter Fraud to enquire of any guidance / documentation to assist with discussions at directorate level to embedded good practice around vigilance of fraudulent activity. [Assurance Gaps] Directorate managers across the CCG to review internal standard operating procedures for their areas of responsibility with support from the Governance team as necessarily to ensure relevant procedures are in place to monitor for fraudulent activity and address these with the CCGs counter fraud specialist	Executive Lead: John Dowell Owner: Clare Doble

128	Be an effective, well-led organisation with an empowered and inclusive workforce [Reporting Committee] Audit	There is a risk that CCG data will be compromised by unauthorised/accidental disclosure due to shared work areas with non-CCG organisations. This may be via data visible on desks and/or screens or telephone conversations. This also includes homeworking where area shared with other persons. The impact of this could be the CCG's ability to maintain patient, staff and/or corporate confidentiality. (HISTORIC ID: Na)	16/06/2021 Risk Reviewed no changes identified MS 19/05/2021 Risk Reviewed no changes identified MS 21/04/2021 Staff are mainly working from home. To be reviewed prior to return to office and on the move of staff to new offices in South Molton mid-year.MS During Health and safety quarterly walk arounds adherence to the clear desk is reported to IG team. 28/01/2021 Home working advice sent to all staff and staff advised to use headphones so conversations not overheard and papers and IT equipment shut down when in not in use. 16/12/2020 Risk Reviewed no changes identified MS 12/11/2020 Risk reviewed no changes identified MS 08/10/2020 'Homeworking' guidance created for all staff Screen lock (manual & timed) Clear desk Policy/Audit Secure lockers/cupboard Confidential waste bins/collections Secure printing via ID cards [Control Gaps] Lack of suitable private areas at home where calls may be overheard and screens viewed Secure storage for CCG equipment & work	6 [03/09/2020] 6 (L=3 x I=2)	Risk Opened: 10/09/2020 Reviewed: 16/06/2021	[21/04/2021] Monitoring of office moves to ensure compliance with IG requirements. Link to working group to offer advice and support MS 21/04/2021,	27/01/2021 Directorate/team face to face meetings in progress Entry to buildings are via smartcard. Screens lock automatically after period of inactivity Clear desk policy and quarterly checks via the intranet and regular clear desk audit Personal & departmental lockers for secure storage of devices and documents Confidential waste bins are provided & appropriate disposal Printers activated by smartcard across all sites Isolated areas/rooms available for sensitive conversations Annual mandatory data security awareness training for all staff Data Security Awareness training for all staff and reviewed monthly and reported to the DPSG. [Assurance Gaps] Telephone calls, especially incoming, cannot always be taken away from the desk and to a separate area. Screens in view of shared office/living space whilst working from home during Covid-19	Executive Lead: Ginny Snaith Owner: Matt Spry
38	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Audit	There is a risk that decisions will be made by the ICS which impact negatively on delivery of CCG functions As the ICS increasingly takes responsibility for decision making there is a risk that it will make decisions which a) have not had appropriate input/scrutiny from the CCG b) do not consider the CCG statutory functions c) are not supported by the CCG Governing Body These decisions may mean that the CCG 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)	Dec 2020 Updated by GS/JD Governance arrangements for the ICS agreed by all partners setting out ongoing requirements for decision making of statutory bodies CCG AO and Chair on Partnership Board Appointment of joint System and CCG AO 11/11/2020 Discussed at Audit Committee. the committee agreed the risk is still pertinent and requested a review of wording to better express the risk. 12/10/2020 Risk to be presented to Audit Committee for discussion and review November 2020 [Control Gaps] Dec 2020 No NED representation at System or Locality level of ICS Potential for changed arrangements in line with NHSE consultation Arrangements for decision making during COVID pandemic may circumvent usual agreed mechanisms	4 [20/10/2020] ▼ 4 (L=2 x I=2) [23/06/2020] ▲ 9 (L=3 x I=3) [01/10/2019] = 6 (L=2 x I=3) [02/08/2018] ▼ 6 (L=2 x I=3) [23/05/2018] 12 (L=3 x I=4)	Risk Opened: 10/10/2016 Reviewed: 06/04/2021	[06/04/2021] The task and finish group has been established to complete the review of governance (GS), [05/11/2020] Reviewed by Executive Team 19 October 2020, [17/12/2019] Arrange workshop for system organisation Audit Chairs to review proposed system Risk Management arrangements GS,	Dec 2020 Updated by GS/JD CCG Risk Management Process reporting at all levels of organisation Regular updates to Governing Body through Chairs and AO report and specific items of relevance Internal Audit of ICS Governance arrangements NHSE ICS designation process [Assurance Gaps] No assurance Gaps identified	Executive Lead: Simon Tapley Owner: Simon Tapley

NHS Devon Clinical Commissioning Group

Twelve Steps to Risk Management

	Action		Integrated Risk Management Policy Section number
Step 1	**Identify the risk (Risk Capture)**	Risk can be identified by anyone within the CCG. A potential risk must be discussed with the individuals line manager and escalated to a senior manager and executive for discussion. Risk is held on the: • Board Assurance Framework (BAF) • Corporate Risk Register (CRR) • Team Risk Registers (TRR) The corporate risk register (CRR) and Team Risk Register (TRR) should be checked to see if a risk already exists, governance can assist with this. Risks must not appear on the CRR and TRR at the same time – They must be stepped down (transferred) or escalated as appropriate with Executive approval	Section 7
Step 2	**Define and describe the risk**	It is important that you identify and have a clear understanding of the risks in your work area. To avoid confusion, describe each risk separately, always identifying the likelihood and impact in a clear and concise manner. The risk template in the policy will aid you with refining the risk and should be completed by the risk owner.	Appendix 4 Section 7
Step 3	**Identify Risk Owner and Executive Lead**	All risks must be allocated to an Executive Lead and have a senior member of staff as the risk owner responsible for the review and update of the risk and associated actions.	Section 5
Step 4	**Determine Risk appetite**	This is explained in of the Risk Management Framework Policy (RMF) and is the amount of risk that the CCG is prepared to accept, tolerate or be exposed to at any point in time. Appendix 1 indicates the overarching risk score and management response.	Section 6 Appendix 1
Step 5	**Score risk**	The CCG uses a 5x5 matrix to score a risk by impact and likelihood. this is further explained in the policy. See step 4 and check the risk score against the risk appetite of the CCG.	Appendix 1

Step 6	**Identify controls and assurance**	To support the risk score the risk owner must detail all the controls and assurances in place to mitigate the risk and explain the rationale for the score. Assurance and control gaps must also be added at this stage with actions to address the gaps within given timescales. Dates for the completion of these actions should be agreed and recorded	Appendix 4 Section 7
Step 7	**Determine actions**	Action must be listed to address any control or assurance gaps, actions being taken to reduce the risk score and mitigate the risk. This must include a date for the completion of the action and the name of the member of staff leading on the action.	Section 7
Step 8	**Complete risk template and gain approval of executive lead**	Executive to review the completed risk template and ensure all sections are complete and the risk is attributed to a corporate objective. Risk must not be added to the CRR without Executive approval	Appendix 4
Step 9	**Risks scored 15 and above.**	Risks scored 15 and above will be reviewed and considered for inclusion in the assurance framework. Date for review and actions reviewed in accordance with policy. **Any risks scored 25 must be immediately escalated to the Accountable Officer**	Section 8
Step 10	**On approval add to risk register**	**A new risk must not be added to the risk register without the approval of the named executive/director** Confirm that the risk or a similar risk does not already exist on the risk register. The risk will be added to the risk register by the risk co-ordinator for the directorate/team, generating an email to the governance team for review. The governance team will review and may request additional information.	Section 7
Step 11	**Monitoring and Review**	The frequency of review should be **no less than monthly** and more frequently if the risk is considered very high. Risks and actions should be reviewed and updated no less than monthly by the risk owner. Risks not reviewed appropriately will be escalated to Senior Leadership Team. Non Active Team/Directorate risk should be reviewed at least annually to ensure controls are still appropriate	Section 8 Section 9
Step 12	**Closure /de-escalation of Risks**	All risks must be reviewed by the risk owner and the risk score reviewed along with the controls and assurances. Closure/de-escalation must be agreed by the risk owner with the executive lead. Executives to take responsibility for adding and removing risks scored 12 and below. Risks scored 15 plus will be discussed at Senior Leadership Team meetings and final approval sought from the relevant committee in line with the policy. **A clear and concise rationale for closure should then be added to the risk register, prompting an email to Governance to review and include in relevant risk reports.**	Section 10

NHS Devon Clinical Commissioning Group

AUDIT COMMITTEE

Report title: Risk Management Framework Policy – Annual Review				
Date of committee: 14 July 2021 **Date report produced: 15 June 2021**				
Author (s) Name and Title: Theresa Farris, Risk and Governance Manager theresa.farris@nhs.net		**Supporting Executive:** Ginny Snaith, Board Secretary **Report Approved by:** As above		
Public or Private (Governing Body only):	**Public**		**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

Following the annual internal audit of risk management within the CCG the CCG's risk management arrangements are considered to be appropriately designed and are operating as intended and the overall assurance opinion on the design and operation of controls is Significant.

The Risk Management Framework Policy v7 (appendix 1) has been reviewed and updated to address the following recommendation.

1. We would expect lower level risks, if current and still presenting a risk, (even if they had reached the risk appetite for the area in question) to be reviewed at least annually to ensure controls are still appropriate and operating as expected and the scoring doesn't need amending. Consideration should be given to amending the Risk Management Framework, to allow for the fact that some risks may require less frequent review, e.g. annually, currently stated monthly review.

This paper provides the Audit Committee the opportunity to review the updates made to the Risk Management Framework Policy (RMF), following the recommendations from the annual audit of risk management. The updates made to the RMF are identified in appendix 1 as track changes and are summarised as follows:

- Change assurance framework to board assurance framework (BAF)
- Update to section 2.1 to include list of risk registers page 7
- Detail of groups impacted by this policy section 3.1
- Section 4 updated to include definition of what constitutes a risk page 9
- Section 4 table added to distinguish between a corporate risk and a team risk page 9
- Addition of risk review frequency section 8 page 16
- Addition of paragraph section 9 on team risk register reviews page 18
- Review of incident reporting (section 13) update to web site address page 22
- Additions to glossary appendix 3 page 29

The "12 steps to risk management" document has been reviewed to summarise the Risk Management Framework Policy V7 and is attached as appendix 2.

The policy has been reviewed and accepted by the policy review group and Executive Team.

The Audit Committee are requested to review the CCG risk appetite included in the risk management framework (appendix 1, page 25)

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:

The Executives have responsibility for the risks identified on the Corporate Risk Register.
Each committee of the Governing Body, following discussion with appropriate Executive(s), has approved any additions and / or closures to risk.

Key recommendations and actions requested:

1. **Note that the risk is being managed appropriately through the Corporate Risk Register**
2. **Approve the revised Risk Management Framework Policy v7 (appendix 1) and are assured it meets the recommendations of the internal audit of risk management.**
3. **Agree the risk appetite as included in the risk management framework policy.**

Impact on Strategic Objectives

We will continue to commission safe, effective and accessible services
We will work as a strategic partner in Devon
We will improve the physical and mental health of our population
We will make best use of our resources

Reference to other documents or accompanying papers:

Internal Audit Report: Assurance Framework and Risk Management Arrangements, Report Reference: CCG03/21 March 2021

Appendix 1 Risk Management Framework Policy

Appendix 2 Twelve Steps to Risk Management

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services		NO
Health Inequalities		NO
Equality (staff or public)		NO
Resource and Finance		NO
Legal		NO
Engagement and Consultation		NO
Risk		NO

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 CCG
Risk Report (High Risks Only)

Date produced: 01-07-2021 - 08:44
Produced by: theresa.farris@nhs.net

L = Likelihood | I = Impact

ID	Objectives	Risk Description	Controls	Risk Score	Dates	Action Plan	Assurances Given	Owners

109	Improve service performance [Reporting Committee] Audit	There is a risk of underperformance against some key constitutional standards (including but not limited to 52 week waits, Diagnostics, 62 day cancer standard A and E 4 hour waits) The risk of underperformance (and mitigating actions) is included in the risk registers of provider organisations (and will be part of system risk management arrangements) and is appropriately managed at this level. However there are a number of impacts that mean the CCG must make every effort to support achievement of standards. These impacts are: •Loss of credibility with regulators leading to increased levels of scrutiny, assurance and external intervention •There is reputational impact due to potential patient harm or perception of the CCG is impacted by patient outcomes. •Diversion of resources from transformational programmes of work required to achieve financial and performance sustainability. (COVID Risk wave 2 risk ID 02) (HISTORIC ID: Na)	27/01/2021 The focus in phase 3 recovery has been recovery of service activity compared to 20/21 rather than the recovery of the constitutional standards. Under adapt and adopt the CCG has been working with system partners to implement the agreed actions under this programme. Elective recovery performance as detailed within adapt and adopt reporting was on plan until Mid December as a result of further waves of Covid. This reporting has been stood down by NHSE on 3.1.21 to be replaced by revised reporting as yet not stipulated. The CCG will fully comply when this reporting is available (AW) 27.01.21 The Devon system moving to surge with IS providers from 29th January gives us an opportunity to increase diagnostic cancer and elective capacity to support restoration (JF) For the national performance standards there are operational groups, as part of the emerging local care partnerships, in place with acute provider and commissioner in each locality. These groups monitor and actively manage performance of both elective and non-elective performance accounting for expertise of commissioner and provider. A risk register is held at each locality for risks pertaining to the delivery of the national performance standard and these risks are actively managed at place, with the appropriate Associate Director. These above arrangements are in place for the elective and diagnostic standard and report into the STP wide elective operational group on a monthly basis. The non-elective performance standards are actively managed at the Acute Provider and Commissioner Group in each locality with oversight via local A&E boards and with risk registers held and managed locally. These local A&E boards, comprising of local commissioners and providers, feed into the Devon A&E board. For the national performance standards, pertaining to cancer, each locality has a local group driving delivery with risk registers held locally as part of the planned care risk register and these local groups also report to the STP wide cancer strategy group. Escalation is actively managed from providers through these groups and onto appropriate oversight groups. 4/5/21 System performance improvement process being implemented in LCPs and the ICS, with reinstatement of System Performance Group (SPG) to oversee delivery of standards and offer system support for escalated issues. 1/6/21 LCP performance review groups now meeting and reporting through to SPG. New senior ICS performance improvement lead post in place, to provide added focus on this agenda and ensure the performance improvement framework is embedded across the system. H1 activity plans now developed, which the system will monitor against. [Control Gaps] 01/10/20 Lack of involvement in provider access meetings. Impact of MyCare , dues to Covid System perf group has been stood down, need to reinstate that infrastructure 13/01/2020 - Opel 4 esculation at the start of January puts some risk into this delivery	20 [01/07/2021] ▲ 20 (L=5 x I=4) [04/05/2021] ▼ 16 (L=4 x I=4) [01/10/2020] ▲ 20 (L=5 x I=4) [22/10/2019] = 16 (L=4 x I=4) [31/07/2019] ▲ 16 (L=4 x I=4) [06/06/2019] 9 (L=3 x I=3)	Risk Opened: 06/06/2019 Reviewed: 01/07/2021	[05/11/2020] Reviewed by Executive Team 19 October 2020, [02/10/2020] 01/10/2020 Fortnightly NHSE/I elective care recovery meetings with system partners, consistent meeting to be established with providers under new Performance Team identity to assure against Phase 3 plan trajectories, [27/08/2019] System performance meeting monthly with providers,	Monthly national reporting is reviewed at the appropriate locality or cancer system wide group. This then reports to the System Performance Group, reporting to PDEG. 13/01/2020 scrutiny at Dec SPG has provided assurance on these plans and elective board [Assurance Gaps] none identified	Executive Lead: Sheila Roberts Owner: Alison Wilkinson

134	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Commissioning Committee	There is a risk that Children and Family Health Devon do not recover the current position of increased waiting times and deteriorating RTT positions for CAMHS; Occupational Therapy; Speech and Language; Autism Assessment services. The risk score has again been reviewed (17.06.2021) and remains at 20. Initial trajectories were provided by CFHD December 2020 and Update March 2021. There has been some improvement in the OT service performance as well as Autism Assessment however services overall continue to struggle to make an impact on waiting list numbers and times. The impact of this is that children experience delay in accessing assessment, support and services for their physical, mental and communication development needs which may experience poorer quality and outcomes. CFHD are not yet achieving contracted service standards and NHS Devon cannot be confident that they will deliver the service improvements and transformation as set out in the contract agreed with NHS Devon CCG. There continues to be a lack of operational clarity in terms of service management and different service offer between Devon and Torbay, increasing wait times, regular queries and comments from families and schools, together with concerns regarding leadership and workforce capacity within the services that indicate CFHD are not yet achieving contracted service standards. The issues have been further intensified by the pause in a number of services as a result of COVID 19 and services are not currently being provided at the standard expected with increased wait times and reduced access to services(COVID Risk wave 2 risk ID 18)The CCG were notified 16.06.2021 that CFHD were starting their 'Roadshows' with staff to present their finalised clinical pathways, senior leadership structure and service/workforce models. The detail of this is still to be shared with the CCG and therefore remains unclear of improvements, impact and if risks remain in relation to workforce capacity and gap to deliver contract. (HISTORIC ID: Na)	Increased contact between the CCG and the provider CFHD has been put in place to discuss and scrutinise the performance of services especially in light of the response and pressures of COVID. There are fortnightly meetings to monitor the ASD assessment wait list and recovery plan. Where concern is raised this is escalated to Associate Director and action taken in direct discussion with CFHD Directors. Associate Director of Commissioning (Community Services) formally wrote to CFHD on 20/11/20 requesting that a copy of their Integrated Performance Report and Integrated Governance Group Report are shared with the CCG by 27/11/20. Trajectories for the services which are behind agreed performance level have been requested and submitted. These will be monitored through the Liaison and Restoration meetings that are already established and recovery plans monitored on an individual service level with the appropriate service manager to ensure that the agreed actions are being implemented. 24.02.2021 Mtg held between Kevin Wheller, Liz Owen and Mark Tucker and Davina McDougall (11.02.2021) to discuss finance schedule and use of monies carried forward from previous year to address service wait lists. 30/03/21: The CFHD Alliance remains under enhanced surveillance whilst their delivery plan to address the backlog of assessments between April and November 2021 is actioned. Children & Family Health Devon (CFHD) have provided a breakdown of their delivery plan to address the ASD waiting list reduction plan between 1/4/21 – 30/11/21. The plan includes delivery of 2,500 completed assessments by November 2021 through an increase in capacity by employment of 20wte additional clinical staff via agency & 3 wte admin and subcontract with RDEFT and LWSW to complete 300 assessments. In addition internally 12 wte clinicians will undertake 3 assessments pw each; 1 wte clinician (clinical lead) undertakes 2 assessments per week – providing 38 assessments per week. The CCG will monitor progress against this waiting list reduction plan through: Weekly receipt of metrics/data report from internal performance monitoring meetings Fortnightly MS Team Calls between CFHD/CCG 01.06.21 continued engagement to oversee the ASD wait list recovery programme and development of Learning Disability & Autism investment opportunities through the NHSEI LD&A Programme 17.06.2021 Conitnued good engagement and focus on ASD waitlist delivery - fortnightly call including NHSEI. Liaison & Restoration mtg held (16.06.2021) - good senior management represenation from CFHD and verbal updates provided. Planned update and attendance at QAC July by CFHD. [Control Gaps] Current formal contract management has been paused in line with National guidance during the COVID – 19 period. Issues with service delivery during this period are raised through the contracting email and through the Restoration / Liaison Meetings which have recently been instated. 20.01.2021: Exec to exec mtg used for escalation did not take place in January. 24.02.2021 Regular Liaison & Restoration Mtg did not take place in February – stood down as previous week mtg held between Assoc Dir Commissioning and CFHD and agreement that focus would be on formalising a stocktake to review and reset the priority areas and providing assurance evidence against these. Current financial discussions are delaying progress against plans to address autism waits backlog. 01.06.2021 Liaison & Restoration (L&R) May mtg stood down. Stocktake reset revised and despite no formal sign off is being used to set agenda for meetings to ensure key performance areas are reviewed. Next Mtg due 16.06.21. A number of concerns have been raised with the Assoc Dir regarding minimal communication across key stakeholders about the CFHD planned pathway changes and transformation work. As well as CFHD engagement in wider ICS level transformation meetings to ensure a join up and work not being done in isolation. These areas have been discussed with the Childrens Alliance Director who has set up and chairs a Devon & Torbay Autism Strategy group. 16.06.2021 CFHD have not signed or agreed to actions and requirements set out for them in the 'stocktake reset	20 [24/02/2021] ▲ 20 (L=5 x I=4) [27/10/2020] 15 (L=5 x I=3)	Risk Opened: 27/10/2020 Reviewed: 24/06/2021	[24/06/2021] Stocktake Reset to be formally agreed between CCG and CFHD. CFHD to present update on service transformation and service performance against trajectory to July QAC, [01/12/2020] Alliance Board Performance and Governance Reports requested to be submitted by 27.11.2020. Not received, escalated to Lorraine Webber. ,	•Performance and assurance meeting papers for meetings described above •Reports to Quality Assurance Committee (Quarterly) •Executive and Senior Manager escalation meetings with CFHD provider eg Safeguarding and CAMHS. •Presentations / reports for local authority scrutiny meetings eg. CAMHS and Autism presented to the Devon County Council Children Scrutiny Group on September 8th 2020 and Devon Children And Family Partnership meeting on October 13th, Group on September 8th 2020 and Devon Children And Family Partnership meeting on October 13th. 20.01.2021 Continuing concerns escalated to AD and Director 24.02.2021 Stocktake has been agreed between CFHD and CCG to reset the key priorities. This has identified the areas where there are ongoing concern and what evidence/action is required to move the provider from 'Enhanced Surveillance' to 'Routine Surveillance'. This includes updated trajectories to address wait lists as well as the wider transformation for each service and impacts. 26.04.2021 Liaison and Restoration arrangements still in place. Draft ToR written as requested by CFHD. ASD recovery action plan agreed between CCG, CFHD and DCC (March 19th 2021) to clear the Devon waitlist (2900 additional assessments). CFHD agreed to invest £1m of it's £2m received from CCG in addition to contract value for contingency and transformation. Information provided to Dfe and NHSE inspection monitoring visit on March 19th . 01.06.21: Fortnightly monitoring & support calls between CCG and CFHD to review progress against ASD waitlist reduction plan trajectory. Progress reports are also provided to the CCG Exec Director, Devon DCS and NHSEI. 17.06.2021 Verbal update provided to Liaison & Restoration Mtg (16.06.2021). OT Abbreviated pathway has created internal efficiencies and increased capacity. Use of non recurrent funding £31k to recruit additional posts to address waiting list. Current on track for trajectory at 62.3% although improvement agreed is only 73% by March 2022 against contract of 92%. SALT introduced a new clinical decision model; reviewed all families against standards and increased the offer of getting advice at the start and reduced non patient activity which has increased clinical capacity. Non recurrent funding for additional 6 staff. Target to return to pre COVID levels and meet 92% by February 2022 currently on target 56%. All services have now migrated from paper to Care Plus system. It is expected that July data book will report by locality. Recognise the good engagement in wider ICS work and delivery of the LD and Community Nursing Services. [Assurance Gaps] Some assurances have been provided however there remains concerns relating to governance processes, monitoring of incidents, experience for long waiting patients and referral management process. These are being followed up directly with CFHD Quality lead. 20.01.2021 Continued concerns in timeliness of agreed reports being shared due to internal governance sign off arrangements, pace of progress in safeguarding action plan, lack of understanding of budget and investment made in Autism assessment service. Summary provided to AD & Executive within an SBAR report for escalation with recommendations for : •3 month action plan	Executive Lead: Jo Turl Owner: Siobhan Grady

			document' and therefore have not shared to date service updates reports or documentation monthly to the Liaison & Restoration mtgs to provide assurance and have oversight of meeting service trajectories. Although verbal updates are provided there remains a challenge from CFHD as to purpose of the Liaison & Restoration Mtgs and level of scrutiny of the contract. CCG proposed that additional reports would not be required and it would be sufficient to just share reports already completed for their own Partnership Board. Capacity and prioritisation of work is rightly on CFHD organisational transformation however lack of more formal reporting to CCG remains of concern. Databook currently is not split between Devon and Torbay and therefore unable to routinely and easily report to each local authority separately on the joint funded contract. CFHD have also raised that there are some issues with the data provided in terms of completeness and accuracy.				•monthly exec to exec escalation mtgs •attendance by CCG at internal CFHD mtgs – Quality Committee; •financial summary from April 1st 2019 be provided 24.02.2021 Risk has been increased. Until we receive information there remains an assurance gap. Action and Decision making for Autism waits remains critical. Mtg held between Kevin Wheller, Liz Owen and Mark Tucker and Davina McDougall – CCG finance are waiting on finance schedule from CFHD which sets out the costs to reduce the waiting list over 2 years (with the main bulk of assessments being contracted with Helios - this has still not started despite previously reporting that it had). CFHD still to confirm allocation of how funding held over from previous year could be used to support this scheme. CCG will then need to provide decision as to any further financial commitment. 26.04.2021 Stocktake Reset Document still in draft and yet to be agreed between CFHD and CCG although CCG still using it as basis for agenda planning and seeking assurance through liaison and restoration mtgs. 01.06.21: Continued long wait list for SALT and OT. Evidence of impact of service change and investment with any revised trajectories requested for L&R mtg. 17.06.2021 Workforce retention has been raised as a key risk (many leaving to take up post with private ASD provider). Therefore despite new additional non recurrent staff being recruited for wait list they are having to cover some of the gaps left in the core staff workforce as well as meet pressures from increased referrals for SALT. Provision of non complex ADHD in NDevon at risk of being withdrawn by CFHD as believed not to be in contract (Cmty Paediatrician complete in rest of Devon). CCG communicated with CFHD that as service activity and value transferred from Virgin in to new contract and has been provided since April 2019 then if this activity is to transfer to an alternative provider the funding would also need to transfer. Costs have been received from NDHT and timescale suggested April 2022 due to recruitment of paed and merger of RDE & NDHT..	

137	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Quality Assurance	There is a risk that the impact of implementation of National Guidance during COVID- 19 may lead to patients who require planned care, including diagnostics, being delayed, deferred or choosing to self-defer, resulting in harm; both safety and experience could be affected. Note: This impact could be further exacerbated if changes in predictions of disease prevalence for the SW Peninsula result in a period of deferment in excess of that recommended by the national guidance. The impact to the CCG is commissioning impacted services that may result in: a) escalation requiring emergency admission and / or treatment for patients. b) early death, harm, including reduction of treatment options and poor experience for patients. c) reputational damage as a result of longer waiting times for patients across the County. (Covid 20 Wave 2) (HISTORIC ID: Na)	June 2021 - Risk reviewed and score to remain as waiting list numbers and the duration of waits continues to increase. Elective care long waits remain a significant system restoration risk. Following reporting of restoration risks through the Planned Care Board, a group of workstream leads has met to consider pulling together resources when working on the harm issue during long waits (safety and experience). Further discussions are taking place within the CCG as to how this work will move forward but quality leadership will be key. The Devon elective recovery programme is led and manged at ICS level. The Devon ICS has a robust work programme in place with the ability to accelerate (SW) May 2021 - Risk reviewed and score to remain whilst risk to delays, including patient choice continues (SW) March 2021 - Recognising the challenge of long waits within elective services, the Devon system continues to work together to have oversight of key challenged areas. This is ensuring elective activity is maximised. The Surgical Restoration group has been key to this, addressing immediate issues, but also building on longer term plans to improve efficiencies and quality (SW) March 2021 - Mitigation continues through communication, provider collaboration and CCG oversight/leadership (SW) [Control Gaps] No gaps noted	20 [29/10/2020] 20 (L=4 x I=5)	Risk Opened: 02/11/2020 Reviewed: 09/06/2021		June 2021 - Mitigation to this risk continues with continued attempts to use mutual aid plus additional resource through the Accelerator and Elective Recovery Fund monies presents an opportunity not only for the Devon ICS but other surrounding ICS systems, to improve their positions and an opportunity to create a means of propagating learning. Devon ICS plans bring us close to 100% of 19/20 activity by the end of July 2021, with innovations supported by this opportunity we can move towards 120% (workforce has been considered within these opportunities) (SW) May 2021 - System work is underway to further understand patient experience during long waits, be this due to provider wait times or patient choice. Mitigation, as described in previous updates remains (SW) April 2021 - The system works together closely to manage waiting patients as services restore. This includes the System Recovery Planning Core Group and Surgical Group, led by the CCG. Here, the System shares experiences of patient choice issues as well as possible solutions to improve confidence and offer choice (SW) March 2021 - The impact of national guidance remains, but there is increased restoration of services for patients (SW) [Assurance Gaps] April 2021 - There is ongoing risk that patients may choose to self-defer treatment during the pandemic (SW) March 2021 - Until the pandemic response has reduced the impact on patients accessing CCG commissioned services remains.	Executive Lead: Darryn Allcorn Owner: Sara Wright

149	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Commissioning Committee	There is a risk that Primary care is not able or willing to undertake the necessary physical health checks for patients with Eating Disorders. There is no commissioned service for the physical health checks for adults who are within the Specialist Eating Disorder Pathway across the Devon CCG footprint. The impact is that vulnerable patients are exposed to a very significant risk of compromised health states that can cause impairment or death. (HISTORIC ID: Na)	•Weekly task and finish group was established with specialist Eating Disorder clinicians and commissioners including GP lead and the LMC. Focus of the group is to scope the challenges around physical health checks and identify options that would enable compliance with the physical health check requirements for patients with eating disorders who are engaged in secondary care services. •The task and finish group will be reporting to Clinical Commissioning Committee within the CCG and Exec to exec within DPT. (This risk is also logged on DPT's Risk Register). •Monitoring and acting on test results is currently not consistent in its approach to ensuring the on-going safety of patients with ED who need a physical health Update 3/6/21: weekly task and finish group continues to meet and an options paper has been written. This is scheduled for commissioning committee for 10th June 2021. The focus of this paper is for those with an eating disorder within Devon and Torbay. [Control Gaps] Update 3/6/21: An equivalent Task and finish group needs to he implemented to ensure the needs of those with an eating disorder living in Plymouth are able to access the appropriate monitoring of their physical health needs.	20 [05/05/2021] 20 (L=4 x I=5)	Risk Opened: 05/05/2021 Reviewed: 10/06/2021		The establishment of a task and finish group seeking to find an immediate (short-term) solution given one primary care services has served notice to stop undertaking testing and acting on results has necessitated a short-term support system from DPT to primary care. Longer term a bespoke service is the likely outcome. However, getting agreement on its role, function and establishment will take time – coupled with the need to find workforce that is currently depleted and hard to find nationally. A paper is being prepared for commissioning committee that seeks to find both a short term and lasting solution to the need for physical health checks for the eating disorder groups. The findings of the recent coroners inquest places responsibility across both commissioners and providers to ensure systems and processes are appropriately in place. Update 3/6/21:Short term solutions are continuing to be implemented. Agreement has been reached as to a preferred model of care to present to commissioning committee. THis has been underpinned by a a collaborative, partnership approach which includes LMC, GP clinical leads, providers and CCG commissioners to enable any challenges to be identified and solutions identified. [Assurance Gaps] Currently the proposed assurances will meet the need but may require significant funding and training of both the team and services it will support (primary and secondary care services). As identified, papers will be taken to CCG commissioning committee. Update 3/6/21: Understanding of needs of any short term solutions, whilst developing longer term solutions in PLymouth are yet to be ascertained. These will form part of hte task and finish groups that are to be scheduled.	Executive Lead: Jo Turl Owner: Louise Arrow
135	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Quality Assurance	There is a risk that some aspects of our core business of continuing healthcare will be exposed to additional risk as a result of the changes to the emergency framework period guidance and associated financial framework, particularly with the reset in relation to CHC assessments. a)There is a reputational risk that the CCG may be challenged through the undertaking of virtual assessments and the view that patients, their representatives and advocates may not see this process as robust enough to make a recommendation on levels of need; b)There is a risk that we are unable to take the same assurance with regard to the clinical safety and quality of care being provided to eligible individuals in the absence of face to face assessments; c)There is a financial risk associated with the increasing backlog of CHC assessments, and the cessation of emergency funding for new and enhanced CHC packages of care. The financial risk of approx. £3m is captured for 2020-21 and is managed as part of the CCGs overall financial risk assessment and delivery; These risks are to be recorded on the Corporate Risk Register and monitored and managed through the CCG's risk management processes. The current backlog has to be reduced by 31st March 2021 and therefore steps to mitigate the risks as a result. (HISTORIC ID: Na)	June 2021 - Risk has been discussed within the team and agreed that as much can be done with this risk as it currently stands and for a new risk to be drafted that also takes into consideration risk 136. Once the new risk has been drafted and exec approval gained a request to close this risk will be recommended (SB/SD) April 2021 - The CCG is monitoring the impact of the short term discharge six week scheme and the potential of a new backlog of assessments being created and analysis of the capacity of the team to address this. This is being monitored and reported on separately via the CHC Control Centre and Discharge cell. Risk score to remain but to be reviewed during the month (SB) [Control Gaps] March 2021 - Currently the CCG has a significant backlog of reviews that require addressing. This cannot be prioritised until the backlog of assessments is cleared (SB)	16 [29/10/2020] 16 (L=4 x I=4)	Risk Opened: 29/10/2020 Reviewed: 18/06/2021	[29/10/2020] Workplan being progressed. January 2021 - Workplan progressing well with agency staff now in place. Returner nurses beginning CHC shadow shifts next week and the outsourcing contract commencing February 2021 - Workplan progressing. Returner nurses have now been trained and are embedded within the CHC Hubs to support assessments. NHSE/I report that NHS Devon is an outstanding example in relation to hosting staff in this way (the CCG also have returner nurses delivering regular IPC interactive sessions online),	April 2021 - At year end 31st March 2021, the Devon System reported 18 cases of deferred assessments not completed. This is significant progress for the 900+ that were outstanding in Sept 2020. The CCG has completed a backlog trajectory to complete the 18 remaining cases. A number of which already had the assessments process in progress. The target with NHSE is to complete all outstanding cases by end of May 2021. It is anticipated that these assessments will be completed by that date (SB) March 2021 - The team continues to make good progress on clearing the backlog of assessments from the Summer of 2020. These are cases that were centrally funded and funding would pass to the CCG if not cleared. It is anticipated that the majority of these will be cleared by March 2021 (SB) [Assurance Gaps] March 2021 - There are two remaining risks with regard to assessments. There are a number of requests for assessments through short term funding schemes following discharge and self funders requesting an assessment. This is generating an in-year backlog. Plans are being developed to clear this backlog - however currently remain a risk in terms of the funding of the package of care falling to CCG if a timely assessment is not undertaken. This can and does lead to reputational risk and a poor patient experience (SB)	Executive Lead: Darryn Allcorn Owner: Jo Shill

108	Improve service performance [Reporting Committee] Primary Care Commissioning	There is a risk that due to current and forecast significant challenges, the sustainability of general practice (including workforce, demand, capacity and impact of COVID) is severely affected. The impact is that the delivery of general practice is compromised, and all areas of the healthcare system, including patient safety, could be affected. It is acknowledged that the risk will vary from locality to locality over time, with the need to focus resources where need is identified. This risk replaces risk 09 (SDT) and 68 (NEW Devon) Risk 117 closed 27 May 21 and merged into Risk 108 (HISTORIC ID: Na)	27 May 2021 - Reviewed by Head of Primary Care (N&E) Reviewed with Head of Primary Care (N&E) - Jan 21 / Feb 21 / Mar 21 / Apr 21 / 4 May 21 Dec 2020 - Review with Deputy Director for Primary Care 6 Apr 21 - new guidance re expansion of Additional Roles Reimbursement Scheme in for 2021/22 at system level to ensure that max benefit can be achieved from the scheme continues as part of workforce strategy 6 Apr 21 -Local Income protection for local enhanced services on the basis of PCN extending active participation in the vaccination programme for the associated period of time. Feb 21 - new guidance re expansion of Additional Roles Reimbursement Scheme in for 2021/22 including paramedics and mental health practitioner. Oct 20 - CCG attending virtual BMJ job fayre - stand promoting SW region. Attended virtually by Primary care team. 6 Oct 20 - LMC GP alert system sent out on weekly basis highlights either localities or practices of concern. It is acknowledged that the risk will vary from locality to locality over time, with the need to focus resources where need is identified. 16.12.19 risk score not adjusted due to current list dispersals (from 2 practice closures) 14 Nov 19 - Risk score has been reviewed in light of CQC contract suspension of one practice within Western system, given (material) impact on 3 practices covering circa 25,000 patients. Score has not been adjusted as this was felt to be a manifestation of the risk rather than an escalation of it. 10 Oct 19 - BMJ Job Fayre in London on 4th & 5th October 19; stand promoting SW region - supported by CCG staff and Plymouth GP. - Attended by Primary care team. 2 Sept 19 - Plymouth Prospectus circulated to Plymouth practices. Others were sent to practices in South Hams, West Devon and the rest of Devon to inform them of the prospectus and encourage them to send expressions of interest for when CCG launch our longer term transformation plans 7 Aug 19 - Reworked as Plymouth Prospectus; financial implications being reviewed; on track for 1 Sept 19 launch. Jul 19 - 100 day plan in design for Plymouth system 20 Jun 19 - risk reviewed at Primary care operational group. No further update 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 GP International Recruitment Scheme. Three candidates offered positions on the GPIRS following interviews and educational needs assessments March 2019 GP Strategy STP Workforce Group & Strategy Locality Workforce Groups GP Provider Collaborative Groups Regional Workforce Board 100 day plan in design for Plymouth system Regular review at Primary Care Operational Group Regular review at Primary Care commissioning committee Feb 19 - GP framework associated with the long term plan, having been released, is being reviewed for opportunities to further mitigate this risk [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	16 [02/12/2020] ▲ 16 (L=4 x I=4) [06/10/2020] ▼ 12 (L=3 x I=4) [29/05/2019] 20 (L=5 x I=4)	Risk Opened: 29/05/2019 Reviewed: 07/06/2021	[07/06/2021] 7 Jun 21 - Comms campaign to publicly support General Practice. Other Regional and NHSE opinions have been sought to inform the campaign. Campaign will include an open letter, media releases, briefings for MPs and Councillors, and a social media campaign to highlight positive public reactions to excellent Primary Care working practices., [03/03/2021] 3 Mar 21 - Information starting to come through regarding Phase 4 recovery from COVID and national position on QOF (intention to restart QOF from 1st April 21) Therefore actions relating to this risk will need to be considered alongside impact of COVID and sustainability of mass vaccination. 6 Apr 21 - QOF restarting from 1st Apr 21. Paper went to Exec and PCCC to describe mitigations and actions to support Primary Care in returning to BAU alongside vaccination work. Mitigations described include: - roll out of national COVID expansion fund - vaccination system workforce offer to PCNs - income protection for LES services - implementation of primary care specific Phase 4 work stream with direct links to system Phase 4 processes. Monitoring / assurance • A GP capacity expansion fund dashboard • Monthly review of Early Warning Dashboard by new Primary Care Quality and Performance Group, including assessment of Electronic Declarations (E-DEC), PALS queries, Complaints, SEAs • Monitoring QOF achievement though review of CQRS extractions and quality indicator reports • Ongoing liaison with LMC to support practices with identified resilience issues • Monthly liaison with CQC • Any performance, quality or contractual concerns would be followed up under existing processes, [06/01/2021] Reviewed by Executive Team 19 October 2020 2 Dec 20 - Work to increase investment in workforce and GP resilience programme. 6 Jan 21 - workforce and resilience remain prioritised work areas during COVID. 6 Apr 21 - work continues on workforce strategy (including ARRS). Due for PCCC deep dive in June 2021. Vaccination workforce offer in place. ,	Encouraging collaborative working on a locality basis to establish increased resilience. Work with the Provider Organisations to establish broader based models of care. practice resilience toolkit Heat map devised to identify vulnerable GP practices Regular resilience meetings with Devon LMC Work continues to develop Primary Care Networks and fill roles [Assurance Gaps] None identified	Executive Lead: Jo Turl Owner: Paul Green

100	Improve service performance [Reporting Committee] Quality Assurance	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 patient experience and safety; public and professional confidence in the system and associated reputational impact. (HISTORIC ID: Na)	June 2021 - SWAST continues to record the risk of the call stack at 25 internally, which covers their whole footprint of 7 counties. With the call stack remaining similar in volume to recent months, increases in demand and the high internal SWASFT risk score, but no reported cases in Devon and the triage of patients in the stack reducing the risk to those most ill, the risk should remain the same for the CCG. It is almost certain patients in Devon will be delayed in receiving an ambulance (almost certain = 5) but those mostly likely affected will be a lower risk illness patient and therefore the impact will be a moderate level, for example longer in pain or longer lie on floor (moderate - 3) (RC) May 2021 - risk reviewed. With no reported cases of harm to patients, but evidence of delays occurring, a high internal risk rating and the call stack being reported as large in some areas at some times the risk rating should remain the same (RC) April 2021 - QAC support requested to obtain time from the BI team to interpret data received from SWASFT (SZ) [Control Gaps] None identified	15 [05/01/2021] ▲ 15 (L=5 x I=3) [04/06/2020] ▼ 12 (L=4 x I=3) [02/08/2019] ▲ 20 (L=5 x I=4) [21/06/2019] ▼ 16 (L=4 x I=4) [21/01/2019] 20 (L=5 x I=4)	Risk Opened: 21/01/2019 Reviewed: 11/06/2021	[15/06/2021] June 2021 - Review of national paper / case studies on patients of long waits for ambulances when published. SWASFT took park in national work but have yet to see results, [15/06/2021] June 2021 - Further requests to business information teams asking for specific Devon figures, [15/06/2021] June 2021 - Increased information requests on Devon call stack at joint CCG meetings with main commissioner, [15/06/2021] June 2021 - Further in-depth review of Devon call stack in agreement with SWASFT (by the Western Locality Leads). A recent deep dive involving Western locality has identified that on one sample occasion, numerous patients in the call stack could have been seen by other providers; for example fallers waiting assessment could have gone to Community Crisis response teams. Work in this area is hoping to be progressed with SWASFT agreement regarding how else these patients could be managed,	March 2021 - Call stacking continues to be reported in Devon, although no related harm has been identified. Ambulance handover delays remain problematic in the western system, although again no harm has been identified (SZ) [Assurance Gaps] June 2021 - The call stack is still present and varies by the minute/hour depending on demand, resources available and delays in handover. These areas remain challenged at times There is no information relating specifically to the Devon call stack, it is unclear how many patients in Devon are waiting for an ambulance at any one time. The most at risk patient group is category 2 patients. These are thought to have a serious condition and need urgent assessment / intervention / transport. These could be potential heart attacks or stroke patients. Category 1 patients (those not breathing/conscious) will get ambulances diverted from other incidents or general broadcasts for assistance. Category 3 and 4 patients are less seriously ill and do not carry the same risks. The patients triage category is used in the stack to send the ambulance to the most urgent call first. This often results in the lowest categories being in the call stack the longest [redacted] May 2021 - April 21 has seen increased delays with ambulances held at ED, in particular at UHPT. This means the ambulances cannot attend emergency incidents in the area. This results in the call stack growing. There has been no reported incidents of patients coming to harm as a result of these delays or call stacks. SWASFT continue to hold the risk at 25 internally, but this is for all seven counties. Some performance figures are obtainable from SWASFT but do not indicate the size of the stack for Devon, nor indicate how long individuals are waiting (RC)	Executive Lead: Darryn Allcorn Owner: Russell Cooke

146	Be an effective, well-led organisation with an empowered and inclusive workforce [Reporting Committee] Quality Assurance	There is a risk that University Hospitals Plymouth NHS Trust is unable to deliver safe and effective services, due to a lack of robust clinical oversight and risk management in the ED - as highlighted during the CQC inspection (8th March 2021) and subsequent Section 31 letter (15th March 2021). Concerns include: ambulance handover delays, IPC concerns, poor flow through the hospital, in part due to ED, but also the wider hospital and the Trusts ability to ensure mitigation under pressure. The impact of this is that the delivery of patient care may be negatively impacted upon, both in potential harm and poor patient experience. In addition, there is a risk to wider System reputational damage. (HISTORIC ID: Na)	June 2021 - Risk reviewed and score to remain the same. The actions continue, with Chief Nurse attending System Oversight Meeting (SOM) and Head of Nursing and Quality attending the Western urgent care group. Reason for no change in risk score - this risk has not been on the risk register for very long and the Head of Nursing is not aware of any significant improvements in the safety and quality data that would indicate a change in the rating. The CCG attend the SOM and have provided no feedback to suggest that there is any sustained improvement in the position. The situation regarding urgent care is discussed widely at a number of system meetings of which we have no information to indicate changing the score from these meetings. The situation regarding elective care is monitored through a number of system led meetings - including surgical restoration and the latest update from this group is that the current situation is worsening not improving (VC) May 2021 - The system CCG oversight and delivery group are reviewing the ED improvement plan of which the PSQ team are part of the group. The System Oversight Meeting is in place with the CCG CNO in attendance. PSQ are joining the Gold escalation calls when necessary to ensure that any potential harm is highlighted and discussed. 12 hour breach reviews continue with no harm as yet identified (VC) March 2021 - •System Oversight Meeting Led by NHS England •Western Urgent Care Board •Quality Surveillance Group •Collation and reporting of quality intel>Quality Assurance Committee>GB •Review of all 12-hour breaches •Working in collaboration and closely with Kernow system [Control Gaps] April 2021 - No further update to the Nursing and Quality team on improvements or recommendations to be implemented as yet, relating to this from the System Oversight Meeting (VC) March 2021 - •Possible Section 31 enforcement action •Improvement Programme Board being set up to look at flow through hospital •Due to Covid 19 CCG unable to undertake safety walk rounds, patient experience visits and attendance at the hot floor board, and tactical control cell •Due to the nature of the hospitals remit the impact of patients from a wider geographical area is more difficult to control and impacts on the Trust	15 [24/03/2021] 15 (L=5 x I=3)	Risk Opened: 26/03/2021 Reviewed: 15/06/2021		April 2021 - The ED recovery plan is being developed and the Nursing and Quality team are aligned with this process, as with the ED improvement programme. Nursing and Quality continue to work closely with commissioners on the development of the urgent care improvement work (VC) March 2021 - •CQC action plan overseen at the SOM •Strengthened internal Senior Leadership Team [Assurance Gaps] March 2021 - •Due to Covid 19 attendance at internal meetings has been limited and the sharing of agreed governance structures is awaited where further assurance can be gained •Awaiting to see the impact of the newly appointed SLT (nursing, safety and quality)	Executive Lead: Darryn Allcorn Owner: Vanessa Crossey

Board Assurance Framework (BAF) 2021 to 2022 With sub objectives V1.5		last updated May/June 2021											
	CCG Objectives	Board Assurance Framework Risk Ref	Principle Risks *There is a risk that……*	Delivery Date	Corporate Risk Register mapping	Initial Risk Score	Score at last review	Risk Movement (Trend)	Risk Appetite /Target Score	Assurance Score	Lead Director	Date BAF Risk Reviewed	*Comments*
1	**Commission high-quality and safe services that reduce health inequalities and improve health outcomes**												
	We will ensure that we are clear about the outcomes we are commissioning from new and existing services and ensure that contracts are agreed to achieve these.	BAF 1a	We do not commission services based on the outcomes that they will achieve	Mar-22		9	9	⟷	6	8	Jo Turl John Finn	25/06/2021	
	We will work with our partners to reduce health inequalities and deliver on the 8 Urgent Actions outlined in Phase 3	BAF 1b	We do not deliver the CCG contribution to the Phase 3 Inequalities action plan	Sep-21		16	16	⟷	4	8	Ginny Snaith	16/06/2021	
	We will embed the commissioning cycle so that our decision making is based on a strategic evidence base and prioritisation framework	BAF 1c	We do not base our decision making on robust evidence of good practice and strategic intelligence	Dec-21		9	9	⟷	6	9	Kelvin Grabham	24/06/2021	
		BAF 1d	We do not implement a Population Health Management approach throughout the organisation	Jun-21		9	6	⟷	8	10	Jo Turl John Finn	30/06/2021	
	We will consider the use of new technology during the process of commissioning new services	BAF 1e	We do not make the most of opportunities to use digital technology	End July 2021		6	4	↓	6	8	Jo Turl John Finn	25/06/2021	
	We will ensure that patient and public views are sought in everything we do	BAF 1f	Our plans do not reflect the views of patients and the public	Mar-22		6	4	↓	4	12	Andrew Millward	30/06/2021	
2	**Improve service performance**												
	We will ensure that we have robust mechanisms for monitoring progress on delivery of our plans	BAF 2a	The CCG does not meet its statutory requirements and objectives because it does not have effective mechanisms for monitoring progress	Mar-22	109	15	15	⟷	6	9	Chief Operating Officer	29/06/2021	
		BAF 2b	The System and Locality Care Partnerships do not establish robust mechanisms for performance management	Jun-21		6	6	⟷	4	11	Chief Operating Officer	29/06/2021	
	We will work with our partners to ensure delivery of the operational system plan	BAF 2c	We do not have full commitment from system partners to deliver operational system plan so change is not delivered	Mar-22		8	4	↓	4	8	Chief Operating Officer	29/06/2021	
	We will have robust processes in place for identifying and responding to emerging risks	BAF 2d	The system does not have robust mechanisms for identifying and responding to emerging risks	Mar-22		9	9	⟷	4	8	Ginny Snaith	16/06/2021	
	We will deliver the phase 3 restoration plan to maximise planned care during winter and corona virus	BAF 2e	We do not implement the phase 3 restoration plan including maximising planned care during winter and corona virus	Jul-21		15	15	⟷	4	8	Chief Operating Officer	29/06/2021	
3	**Achieve financial sustainability**												
	We will ensure that the CCG delivers a break-even position for 20/21.	BAF 3a	We do not deliver a break-even position for the current financial year.	Mar-22	124	3	6	↑	4	12	John Dowell	24/06/2021	
	We will agree a medium-term plan that will deliver against the financial ambition of the Long Term Plan	BAF 3b	We cannot agree a medium-term plan that will deliver against the financial ambition of the LTP	Mar-24	106	16	16	⟷	6	12	John Dowell	24/06/2021	
	We will deliver our agreed efficiency programme for 21/22	BAF 3c	We do not deliver our agreed efficiency programme for 21/22	Mar-22	144	9	9	⟷	6	10	John Dowell	24/06/2021	
		BAF 3d	We do not deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression	Apr-21	144	4	6	↑	4	12	John Dowell	24/06/2021	
4	**Be an effective, well-led organisation with an empowered and inclusive workforce**												
	We will increase staff satisfaction by addressing the issues raised in the staff survey	BAF 4a	We do not address the issues raised in the staff survey	Mar-22		3	3	⟷	4	12	Andrew Millward/ Sam Tribble	29/06/2021	
	We will support staff through the ICS transitions process	BAF 4b	We do not manage the transition process for CCG to ICS well.	Dec-21		9	9	⟷	4	10	Simon Tapley/Nick Pearson	17/06/2021	
	We will achieve an improved NHSE assurance rating	BAF 4c	We do not improve our NHSE Assurance rating	Mar-22		8	8	⟷	6	8	John Dowell	24/06/2021	
	We will grow and develop our staff to meet their potential and the organisation's needs	BAF 4d	We do not grow and develop our staff to meet their potential and the organisation's needs	on going		8	3	↓	4	11	Andrew Millward/ Katey Kerley	29/06/2021	
	We wil increase the diversity of our staff to reflect that of the Devon population	BAF 4e	We do not increase the diversity of our staff to reflect that of the Devon population	Mar-22		9	9	⟷	4	12	Andrew Millward/ Sam Tribble	29/06/2021	
5	**Lead the system's response to the coronavirus pandemic**												
	We will support staff health, wellbeing and morale during the COVID pandemic	BAF 5a	There is a risk that staff will become tired and overworked so we do not have sufficient capacity	Sep-21		6	3	↓	4	12	Andrew Millward/ Sam Tribble	29/06/2021	
	We will deliver our Primary Care strategy to increase capacity and capability in Primary Care	BAF 5b	There is insufficient capacity and capability in Primary Care to meet demand	Mar-22	**108, 118, 120,**	12	16	↑	8	8	Jo Turl	30/06/2021	
	We will maintain robust incident management arrangements	BAF 5c	There is a risk that we do not have robust incident management arrangements as a system under pressure we do not have robust incident management arrangements	Jan-21	**129, 130, 131**	9	3	↓	4	8	Andrew Millward	30/06/2021	

Risk Assessment Scoring Guidelines

Risk Assessment Scoring Guidelines - Using the management response guidance at the bottom of this page:

- If a risk falls into one of the boxes numbered **15-25** immediate action is required, so far as is reasonably practicable. (Risk score of 25 can only be approved by the Accountable Officer)
- If a risk falls into one of the boxes numbered **8-12** prompt action is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **4-6**, risk reduction is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **1-3** further risk reduction may not be feasible or cost effective.

Assessing the likelihood/probability of risk

Score	Description	Definition
5	Almost Certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the CCG or within the NHS.
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the CCG or within the NHS.
3	Possible	The event may occur at some time as there is a history of ad-hoc occurrence at the CCG or within the NHS
2	Unlikely	Not expected but there is a slight possibility it may occur at some time.
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen but probably never will.

Risk scoring matrix (5x5 scores for impact & likelihood/probability)

		Likelihood/probability of Risk Occurring				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Impact	1 low	1	2	3	4	5
	2 Minimal	2	4	6	8	10
	3 Moderate /Medium	3	6	9	12	15
	4 High	4	8	12	16	20
	5 Significant	5	10	15	20	25

Risk scoring categorisation	
1-3	Low risk
4-6	Medium/moderate risk
8-12	High risk
15-25	Significant risk

Overarching Risk Score and Management Response

Risk Ranking	Low	Medium/moderate	High	Significant
	1-3	4-6	8-12	15-25
Rectifying Action	Business as usual. Acceptable but continue to monitor.	Management responsibility must be specified and actions set out over time	Senior Management attention needed. Actions set out within defined timescale to address control weaknesses	Immediate action requir mitigate the risk and addre in control or arrange contin
Monitor	At operational / departmental level	At operational / departmental level	Senior management	Executive level
Escalation	Risk Register	Risk Register	Risk Register	Governing Body Risk Ass Framework
Acceptable Risk Score for Appetite	5	8	12	15

Summary of Risk Appetite and Acceptable Risk Score

Risk Category	Definition	Appetite/ tolerance	Residual / Acceptable Risk Score	Rationale
Public, Patient and staff Safety (people)	These concern insufficient staff resources (capacity and capability). These risks can have a significant impact on the performance and reputation of the CCG.	Low	4	Patient and staff safety is of the highest importance and the CCGs will not accept any risks that threaten this. The CCG will aim to commission quality services for our patients.
Provider Performance (quality / patient experience)	Risk events such as failure by a third party to deliver a service, breakdown in partnership with a third party, or failure to manage internal change etc.	Moderate	8	The CCG challenges provider performance so as to help improve the service to patients and the public,
Statutory and mandatory compliance and governance. National policy	These include health and safety, data protection, employment practices, employment legislation, the NHS Constitution, Freedom of Information Act, Civil Contingencies Act, Deprivation of Liberty and regulatory issues.	Low	4	The CCG complies with all applicable legislation and will not accept any risk which (if realised) would result in non-compliance.
Financial Statutory Duties	In line with Constitutional requirements and standing financial instructions.	Low	4	Achieving financial balance both within the CCGs and in the wider local health economy is both a strategic priority and a statutory duty. Therefore the CCG will not accept any risk that (if realised) will threaten this.
Fraud and negligent financial loss	This is in line with Anti-Fraud and bribery act and NHS Protect requirements.	Low	4	The CCG will not tolerate financial losses from fraud and negligent conduct as this represents corporate failure to safeguard public resources.
Commissioning	These relate to the day to day concerns the CCGs are confronted with when striving to deliver strategic objectives. They can be anything from loss of key staff to process failure.	Moderate	8	Innovative approaches for commissioning incorporate inherent risk, which can impact on the delivery of outcomes. These concern risks that programmes and projects do not deliver agreed benefits within agreed budget and/or introduce new or changed risks that are not effectively identified and managed.
Reputation	It is important that the reputations of both CCGs are protected through robust systems of communication with stakeholders. .	Low	4	The CCG will maintain high standards of conduct, to safeguard both the organisation and public and stakeholder confidence.
Strategic	Strategic risks can be defined as the uncertainties and untapped opportunities embedded in strategic intent and how well they are executed. As such, they can impinge on the whole organisation, rather than just an isolated department or locality.	High	12	Were the CCG to fail to deliver its strategic priorities, the reputation of the CCG would be compromised, jeopardising its ability to carry out its core purpose and/or meet its strategic objectives
Engagement	The processes of engaging with and involving stakeholders in commissioning decisions	Moderate	8	The CCG will work with its member practices and other organisations (including but not restricted to other CCGs and local authorities) to ensure the best outcome for patients and communities. We are willing to accept the risks associated with a collaborative approach.
Information and technology	These can be anything from loss of data to failure of a key IT system	Moderate	8	We manage our systems to minimise the threat of risk events such as a technological breakdown, loss of hard or soft copy data, failure by a third party to deliver a service, failure to manage internal change etc.
Innovation	Commissioning intentions and operating plan	High	12	We encourage a culture of innovation and are willing to accept risks associated with this approach where they do not threaten risk areas that the CCG are not prepared to accept (as defined above e.g. quality patient care / safety).

Adequacy of Assurance scoring

This score is used to inform the CCG of the degree of reliance they can place on an item of assurance.

1	Does this assurance provide evidence that the controls are achieving the desired outcome?	Yes - proceed to Section 2 No - Do not proceed with this assessment

2	**Timeliness**	**Score**
2a	If the information is older than 6 months then the adequacy score automatically becomes 0, otherwise proceed to question	
2b	How old is the most recent information on which the Assurance is based? Within the last month between 1 and 3 months between 4 and 6months	 **3** **2** **1**

3	**Scope of Positive Assurance**	**Score**
3a	Does it provide positive assurance on all aspects of the issue? For example, CCG is fully compliant / achieving the target.	**3**
3b	Does it provide partially positive assurances? For example, compliance in some areas.	**1**

4	**Sufficiency**	**Score**
4a	Is this a key/definitive source of assurance for this area? For example, CQC, formal reports, data.	**3**
4b	Is this one of a number of sources of assurances contributing to an overall picture?	**2**
4c	Is this an indicator of likely achievement of the outcome rather than evidence of actual achievement?	**1**

5	**Basis for Assurance**	**Score**
5a	What is the Assurance based on? Evidence - Audited externally Evidence - audited internally Self-assessment - externally validated Self-assessment - without audit or validation	 **4** **3** **2** **1**

Score 0	No assurance
Score 1 - 7	Weak assurance. Very limited reliance can be placed on this as an indicator.
Score 8 - 10	Moderate assurance. Limited reliance can be placed on this as evidence.
Score 11 - 13	Strong assurance. This evidence can be strongly relied upon.

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Jo Turl - Director Out of Hospital Commissioning John Finn - Director In Hospital Commissioning
Risk: BAF 1a – we do not commission services based on the outcomes that they will achieve				**Reviewer** **Jo Turl/John Finn**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**25/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	Existing contracts which do not fully articulate the outcomes expected. Not all existing contracts articulate the outcomes expected. However increasingly contracts agreed in 2021 do articulate the outcomes expected.
Risk score at last review	3	3	9	
Appetite:			6	**Rationale for risk appetite:**
				As a strategic commissioner all revised and new contracts should commission for outcomes thus the risk appetite is lower than the current risk score
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
A service review document which clearly articulates the outcomes required. Ensures that as commissioners we are clear about the outcomes we want to commissioning from a new or existing service. We are including training for commissioners on the use of the service review document Implemented the use of the commissioning proposal checklist which ensures commissioners need to have considered Locality profiles identify need. Revised or new contracts have focus on outcome measures to meet this need. A service document which clearly articulated the outcomes desired has been developed. This ensure as Strategic Commissioners within an ICS we are clear of the outcomes commissioned. We are including training for commissioners on the use of the service review document. As we transition to an ICS we are including training for all commissioners on the use of the service review document				Commissioning Committee meets monthly which requires all commissioning reviews and decisions to follow the service review guidelines and checklist Identified contracts due to expire in next 18 months and identified lead to take forward process
Control Gaps				**Assurance Score:**
Existing contract which may not have the outcomes articulated Ensure that when we made a commissioning decision ensure we have been through the evaluation process				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
As we review services or contracts coming up for renewal we will follow the commissioning review guidance to ensure we embed the outcomes in future commissioning arrangements Currently described in the QIPP process we are set to undertake a review of the non statutory contracts in priority order For the 21/22 operating plan which will focus on recovery of elective backlogs, newly commissioned services in Ophthalmology, Orthopaedics and urology will be commissioned to meet the GIRFT outcomes				Non identified
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Commission outcomes-based services, for example the western integrated care partnership*	Complete	Mar-21	
07/01/2021	Training for the Commissioning Team	In progress	Jul-21	Jo Turl and John Finn as the accountable executives have clearly described the requirement for commissioner training with an agreed timeline

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Ginny Snaith - Board Secretary
Risk: BAF 1b – we do not deliver the CCG contribution to the Phase 3 Inequalities action plan				**Reviewer** Ginny Snaith
Corporate risks				**Date Last Reviewed:**
Risk Scores				**16/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	4	4	16	Operational capacity of staff to consider health inequalities as part of commissioning process
Risk score at last review	4	4	16	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Sep-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Inequalities workplan agreed by system Project team Health inequalities executive group (exec level representation from all organisations) Director of Public Health, Torbay appointed as SRO senior responsible officer				health inequalities executive leadership group chaired by Chair of SRO Phase 4 assurance meeting Reporting to partnership board Regional reporting to NHSE/I Input to system operational plan including Elective Recovery Fund (ERF) gateway criteria
Control Gaps				**Assurance Score:**
Access to data - i.e. provider and BI capacity to analysis Operational capacity of staff to consider health inequalities as part of commissioning process The Health inequalities Team insufficient capacity to deliver workplan System signoff and Implementation of plan				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Development of proposals for resourcing workstream				QEIA process is not being routinely followed
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	ongoing monitoring and delivery of the Health inequalities workplan	In progress	Sep-21	

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Kelvin Grabham - Director of Strategic Intelligence
Risk: BAF 1c – we do not base our decision making on robust evidence of good practice and strategic intelligence				**Reviewer** **Kelvin Grabham**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**24/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	reflects current situation and work
Risk score at last review	3	3	9	
Appetite:			6	**Rationale for risk appetite:**
Delivery Date	Dec-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Developing the commissioning cycle to support the decision making which includes creation of a strategic evidence base and prioritisation framework Training for commissioners to access and use best available evidence				Strategic Intelligence team is in place Commissioning Committee provided with assurance that decision are based on evidence and best practice Commissioning checklist in place A web-based evidence base continues to be developed as strategic intelligence work is completed. This includes various population data, mapping of services and patient flows and reviews including EOL, proximity to services, elective future demand, RTT modelling, urgent care demand and the MH Covid impact.
Control Gaps				**Assurance Score:**
Evaluation of existing services due to lack of clarity of outcomes				9
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Building on the current process develop process to review existing services				no gaps identified
Narrative of anticipated timeline				In line with development of the commissioning cycle

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Deliver strategic commissioning cycle training for CCG staff	Completed	Dec-20	Initial strategic commissioning cycle training for CCG staff was delivered at a dedicated all staff briefing in December
May 21	Develop and deliver a future programme of commissioner training	In progress	Dec-21	A training and development programme has been produced to enable commissioners to access and utilise best available evidence to inform commissioning decisions. This includes quality improvement, project management, prioritisation and evidence gathering & interpretation as part of a programme running from May 21 to Dec 21. This programme is being supported by the SW AHSN.

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Jo Turl - Director Out of Hospital Commissioning John Finn - Director In Hospital Commissioning
Risk: BAF 1d – we do not implement a Population Health Management approach throughout the organisation				**Reviewer** **Jo Turl**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**30/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	
Risk score at last review	2	3	6	The business case approved and plans in place to address the risk
Appetite:			8	**Rationale for risk appetite:**
Delivery Date	Jun-21			
Controls: (What are we currently doing about this?)				**Assurances:**
we have a population health management ICS programme in place Commissioning checklist and service review document includes population health management (PHM) as a core part of the needs assessment The CCG have identified BI resources to develop of PHM data Locality Directors will have the responsibility for ensuring the PHM data is used at place and PCN level Business case agreed at executives to role out implentation of PHM over the next 18 months				Commissioning committee will review all commissioning decisions are being made to ensure a full needs assessment undertaken PHM being led by the interim medical director of the ICS & Chair of the CCG Intensive investment in development and learning
Control Gaps				**Assurance Score:**
There is a need for additional BI capacity Population health data not currently available at CCG/Place level Support for PCNs to engage in PHM				10
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Control gaps above will be adequating covered by the Business case agreed by executives Implementation of the business case will provide capacity for BI, place based commissioning and action learning set				
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Jo Turl - Director Out of Hospital Commissioning John Finn - Director In Hospital Commissioning
Risk: BAF 1e – we do not make the most of opportunities to use digital and modern technologies to commission services to meet best practice				**Reviewer** **Jo Turl/John Finn**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**25/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	2	6	The CCG has identified following Covid, that current service provision has the potential to increase health inequalities
Risk score at last review	2	2	4	
Appetite:			6	**Rationale for risk appetite:**
				Recovery from Covid is hampered by current urgent care challenges, impacting on our ability to reduce health inequalities
Delivery Date	End July 2021			
Controls: (What are we currently doing about this?)				**Assurances:**
All commissioned services should be in accordance with national best practice as indicated in the commissioning checklist QEIA will identify areas of inequalities and actions will be taken to mitigate the lack of access to digital technologies				Commissioning Committee and forward planner for the committee
Control Gaps				**Assurance Score:**
Ensure there is a follow up to any areas of inequality identified Service policy is not fully aligned to the IMT policy Service policy not fully aligned to the HIP 2 strategy				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
As part of Phase 4 recovery and included as a guiding principle in the 21/22 operating plan, the use of new technologies to support the delivery of outpatient care across a full spectrum of health services, e.g. acute, community and children, will be core to our CCG planning; taking into account all the learning form the Covid pandemic.				Alignment with the STP digital strategy
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Andrew Millward - Chief communications, IT and people officer
Risk: BAF 1f – our plans do not reflect the views of patients and the public				**Reviewer** **Andrew Millward**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**30/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	3	6	The rationale is that we have just been given a GREEN STAR rating (rated Outstanding) for our engagement by NHS England for the second year running
Risk score at last review	2	2	4	
Appetite:			4	**Rationale for risk appetite:**
				Risk level will fluctuate with time (e.g. when large or contentious consultation underway) so plan is to maintain risk at current level by actions outlined.
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
We have a citizens panel - 1700 people from across Devon. This panel is totally representative of the Devon population and enables us to engage with them on a regular basis. 16/06/2020 Engagement strategy/Plan agreed CCG-wide communications strategy written and published. 16/06/2020				NHSE Annual Assurance on engagement NED for Patient and Public Engagement Engagement Panel with patient representatives
Control Gaps				**Assurance Score:**
non identified				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Continue to develop all staff within the CCG to increase capacity supporting engagement Continue to support and develop PPGs to deliver their practice role and to increase their involvement in wider engagement initiatives AM to take a paper on communication and engagement in preparation for the ICS in April to the partnership board				No gaps identified
Narrative of anticipated timeline				Business as usual
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2a – the CCG does not meet its statutory requirements and objectives because it does not have effective mechanisms for monitoring progress				**Reviewer** Al Wilkinson
Corporate risks	**109**			**Date Last Reviewed:**
Risk Scores				**29/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	5	3	15	the risk is scored 15, as the CCG will not meet its statutory targets in 20/21. However, this is not due to the lack of effective mechanisms, but to the impact of the COVID pandemic on performance against key Constitutional targets. The 21/22 H1 operating plan will establish performance trajectories against which the system will monitor its progress during 21/22
Risk score at last review	5	3	15	
Appetite:			6	**Rationale for risk appetite:**
Delivery Date	Mar-22			

Controls: (What are we currently doing about this?)	Assurances:
Performance Leads in post who are assigned to localities to monitor performance against constitutional standards and performance targets and also provide a lead on specific systemwide areas of focus	Formal sub committee of Board - Finance & Performance committee
R&T cell have been co-ordinating delivery of phase 3 plan and reports regularly to commissioning committee and executives on a weekly basis	Access to provider quality committees & CCG Quality Assurance Committee
The CCG Patient Safety & Quality team has maintained regular dialogue with providers regarding the impact of failures to achieve statutory targets and, through provider quality committees, has ensured a focus on preventing harm.	Quality surveillance group
With effect from May 2021 - LCPs have established monthly improvement forums where performance issues are discussed and action plans agreed and any requests for system support agreed	System performance group
A senior lead for performance improvement for the ICS has been appointed, this is an additional post to increase oversight of this agenda	Exec to Exec provider meetings
Control Gaps	**Assurance Score:**
non identified	9
Mitigating Actions: (What should we do?)	**Gaps in Assurance: (What additional assurances should we seek?)**
implementation of Performance framework Further development of integrated performance reporting Ensure 21/22 contracts set out clear expectations around performance improvement	Exec to Exec provider meetings not in place for all contracts

Narrative of anticipated timeline	

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Feb-21	Recruitment of Performance Lead	complete	01-Apr-21	3rd Head of Performance appointed - comes into post on 5 April 2021.
Feb-21	SPG reconvened in Feb 21	complete	18-Mar-21	SPG not convened in Feb 21 due to COVID response. Meeting set up for 18 March.
Feb-21	Performance Improvement Framework paper	complete	mid-March 2021	Paper being presented to System CEOs on 5 March for consideration. Will then be finalised and shared more widely. Locality meetings that will facilitate performance improvement discussions are in place.
Feb-21	Integrated Performance Reporting	on going		Core IPR being produced and shared with ICS Partnership Board. Community, children's and primary care indicators being considered for inclusion.
Feb-21	21/22 contracts	delayed		National planning & contracting guidance delayed

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2b – the System and Locality Care Partnerships do not establish robust mechanisms for performance management				**Reviewer** Al Wilkinson
Corporate risks				**Date Last Reviewed:**
Risk Scores				29/06/2021
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	3	6	it is unlikely that the LCPs will not establish robust mechanisms for performance management. The impact is moderate, as there are Heads of Performance in place and will be other governance structures within the ICS with a focus on performance.
Risk score at last review	2	3	6	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Jun-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Performance Leads in post who are assigned to localities to monitor performance against constitutional standards and performance targets Heads of Performance use provider board reports and provider internal performance forums to gather intelligence on issues and to track action plans A senior lead for performance improvement for the ICS has been appointed, this is an additional post to increase oversight of this agenda				Through the ICS governance and NHSEI oversight
Control Gaps				**Assurance Score:**
NEW LCP West has recently been agreed and infrastructure to support is being developed LCPs are still under development and require infrastructure to ensure performance Regular performance review meetings agreed by system to stand down				11
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
implementation of Performance framework Further development of integrated performance reporting Ensure 21/22 contracts set out clear expectations around performance improvement				
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Design and deliver an integrated performance reporting framework to address challenging performance and reduce inequalities (link to action in risk 2a)	closed	Mar-21	Performance Improvement Approach paper being presented to System CEOs on 5 March for consideration. Will then be finalised and shared more widely. Locality meetings that will facilitate performance improvement discussions are in place.
Feb-21	Integrated Performance Reporting	on going		Core IPR being produced, at LCP and System level. Community, children's and primary care indicators being considered for inclusion.
Feb-21	21/22 contracts	delayed	30-Jun-21	National planning & contracting guidance delayed

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2c – we do not have full commitment from system partners to deliver operational system plan so change is not delivered				**Reviewer Al Wilkinson**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**29/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	4	8	Likelihood of partners not committing to improve performance is very low. However, the potential impact if this did happen is significant.
Risk score at last review	1	4	4	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
LCPs are under development and all partners are contributing to this There is sign up by all system CEOs to a 21/22 operational planning process that uses system work streams and a				CEO oversight of the 21/22 planning process
Control Gaps				**Assurance Score:**
				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Narrative of anticipated timeline				Narrative update

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Feb-21	Operational Planning Process	complete	Jun-21	National operational planning process delayed until early April, but System core group meeting on 26 February to set out expectations and timeline.
Jun-21	Implementation of the plan vis PMO and reporting to system chief executives	in progress		Regular reporting to CE from July 2021 onwards

Corporate Objective: Improve service performance				Director Lead: Ginny Snaith - Board Secretary
Risk: BAF 2d – the system does not have robust mechanisms for identifying and responding to emerging risks				Reviewer Ginny Snaith/Theresa Farris
Corporate risks				Date Last Reviewed:
Risk Scores				16/06/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	3	3	9	good controls in place which need to be maintained and embedded
Risk score at last review	3	3	9	
Appetite:			4	Rationale for risk appetite:
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				Assurances:
Regular reporting to committees Head of Governance and Risk Manager attendance at directorate team meetings Regular Risk Co-ordinators meetings and training Training available via teams Chairs reports template to identify risk escalation to GB Review of minutes by Governance team to escalate risk actions appropriately				Committee overview Audit Committee oversight of BAF/CRR/COVID Executive review of risk Governance forward planner for risk reporting in place and embedded Assurance scoring mechanism is available on web based register Directorate team meetings Internal audit review of CCG risk management 2020/2021 given significant assurance
Control Gaps				Assurance Score:
Risk Management training at board level ICS risk management processes to be agreed				8
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
regular reporting by SLT, and members of Exec and senior officers attending SLT can discuss and identify any emerging risks for consideration, action and escalation. Adjustments to RMF in line with internal audit recommendations Development of ICS risk management arrangements				Actions are followed through to ensure emerging risks are recorded and actioned appropriately through the risk management framework policy. Assurance scoring on web based register currently not used
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Apr-21	Review Risk Management Framework to accommodate internal audit recommendations.	in progress	Jul-21	RMF being presented to Audit Committee July 2021
Jun-21	ICS Risk Management to be developed	in progress	Sep-21	This is being led by the Chair of Audit Committee/Vice Chair GB

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2e – We do not implement the phase 3 restoration plan including maximising planned care during winter and corona virus				**Reviewer** Al Wilkinson
Corporate risks				**Date Last Reviewed:**
Risk Scores				29/06/2021
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	5	3	15	
Risk score at last review	5	3	15	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Jul-21			
Controls: (What are we currently doing about this?)				**Assurances:**
R&T cell co-ordinate delivery of phase 3 plan and reports regularly to commissioning committee and to executives on a weekly basis				Formal sub committee of Board - Finance & Performance committee
Delivery plan in place for Phase 3 - leads are held to account for progress against phase 3 actions, through regular meetings with the R&T cell				Report through regional work streams - e.g.: Adapt & Adopt
On a weekly basis, the Devon system is held to account on elective restoration and its Adapt & Adopt plan. Meetings are attended by the System CEO and restoration lead.				Elective & outpatient recovery - as of mid-December 2020, the system was on plan. However, it has significantly deteriorated since mid-Dec.
Control Gaps				**Assurance Score:**
				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Use of mutual aid through the Devon Mutual Aid group The System is planning to require surge in the Independent Sector provision, to meet gaps in urgent elective/cancer				As of 18 Jan 2021, the regional assurance process has been stood down, to start again in the second week of Feb 2021.
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Implement the phase 3 restoration plan, including maximising planned care during winter and during the coronavirus pandemic	complete	Mar-21	
Feb-21	Deliver Devon's system winter plan and develop the 2021/22 system operating plan	in progress	Jun-21	Winter plan processes in place and delivering focused action in relation to escalation of both COVID and normal system pressure. Review of winter schemes to be undertaken in March, to assess impact and future requirements. National operational planning process delayed until early April, but System core group meeting on 26 February to set out expectations and timeline.
Feb-21	secure IS surge capacity	Complete		Additional IS surge capacity secured until 8th March 21 through national IS surge contractual arrangements. The return to the national framework will secure sufficient capacity for the remainder of March for RD&E and South Devon. We will need to put additional capacity through IS for UHP to be worked through by 8th March. Discussions with CCG and UHP DoF has indicated that there is sufficient revenue to cover this.
May-21	Review and replace risk to reflect 2021/2022 and link to new operating plan	in progress	Jul-21	AW to draft revised risk. Revised risk in process of being approved by executive lead.

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell - Chief finance officer
Risk: BAF 3a – we do not deliver a break-even position for the current financial year.				Reviewer
Corporate risks				Date Last Reviewed:
Risk Scores				24/06/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	1	3	3	Confidence of delivery in H1 good therefore likelihood low. H2 likely to be more challenging hence likelihood increase to 2
Risk score at last review	2	3	6	
Appetite:			4	Rationale for risk appetite:

Delivery Date	Mar-22

Controls: (What are we currently doing about this?)	Assurances:
Financial plan approved by Governing Body Budgetary control over expenditure Monthly review of financial risks and mitigation	Regular reporting to Finance Committee and Governing Body Internal audit of all financial control process Report to NHS England on risks and mitigations
Control Gaps	**Assurance Score:**
Non identified	12
Mitigating Actions: (What should we do?)	**Gaps in Assurance: (What additional assurances should we seek?)**

Narrative of anticipated timeline	

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Deliver a break-even position for the current financial year	Complete	Apr-21	Financial balance achieved for 20/21
04-May-21	Produce a balanced plan for first half (H1) of 2021/22	Complete	06-May-21	
04-May-21	Produce a balanced plan for second half (H2) of 2021/22		Sep-21	

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell - Chief finance officer
Risk: BAF 3b – we cannot agree a medium-term plan that will deliver against the financial ambition of the Long Term Plan				Reviewer
Corporate risks				Date Last Reviewed:
Risk Scores				24/06/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	4	4	16	required recovery trajectory not yet issued by NHS England. Financial allocation has been issued for H1 by NHS England. Allocation for H2 will be confirmed when government settlement for the NHS for H2 has been concluded. This is likely to be a reduction in comparison to H1.
Risk score at last review	4	4	16	Savings and efficiency plans require further development
Appetite:			6	Rationale for risk appetite:
Delivery Date	Mar-24			
Controls: (What are we currently doing about this?)				Assurances:
Medium Term Financial plan approved by Governing Body Budgetary control over expenditure Financial recovery trajectory agreed with NHS England Savings and efficiency plans approved by Governing Body and delivery responsibility assigned to executive team leads				Regular reporting to Finance Committee and Governing Body Internal audit of all financial control process Report to NHS England on risks and mitigations
Control Gaps				Assurance Score:
Further control required to achieve the shift in investment towards out of hospital services				12
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Narrative of anticipated timeline				
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Dec-20	Reset the medium-term plan to ensure that we deliver against the financial ambition of the Devon Long-Term Plan. This includes shifting the balance of investment towards out of hospital services by 2023/2024 and will mean financial sustainability with expenditure contained within allocated resources on an ongoing basis (living within our means)	In progress	Sep-21	A work programme to produce a financial recovery plan that aligns to the Devon ICS long term plan has been agreed by the ICS CEO group and will be presented to CCG Finance Committee - summer 2021

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell - Chief finance officer
Risk: BAF 3c – we do not deliver our agreed efficiency programme for 21/22				**Reviewer**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**24/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	
Risk score at last review	3	3	9	
Appetite:			6	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Efficiency programme based on realistic assessment of improvement opportunity Detailed delivery plans in place and regularly monitored				Regular review at Executive team and reporting to Finance committee Internal audit review of process
Control Gaps				**Assurance Score:**
Identify process to address any financial shortfall identified through the controls above				10
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Continuous process to identify pipeline of efficiency opportunity				
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Deliver agreed efficiency programmes in each financial year through to 2023/2024. These should be informed by ongoing assessment of value for money in our use of resources	In progress	Sep-21	A work programme to produce a financial recovery plan that aligns to the Devon ICS long term plan has been agreed by the ICS CEO group and will be presented to CCG Finance Committee - summer 2021 The CCG will need to develop efficiency plans for major areas of direct spending including primary care prescribing and CHC.

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell -Chief Finance Officer
Risk: BAF 3d – We do not deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression				**Reviewer** **John Dowell**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**24/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	2	4	
Risk score at last review	3	2	6	Additional resource to deliver all programmes in long term plan currently being assessed. This may require additional efficiencies to be identified from elsewhere in the CCG running costs in order to remain within overall running costs ceiling.
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Apr-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Budget setting. Budgetary control over recruitment and non-pay expenditure				Reporting to Finance Committee and GB. Internal Audit of budgetary control processes
Control Gaps				**Assurance Score:**
Directorates funded establishment structure charts require updating for improved control				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
				No gaps identified
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression; and make best use of available resources	Complete	Apr-21	
Feb-21	Update of directorate structure charts/establishment	Complete	Apr-21	
May-21	Report on total budget position against running cost allocation to CCG executive	Complete	May-21	Review indicates overspend against running cost allocation if all current vacancies filled. Controls and mitigating actions agreed by CCG Executive Team
Jun-21	Reset running costs budgets to align with functions of ICS corporate body.		Jan-22	

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Chief communications, IT and people officer
Risk: BAF 4a – We do not address the issues raised in the staff survey				Reviewer Sam Tribble
Corporate risks				Date Last Reviewed:
Risk Scores				29/06/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	1	3	3	We have had the 2020 staff survey results and these show improvement again. Devon CCG was classed in the top quartile of improving CCG. There are still some areas requiring improvement and will be addressed during the year.
Risk score at last review	1	3	3	
Appetite:			4	Rationale for risk appetite:
				It is within the CCGs powers to address many of the issues raised in the staff survey and it is important to maintain key staff
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				Assurances:
Each Directorate will review the results of their staff survey and agree actions We now have agreed new CCG objectives Increased staff engagement and listening events Well embedded organisational Vision and Values Celebrate You now an annual event				Remuneration and Strategic Workforce Committee HR Dashboard to SLT, Execs and Governing Body Monthly meeting of Staff Partnership Forum Staff Partnership forum have agreed to have oversight of action plan from staff survey 2020
Control Gaps				Assurance Score:
non identified				12
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Staff survey action plan will consist of three elements 1. Staff Partnership Forum has agreed to focus on two of the issues raised in the staff survey - How staff feel about communications between themselves and senior management and 2. We are revising the OD programme to focus on some key elements of the staff survey 3. We have asked each directorate to review the results and agree and action plan with their staff				non identified
Narrative of anticipated timeline				Business as usual
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Dec-20	Directorates have been asked to review the 2020 staff survey and come up with an action plan for their teams by ??	Complete		
Dec-20	Implementation of talent management approach including talent conversations	ongoing		
Dec-20	Implementation of Health and Wellbeing Strategy - launch of strategy and health and wellbeing champions	ongoing		

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Simon Tapley - Deputy CEO
Risk: BAF 4b – We do not manage the transition process for CCG to ICS well.				**Reviewer** **Nick Pearson**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**17/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	Waiting for national direction
Risk score at last review	3	3	9	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Dec-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Executives have discussed this and once we have clear directions will agree an action plan Staff Partnership Forum Linked to priority 10 of the OD development plan 'Preparing our workforce for transition to an ICS' ICS operating framework published 16 June 2021 Learning from other local ICS organisations to inform our action planning HR framework (employment commitment) published June 16 CCG transition workstream established with leads across functions Non-executive director (Judy Hargadon) chairing Fortnightly meetings now taking place Staff engagement underway				Workforce and Remuneration Committee Governing Body Working group led by non executive lay member
Control Gaps				**Assurance Score:**
NHSE to issue detailed directions July 2021				10
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
We are actively monitoring national changes so that we can act accordingly				No detail on national assurance requirements at February 2021
Narrative of anticipated timeline				Changes expected to take effect spring 2022
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Prepare staff and the organisation to work within an Integrated Care System (ICS)	in progress	Dec-21	

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: John Dowell - Chief finance officer
Risk: BAF 4c – We do not improve our NHSE Assurance rating				**Reviewer**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**24/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	4	8	there is a plan in place which will improve assessment against criteria
Risk score at last review	2	4	8	
Appetite:			6	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Review of current performance against 2019/2020 assessment criteria has been completed Action plan in response to 2019/2020 inadequate rating in place Executive team leadership responsibility assigned for delivery of action plan Corporate objectives support delivery of changes that will improve assessment outcome				Regular reporting to finance committee, Quality Committee and Governing Body
Control Gaps				**Assurance Score:**
2020/2021 and 2021/2022 criteria unknown				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
ongoing dialogue with NHSE to obtain the assessment criteria				
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Chief communications, IT and people officer
Risk: BAF 4d – we do not grow and develop our staff to meet their potential and the organisation's needs				Reviewer Katy Kerley
Corporate risks				Date Last Reviewed:
Risk Scores				29/06/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	2	4	8	Making good progress against the delivery of the CCG's people plan, however the impact of the pandemic on our workforce and therefore delivery of this priority maybe adversely impacted. 13/05/2021 the current score reflects all the work completed to mitigate the risk
Risk score at last review	1	3	3	
Appetite:			4	Rationale for risk appetite:
				It is in the CCG's control to deliver against this objective based on feedback and learning from staff to continually improve processes.
Delivery Date	on going			
Controls: (What are we currently doing about this?)				Assurances:
Reviewing the results of staff survey, agreeing action plans and organisational learning Promoting health and well-being champions and delivery of an extended well-being programme for all staff Developing and implementing an apprenticeship strategy which supports the growth of new and existing talent Hosting and supporting graduates who are part of the Graduate Management Training Scheme Implementation and roll out of CCG Talent Management approach CCG Mentoring programme Staff training - Quality Improvement/Commissioning cycle & project management Measuring and supporting the development of a just and learning culture Governing Body and Executive Director team development programmes Preparing our workforce for transition to an ICS Developing and growing our people policy				Remuneration and Strategic Workforce Committee HR Dashboard to SLT, Execs and Governing Body Monthly meeting of Staff Partnership Forum Talent Management Panel Equality, Diversity and Inclusion Group (sub group of Staff Partnership Forum) GB development programme complete Developing and growing our people policy approved at Remuneration and Strategic Workforce Committee 12 May 2021
Control Gaps				Assurance Score:
No gaps identified				11
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Carry forward any work that has been delayed due to CCG vaccination/pandemic response into 21/22				No gaps identified
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Dec-20	Grow and develop staff to meet their potential and the organisation's needs: Implement an improved talent management process, linked to Appraisals; Develop and implement a graduate and apprenticeship strategy	Good progress has been made in all of the 10 priorities within the CCG's people plan	on-going	Due to the CCG's concentration on supporting Devon's vaccination programme and our system response to Covid it is likely that delivery of some of these priorities will be delayed.

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Chief communications, IT and people officer
Risk: BAF 4e – we do not increase the diversity of our staff to reflect that of the Devon population				**Reviewer** **Sam Tribble**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**29/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	**In 2020 there has been a real focus on improving EDI within the CCG and this work will continue into 2021 (as per "Controls" section below).**
Risk score at last review	3	3	9	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Embed the newly established Equality, Diversity and Inclusion Group (sub group of the Staff Partnership Forum) to focus our EDI agenda. NED representation within this group. Development and implementation of EDI action plan including actions from the WRES action plan, NHS People plan etc. Review findings of the commissioned STP wide review of the experience of BAME colleagues, through external				Strategic Workforce and remuneration Committee Equality, Diversity and Inclusion Group (sub group of Staff Partnership Forum) Executive Team Staff Survey Development of a single EDI action plan to consolidate numerous EDI action plans Review of CCG workforce statistics NOUS report going to GB in May 2021 on BAME actions Received report and recommendations from intercom trust on LGBTQ+
Control Gaps				**Assurance Score:**
non identified				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Continue with controls stated above.				Non identified
Narrative of anticipated timeline				Narrative update

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Jan-20	Drive to increase the current diversity of our staff (3.4%) to reflect that of the Devon population (6.9%)	ongoing	expected that good progress will be made toward this action in 2021/22.	
Jan-20	Develop and implement EDI action plan	ongoing	Mar-22	Action plan will be created by April 2021 for implementation within 21/22. June 2021 - Development of a single EDI action plan to consolidate numerous EDI action plans

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Chief communications, IT and people officer
Risk: BAF 5a – that we do not have sufficient capacity as staff are tired and overworked				**Reviewer** **Sam Tribble**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**29/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	3	6	In 2020 there has been a focus on ensuring good health and wellbeing for our staff and this work has continued into 2021. Current impact of wave 2 will increase pressure on some staff therefore adjusting the score to reflect this, however assurances are in place to support staff.
Risk score at last review	3	3	9	
Appetite:			4	**Rationale for risk appetite:**
				It is within the CCG's power to ensure there is a robust wellbeing programme in place to support our staff.
Delivery Date	Sep-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Ensured corporately that every member of staff had a formal wellbeing and home working assessment during wave 1. Wellbeing champions in the organisation - ongoing work including (alongside the HR team) holding wellbeing calls with every member of staff. More recently, Wellbeing Champions (alongside the HR team) are ensuring all staff have a further wellbeing call. Individuals concerns are dealt with and themes are fed back for CCG consideration. Focus of the Staff Partnership Forum All directorates are routinely checking in on staff as part of good management practice. Presently reviewing Staff Survey information and reviewing results and next steps.				Strategic Workforce and Remuneration Committee Staff Partnership Forum Executive Team Staff Survey Wellbeing Champions (through feedback from health and wellbeing conversations) Monitor of staff sickness levels Review of Employee Assistance and Occupational Health data
Control Gaps				**Assurance Score:**
Non identified				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Continue implementing the controls listed above, taking action as required.				Non identified
Narrative of anticipated timeline				Regular rolling programme

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Support staff health, wellbeing and morale	on going	on-going	
Dec-20	Be a learning organisation: Use COVID-19 learning to improve services and working practices Deliver quality improvement and commissioning cycle training Further develop the CCG's mentoring programme	on going	Sep-21	

Corporate Objective: Lead the systems response to the coronavirus pandemic				Director Lead: Jo Turl - Director Out of Hospital Commissioning
Risk: BAF 5b – there is insufficient capacity and capability in Primary Care to meet demand				**Reviewer**
Corporate risks	**108, 118, 120,**			**Date Last Reviewed:**
Risk Scores				**30/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	4	12	
Risk score at last review	4	4	16	Risk score increased - demand on GP has increased significantly and this is reflected in the number of GP practice alerts and requests for pastoral and resilience support services.
Appetite:	2	4	8	**Rationale for risk appetite:**

Delivery Date	Mar-22

Controls: (What are we currently doing about this?)	**Assurances:**
CCG have agreed a framework for GPs to work within to allow them to prioritise urgent care to patients	Risk reports through to the Primary Care committee, where we have GP members who can feedback areas of concern
CCG primary care team are working with general practice to reduce bureaucratic burden on them	LMC impact monitoring
Primary Care including MO actively supporting practices where there are resilience or capacity issues	
CCG have allowed the flexible use of funding to support the delivery of COVID vaccinations	
Undertake the primary care webinar to allow feedback from primary care relating to capacity issues which the primary care team can respond to	
Increased funding and flexibility of funding to support vaccination work	
Control Gaps	**Assurance Score:**
	8
Mitigating Actions: (What should we do?)	**Gaps in Assurance: (What additional assurances should we seek?)**
Provide support to GP to fully utilise the additional roles reimbursement scheme	
Comms campaign to publicly support General Practice. Other Regional and NHSE opinions have been sought to inform the campaign. Campaign will include an open letter, media releases, briefings for MPs and Councillors, and a social media campaign to highlight positive public reactions to excellent Primary Care working practices.	
Plan to establish a group in each locality to take transfer of work issues forward – LMC to support setting this up. Plan to recommence clinician to clinician groups.	
Conversations between CCG, RDE and DPT have commenced. Interface agreement discussed at PCOG and Dr Degan to move this forward.	
Narrative of anticipated timeline	Narrative update

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
25/02/2021	Vaccination cell looking at provision of vaccinations being delivered sustainably moving forward	in progress	Jun-21	

Corporate Objective: Lead the systems response to the coronavirus pandemic				Director Lead: Andrew Millward Accountable Emergency Officer
Risk: BAF 5c – that we do not deliver our function as a system leader because we do not have robust incident management arrangements				**Reviewer**
Corporate risks	**129, 130, 131**			**Date Last Reviewed:**
Risk Scores				**30/06/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	Turnover is higher than expected, so controls have not reduced the likelihood
Risk score at last review	1	3	3	
Appetite:			4	**Rationale for risk appetite:**
				all controls in place
Delivery Date	Jan-21			
Controls: (What are we currently doing about this?)				**Assurances:**
We have a robust incident structure and process in place designed by EPRR experts with appropriate cell structure to support Have in place a daily/weekly meeting rhythm to ensure appropriate information flows across the system Clear roles and responsibilities within the arrangements Staffed by deploying staff from across the CCG to provide resilience and share the experience across a wider cohort of people				Wave one incident review and resulted in a action plan. The action plan is being regularly reviewed by the executive team Regular updates at Governing Body Part of the regional and national response structure which includes daily reporting Regular calls with regional operational centre were we are held to account for our response. Oct 2020 system exercise to test our COVID response and preparedness for wave 2 National incident level has been stood down to 4 to 3, the incident response has been scaled back proportionately.
Control Gaps				**Assurance Score:**
				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Considered alternative support for EPRR. Refreshed on call arrangements to improve resilience and improved incident response. April 2021 - Consultation commenced end of March to implement end May Complete				No external review Robustness of access to external EPRR in the event of in house absence of EPRR leads
Narrative of anticipated timeline				

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
05/01/2021	Increase the pool of admin and meeting support end of January	Complete	end February 2021	Increased the pool of admin staff to support the incident, likely to be trained in early February
05/01/2021	Broaden the pool of the incident management role	Complete	end February 2021	Identified further IMs and training currently underway
23/02/2021	Considered alternative support for EPRR	on going	end June 2021	No additional capacity identified as yet and we are looking at a more resilient on call arrangements including incident response. Proposals to exec early March 2021 April 2021 - Exploring the merits of sharing our EPRR function with Kernow CCG
07/04/2021	Consultation with affected staff regarding a two tier on call system has commenced	complete	End April 2021	
07/04/2021	Scale back of incident response in line with national direction	Complete	Apr-21	

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Risk Summary: Underperformance Constitutional Standards (ID:109)

Date produced: 01-07-2021 - 08:47

Produced by: theresa.farris@nhs.net

Risk Title	Description	Corporate Objectives	Date Added to Register	Date Risk Accepted	Committee
Underperformance Constitutional Standards	There is a risk of underperformance against some key constitutional standards (including but not limited to 52 week waits, Diagnostics, 62 day cancer standard A and E 4 hour waits) The risk of underperformance (and mitigating actions) is included in the risk registers of provider organisations (and will be part of system risk management arrangements) and is appropriately managed at this level. However there are a number of impacts that mean the CCG must make every effort to support achievement of standards. These impacts are: • Loss of credibility with regulators leading to increased levels of scrutiny, assurance and external intervention • There is reputational impact due to potential patient harm or perception of the CCG is impacted by patient outcomes. • Diversion of resources from transformational programmes of work required to achieve financial and performance sustainability. (COVID Risk wave 2 risk ID 02)	Improve service performance	05/06/2019	06/06/2019	Audit

Risk Score	Likelihood	Impact	Reason For Changing Score	Risk Score Set
20	5	4	following the query raised by the Audit Committee and have agreed that the score should actually remain at 20 (likelihood of 5 and impact of 4), as we are very unlikely to achieve Constitutional standards during 21/22. AW/SR	01/07/2021
16	4	4	Wave 2 of pandemic subsided and Operating Plan for H1 and H2 resetting plans to improve performance, plus restart of SPG and new LCP performance improvement process.	04/05/2021
20	5	4	Returning pandemic and MyCare implementation	01/10/2020
16	4	4	no change	22/10/2019
16	4	4	AAC requested review of risk score. SM has approved revised scoring	31/07/2019
9	3	3	submitted by Director of Comissioning	06/06/2019

Exec Lead	Accepting Exec Lead	Programme Lead	Risk Owner	Risk Coordinator
Sheila Roberts		Alison Wilkinson	Alison Wilkinson	Gemma Leach

Controls	Control Gaps
27/01/2021 The focus in phase 3 recovery has been recovery of service activity compared to 20/21 rather than the recovery of the constitutional standards. Under adapt and adopt the CCG has been working with system partners to implement the agreed actions under this programme. Elective recovery performance as detailed within adapt and adopt reporting was on plan until Mid December as a result of further waves of Covid. This reporting has been stood down by NHSE on 3.1.21 to be replaced by revised reporting as yet not stipulated. The CCG will fully comply when this reporting is available (AW) 27.01.21 The Devon system moving to surge with IS providers from 29th January gives us an opportunity to increase diagnostic cancer and elective capacity to support restoration (JF) For the national performance standards there are operational groups, as part of the emerging local care partnerships, in place with acute provider and commissioner in each locality. These groups monitor and actively manage performance of both elective and non-elective performance accounting for expertise of commissioner and provider. A risk register is held at each locality for risks pertaining to the delivery of the national performance standard and these risks are actively managed at place, with the appropriate Associate Director. These above arrangements are in place for the elective and diagnostic standard and report into the STP wide elective operational group on a monthly basis. The non-elective performance standards are actively managed at the Acute Provider and Commissioner Group in each locality with oversight via local A&E boards and with risk registers held and managed locally. These local A&E boards, comprising of local commissioners and providers, feed into the Devon A&E board. For the national performance standards, pertaining to cancer, each locality has a local group driving delivery with risk registers held locally as part of the planned care risk register and these local groups also report to the STP wide cancer strategy group. Escalation is actively managed from providers through these groups and onto appropriate oversight groups. 4/5/21 System performance improvement process being implemented in LCPs and the ICS, with reinstatement of System Performance Group (SPG) to oversee delivery of standards and offer system support for escalated issues. 1/6/21 LCP performance review groups now meeting and reporting through to SPG. New senior ICS performance improvement lead post in place, to provide added focus on this agenda and ensure the performance improvement framework is embedded across the system. H1 activity plans now developed, which the system will monitor against.	01/10/20 Lack of involvement in provider access meetings. Impact of MyCare , dues to Covid System perf group has been stood down, need to reinstate that infrastructure 13/01/2020 - Opel 4 esculation at the start of January puts some risk into this delivery

Assurances	Assurance Gaps

Monthly national reporting is reviewed at the appropriate locality or cancer system wide group. This then reports to the System Performance Group, reporting to PDEG. 13/01/2020 scrutiny at Dec SPG has provided assurance on these plans and elective board	none identified

Action	Date Added	Date Complete
Reviewed by Executive Team 19 October 2020	05/11/2020	
01/10/2020 Fortnightly NHSE/I elective care recovery meetings with system partners, consistent meeting to be established with providers under new Performance Team identity to assure against Phase 3 plan trajectories	02/10/2020	
19/11/2019- 52ww performance remains influx. The system wide PTL is fully operational and learning in Sept/Oct with regard to barriers patients accessing outsource activity is being used to refocus actions on gaining maximum benefit from outsourcing. Recent improvements in diagnostic have shown marginally improvement in 62 day standard. the system commitment to deliver diagnostic performance at 7% is dependant on a system wide plan to clear all endoscopy breaches by 31st March. A recent decision to9 stand down the mobile unit for East Devon and South patients and replace with trust wide insourcing and outsourcing plans will need careful monitoring during November /December to ensure no negative impact on this performance. 16/10/2019 - We have gained assurance that trusts are now compliant with the prostrate pathway which had been an significant barrier of the achievement of the 62 standard. Following agreement from NHSE medical director on the 24th October we were moved to procurement of the stand alone endoscopy unit to support RD&E and Torbay hospitals. Revised forecast for all 4 trusts at system level have now been quantified and delivered to NHSE these forecasts will be upgraded monthly in relation to all actions agreed at place or system. The 52 ww patient treatment list is now fully operational and sufficient independent sector capacity availability to impact significantly on 52ww performance early review of the process has identified the need for a more proactive approach to support patients choosing independent sector activity to support 52WW clearance. This approach has been agreed by the planned care programme board and will be operational from November 04th 13/09/2019 - In response to a request at the August System Performance Group a number of system wide plans to improve performance in diagnostics and 52ww were presented and agreed at September System Performance Group. It was recognised that the actions would contribute further to the improvement in 62 week pathways as well. The detail of these are as follows: a plan for North and East to clear endoscopy backlogs by outsourcing and insourcing at both RD&E and South Devon health Care Trust. This work is mirrored in similar plan at UHP to outsource to Care UK . An agreed protocol to enable and support increased capacity in contrast MRI and CT has been agreed at RD&E . 26/07/2019 - The CCG has a single point of focus and escalation via the head of performance in each locality these heads of performance are responsible foe collating information around referrals, contract performance against the plan and remedial actions to deal with referral growth deviation from contract activity levels and actions to improve performance at trust and system. Monthly reporting at place will now feed into System Performance Group.	19/08/2020	19/08/2020
System performance meeting monthly with providers	27/08/2019	

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GOVERNING BODY

Report title: Committee Chair Report – Finance & Performance Committee

Date of Governing Body: 29 July 2021

Dates of Committees covered in this report: 22 July 2021

(Minutes of these committee meetings to be available as an addendum)

Chair's Name and Title: Graham Turner, Non-Executive Director, Finance & Remuneration

Contact Details: g.turner5@nhs.net

Reports discussed and assurances received

- **Risk Register Reports** – see Risk Register review below.
- **Quality & Performance Report** – the Committee received an update on key quality and performance indicators for the period 1 April to 31 May 2021, including
  - increased demand at EDs and MIUs,
  - the capacity to deliver cancer services,
  - the increased number of patients being conveyed to ED by ambulance,
  - significant system risk to patient safety and experience within acute trust services,
  - the continuing performance challenges faced by the 111 service due to increased demand and ability to fill rotas
  - inappropriate out of area placements.

Reports received and noted

- **Devon CCG Monthly Finance Report** - the Committee received an update report, which indicated that the current H1 to September 2021 forecast should be a balanced position, subject to reimbursement of eligible costs in relation to the Hospital Discharge Programme and elective recovery
- **STP Monthly Finance Report** – the paper was presented for information to the Committee, outlining the position at Month 2. The NHS financial framework has provided a fixed settlement for the first half (H1) of 2021/22, which is very much in line with the framework in place for 2020/21. The ICS plan shows a breakeven after a £12.8m Elective Recovery Fund (ERF) adjustment.
- **Planning for H2 of 2021/22** – the Committee received a presentation from the Deputy Director of Finance about potential changes to the financial arrangements for H2, the underlying deficit and potential scenarios in terms of efficiency requirements. This latter point included a potential cost reduction target of 3%, which appears extremely challenging in the context of current operational pressures.
- **Prescribing of Direct Oral Anticoagulants** – following a request by the Committee at its previous meeting, a report was received on the impact of Direct Oral Coagulants (DOACs) being prescribed in place of warfarin to reduce the need for patients to have face to face contacts due to frequent INR tests. The Committee noted the likely impact of increased spend (an extra £2.4m), given the considerable differences in cost for warfarin and DOACs.

Risk Register Review (changes and areas of concern)

- There have been no new risks, no risks recommended for closure, and no risk score movement.

Committee Decisions

- **Integrated Urgent Care Procurement** - The Committee was presented with an overview of the key content within the IUCS (Integrated Urgent Care Service) Invitation to Tender (ITT) pack due to be shared with the market in September. The Committee received assurance that in preparing the pack, the IUCS Procurement Programme Group alongside other colleagues across the CCG and South Central and West CSU have:-
    - Followed and will continue to follow due process and minimise the risk of challenge to the outcome of the procurement.
    - Taken into consideration all risks, issues, and opportunities.
    - Supported bidders to submit a high-quality bid that demonstrates how they intend to meet commissioner's clearly articulated needs within the available financial envelope.
    - Developed an evaluation framework that will ensure that the winning bidder will be able to deliver the service to the standard that commissioners require.
    - Engaged legal support from Bevan Brittan who received a copy of the draft ITT pack on Monday 5th July 2021 for review and advice.
- The Committee reviewed the contract type, financial envelope, bid evaluation process, service specification, key performance indicators, financial incentives/consequences of breach and quality requirements.
- The Committee agreed that the IUCS Procurement Programme Group should proceed with the procurement as per the timeline and next steps outlined in the report presented to the Committee, beginning with the issuing of both the Selection Questionnaire (for completion) and the Invitation to Tender (for information at this stage) before the end of July 2021), with the new service to commence on 1 September 2022.

Recommendations for Governing Body

- None.

Recommendations for other Committees

- None.

Terms of Reference or other committee effectiveness issues

- None.

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.

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.

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GOVERNING BODY

Report title: FINANCIAL PERFORMANCE REPORT				
Date of committee: 29th July 2021 **Date report produced: 22nd July 2021**				
Author (s) Name and Title: Kevin Wheller, Associate Director of Finance (Northern and Eastern), Mark Adamson, Senior Accountant (Accounting and Reporting) **Contact Details:**		**Supporting Executive:** John Dowell **Name and Title:** John Dowell, Director of Finance **Contact Details:** **Report Approved by:** John Dowell **Name and Title:** John Dowell, Director of Finance **Date:** 22nd July 2021		
Public or Private (Governing Body only):	**Public**		**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

The presentation of the Clinical Commissioning Group's (CCGs) financial position in this report seeks to provide the necessary assurance to the Governing Body.

The report details the financial position for the year to date (YTD) 30 June 2021 and period ending 30 September 2021. It includes the impact of the COVID-19 pandemic and the financial consequences for the CCG during 2021/22.

NHS England (NHSE) has put in place finance and contracting arrangements for the first six-months of 2021/22, 1 April 2021 to 30 September 2021. These arrangements are supported by an additional £8.1bn of funding provided by government, of which £7.4bn is available over the first half of 2021/22 to reflect the on-going impact of COVID.

In addition, the government has provided £1.0bn for elective recovery and £0.5bn for mental health recovery across 2021/22.

The Devon Integrated Care System funding envelope is comprised of an adjusted CCG allocation, CCG primary medical care allocations, a system top-up and a COVID fixed allocation, all based on the second half of 2020/21 funding (the NHS Model). The envelope has also been adjusted for known pressures and policy priorities.

On top of this the CCG will be reimbursed for eligible COVID costs, for example the hospital discharge programme (HDP), and for elective recovery.

On the above basis the CCG has received an allocation of £1,189m, including £61.7m for COVID, for the period to 30 September 2021 together with an expectation that budgets are set within the parameters stipulated by the NHSE Model.

With the expectation that the CCG is reimbursed for the HDP and elective recovery costs we are forecasting a balanced position.

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:

None.

Key recommendations and actions requested:

The Governing Body is requested to:

Consider, review and discuss the month 3 financial position.

Impact on Strategic Objectives

(Delete as applicable)

1. Improve service performance
2. Achieve financial sustainability
3. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		√
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance	Risk to delivery of CCG control total	
Legal		√

Engagement and Consultation		√
Risk	Risk to delivery of CCG control total	

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

Finance Report

Month 3 – 2021/22

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7 Recommendations

Appendices

Appendix 1 Statement of Financial Position
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1. Executive Summary

The presentation of the Clinical Commissioning Group's (CCGs) financial position in this report seeks to provide the necessary assurance to the Governing Body.

The report details the financial position for the year to date (YTD) 30 June 2021 and period ending 30 September 2021. It includes the impact of the COVID-19 pandemic and the financial consequences for the CCG during 2021/22.

NHS England (NHSE) has put in place finance and contracting arrangements for the first six-months of 2021/22, 1 April 2021 to 30 September 2021. These arrangements are supported by an additional £8.1bn of funding provided by government, of which £7.4bn is available over the first half of 2021/22 to reflect the on-going impact of COVID.

In addition, the government has provided £1.0bn for elective recovery and £0.5bn for mental health recovery across 2021/22.

The Devon Integrated Care System funding envelope is comprised of an adjusted CCG allocation, CCG primary medical care allocations, a system top-up and a COVID fixed allocation, all based on the second half of 2020/21 funding (the NHS Model). The envelope has also been adjusted for known pressures and policy priorities.

On top of this the CCG will be reimbursed for eligible COVID costs, for example the hospital discharge programme (HDP), and for elective recovery.

On the above basis the CCG has received an allocation of £1,189m, including £61.7m for COVID, for the period to 30 September 2021 together with an expectation that budgets are set within the parameters stipulated by the NHSE Model.

With the expectation that the CCG is reimbursed for the HDP and elective recovery costs we are forecasting a balanced position.

Financial Position

The following detailed report reflects the budget set by the NHSE model compared with our expectations of commitments against that budget for the year to date 30 June and period to 30 September 2021.

	Budget £'000	Actual £'000	Variance £'000	Additional HDP and Elective Recovery funding £'000	Variance £'000
Year to date position	594,418	605,595	11,177	11,177	0
Period end Forecast	1,188,835	1,211,275	22,440	22,440	0

Overall, subject to the CCG receiving the expected reimbursement from NHSE for the HDP and the elective recovery costs, the CCG is forecast to balance for the period ended 30 September 2021.

The year to date and FOT variances mainly arises due to additional costs linked to the COVID pandemic and elective recovery. COVID costs are detailed in section 4.

The remaining variances are detailed in the sections below.

Savings Plan

The CCG's six-month plan includes a saving requirement of £0.8m. Details of performance will be disclosed in future reports.

Risk

The main risks to delivering against the temporary financial regime, for the period to 30 September 2021, total £7.7m for the CCG and are a consequence of a potential shortfall in growth funding provided within the allocation received.

Risks and pressures arising will be addressed by appropriate mitigating actions to meet the CCG's objective of a breakeven position.

Integrated Care System (ICS)

The ICS has submitted a system plan for the period 1 April to 30 September 2021 which shows an expected balanced position.

As at M2 the system had a surplus position of £7.4m (£3.9m favourable to plan) and is forecasting a breakeven position as at 30 September 2021, including £30.2m elective recovery fund (ERF) income.

Providers and CCGs must achieve financial balance within the funding envelopes. Whilst systems will be expected to breakeven, organisations within them will be

permitted by mutual agreement across their system to deliver surplus and deficit positions.

2. Financial Assurance Dashboard

NHS England's oversight framework for 2021/22 includes key lines of enquiry for the CCG assessment system covering 5 domains.

- Quality of care, access and outcomes
- Preventing ill-health and reducing inequalities
- People
- Leadership
- Finance and use of resources

The finance and use of resources domain look at how the CCG is remaining in financial balance and is securing good value for money for patients and the public from the money it spends. Indicators are:

- Evidence that the CCG has delivered its break-even target in-year and contributed to the reduction of system deficits.
- Evidence that the CCG has delivered the Mental Health Investment Standard (MHIS).

The indicators below are based on the six month's 2021/22 plan and the oversight framework.

NO.	INDICATOR	Devon CCG
Financial Plan Ratings detail		RAG
1	Planned breakeven	GREEN

NO.	INDICATOR	Devon CCG		%	RAG
		Plan/Target	Actual/Forecast		
In Year Financial Performance		£'m	£'m		
2	Year to Date position (including the expected reimbursement of HDP and elective recovery funding)	0.0	0.0	0.0%	GREEN
3	Forecast Outturn (Including the expected reimbursement of HDP and elective recovery funding)	0.0	0.0	0.0%	GREEN
4	Running Costs	11.2	11.2	100.0%	GREEN
5	Risk adjustment to deficit (% of allocation)	0.0	0.0	0.0%	GREEN
6	Cash Position (% drawn down)	50.0%	49.7%	99.4%	GREEN
7	BPPC (% paid - value)	95.0%	99.1%	104.3%	GREEN

NO.	INDICATOR	Devon CCG
Achievement of MHIS		RAG
8	Planned delivery of MHIS	GREEN

3. Detailed Financial Performance

The year to date and forecast outturn by main service heading is as follows.

2021/22 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021 Month 03 JUNE	DEVON CLINICAL COMMISSIONING GROUP									
	Year To Date					Current Year Forecast				
	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance (Adv) / Fav	Budget	Non Covid Forecast	Covid Forecast	Total Forecast	Variance (Adv) / Fav
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
COMMISSIONED SERVICES										
Acute Services	289,648	293,422	-	293,422	(3,775)	579,610	588,660	-	588,660	(9,050)
Mental Health Services	67,559	67,959	-	67,959	(400)	135,117	135,926	-	135,926	(808)
Community Health Services	74,641	73,240	7,362	80,602	(5,961)	149,716	146,806	14,034	160,840	(11,124)
Placements	30,293	30,352	-	30,352	(60)	63,785	63,929	-	63,929	(144)
All Other Healthcare	6,926	7,642	(871)	6,771	155	15,057	15,903	(847)	15,056	1
Primary Care Services										
Prescribing	49,794	49,794	-	49,794	(0)	102,587	102,587	-	102,587	(0)
Delegated Commissioning	45,720	45,720	-	45,720	-	91,440	91,440	-	91,440	-
Other Primary Care	10,966	9,805	1,290	11,095	(129)	21,401	20,258	1,418	21,676	(275)
Primary Care Subtotal	106,479	105,319	1,290	106,609	(130)	215,428	214,285	1,418	215,703	(275)
Commissioned Services Subtotal	575,544	577,934	7,781	585,715	(10,170)	1,158,713	1,165,509	14,605	1,180,114	(21,401)
CORPORATE										
Running Costs	5,603	5,588	14	5,603	0	11,206	11,177	29	11,206	0
EARMARKED RESERVES AND CONTINGENCIES										
Other Reserves	13,270	14,277	-	14,277	(1,007)	18,916	19,955	-	19,955	(1,039)
Reserves Subtotal										
TOTAL COMMISSIONED SERVICES	594,418	597,799	7,795	605,594	(11,177)	1,188,835	1,196,641	14,634	1,211,275	(22,440)
Expected Additional Allocations					11,177					22,440
2021/22 Surplus/Deficit					0					0

Further detail of the budgets making up the main service areas is provided in Appendix 3.

3.1 Acute Services

Acute services include contracts with our main system acute providers as well as contracts with acute providers in Cornwall, Somerset, Bristol and London. It also includes our contract with South West Ambulance and contracts for acute procedures undertaken in the independent sector and by other Non-NHS providers.

The CCG and system providers have agreed a set of block contract payments that also include top-up payments, growth funding and COVID allocations. The CCG's budget under these financial arrangements has been set to match the payments.

The overspend of £3.8m at Month 3 and forecast overspend of £9.1m relates mainly to the additional activity commissioned with the independent sector under the elective recovery programme.

The finance and business intelligence teams are working with our main providers to establish a form of activity monitoring during this period in order to assist planning for restoration and recovery.

3.2 Mental Health Services

The Mental Health budget commissions services for adult, children and young people. The main contracts for the services are with Devon Partnership NHS Trust (DPT) and Livewell Southwest with the CAMHS service for Northern, Eastern and Southern localities being provided by Children and Families Health Devon through a contract with Torbay and Southern Devon NHS Foundation Trust. This section also includes spend relating to adult placements for mental health and learning disability services.

In 2021/22 the CCG has planned to invest £9.6m (4.04% increase) in Mental Health Services based on the Mental Health Investment Standard target.

At month 3 there is a YTD overspend of £0.4m and FOT overspend of £0.8m, due to s117 learning disability and mental health services.

3.3 Community Health Services

Community Healthcare services include contracts with ICS partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.

It also includes provision for community based acute procedures delivered through GP practice specialisms and other non-NHS providers as well as joint arrangements with Local Authorities under the provisions of the Better Care Fund.

The YTD and FOT overspend of £6.0m and £11.1m respectively relates almost entirely to COVID costs eligible for reimbursement under the hospital discharge programme.

3.4 Placements

Placements includes Continuing Care budgets comprising of Continuing Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).

The Placements position shows an overspend of £0.1m which is a £0.2m deterioration on the Month 2 position. The deterioration is largely a result of increased FNC activity and extensions of assessment capacity arrangements.

There is underlying risk that requires robust financial management. The key risks relate to the backlog of CHC assessments and breaches of the 6-week Hospital Discharge Programme funding (4 weeks in quarter 2).

The reported forecast outturn position is an estimate regarded as the likely scenario, but it is recognised that a range of factors exist which could potentially result in significant financial risk/benefit to that estimate.

Some examples include:

- Fluctuations in the number of clients eligible for financial support
- Assessments exceeding 28 day (NHSE/I situation report monitoring trajectory to return to 80% within 28 days and zero over 12 weeks by Q4 21/22)
- Unexpected exceptional levels of support required for some clients
- Responsible commissioner cases

The CHC control centre will continue to provide senior oversight to manage the financial position.

3.5 All Other Healthcare

All Other Healthcare picks up the remaining community based provision of healthcare services including hospice care and other voluntary sector grant based commissioned services. This area also includes Patient Transport and NHS 111.

At month 3 there is a YTD underspend of £0.16m and a balanced FOT, both made up of various minor under and overspends.

3.6 Primary Care Services

Primary Care includes expenditure on primary care prescribing, GP Medical Services (delegated from NHSE), enhanced services, Out of Hours and other primary care related expenditure including GP IT.

Prescribing

The Prescribing Monitoring Document (PMD), produced by NHS Business Services Authority, has yet to provide a prescribing forecast for the year and so the position has been reported at breakeven for both accrued year to date and forecast outturn.

Delegated Commissioning

As at month 3 we are reporting a YTD and FOT breakeven position across delegated primary medical care.

Other Primary Care

Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs.

At month 3 there is a YTD and FOT overspend of £0.1m and £0.3m respectively. This is due to small overspends in out of hours GP services, GP IT and other primary care costs.

3.7 Running Costs

The pay and associated costs for the CCG are categorised into administrative (running costs) and programme costs according to whether they relate to healthcare services and are solely concerned with management of the organisation.

Each year the CCG receives a specific allocation for its running costs and has an obligation to report against it separately and mustn't overspend against the limit set.

The CCG's allocation for the first half of 2021-22 is £11.2m. The CCG is reporting a balanced YTD and first 6 months FOT position.

3.8 Resource Allocation

Revenue resources contained within our financial plans and financial systems are set out below.

Planned revenue resources 1 Apr - 30 Sep 21	£'000
Core allocation	922,829
Primary care commissioning	91,812
Running costs	11,206
Total recurrent revenue resources	**1,025,847**
Top-up allocation	72,079
COVID allocation	61,740
Growth allocation	4,845
Programme adjustments	24,324
Total non-recurrent revenue resources	**162,988**
Total revenue resources confirmed	**1,188,835**

4. COVID-19 Specific Costs

The COVID pandemic has required investment in staff, equipment and in response to national initiatives to assist the transformation of health services in preparedness for the impact on the health of the population.

The CCG has incurred costs of £7.8m to date and is predicting costs of £14.6m by the end of month 6. These costs can be summarised as follows:

COVID 19 Commitment Analysis	**YTD** £m	**FOT** £m
Primary Care, PPE, Staffing and Other Costs	0.7	1.1
	0.7	1.1
Hospital Discharge		
Devon CCG	1.5	3.0
Torbay Council	1.0	1.8
Devon County Council	3.8	7.3
Plymouth City Council	0.7	1.2
Livewell Southwest (Social Care)	0.1	0.2
	7.1	13.5
Total	7.8	14.6

The CCG has put in controls to ensure that COVID expenditure is appropriately procured and approved before commitments are made.

The impact of the national initiative to ensure the care sector remains stable during the COVID period has had a consequential effect on the cost care packages funded through Continuing Care Homes. We continue to work with Local Authorities on the developing strategies for the market management of the care home sector.

In addition to these measures a national initiative to speed up discharge from Hospital and reduce the burden of assessment on decisions supporting discharge NHSE and Local Authority's regulators agreed a hospital discharge programme supported by £1.3bn of NHSE funding. It allows Local Authorities to reclaim the cost of discharge packages and enhanced costs of care to prevent hospital admissions to be reclaimed via the CCG.

5. Risks

The assessment of financial risk at month 3, for the first 6 months, is as follows.

Devon CCG		**Month 3**
Risk	**Description**	**£'000**
Placements	Risk that the costs outweigh the 0.2% inflation growth provided within the 6 months allocation.	3,400
Prescribing	Risk that the costs outweigh the 0.68% inflation growth provided within the 6 months allocation.	2,040
Running costs	Assumed pay cost pressure, based on a potential 3% uplift, which has not been funded.	268
Contingency	Funding not available to create the recommended contingency reserve.	1,944
Total Risk		**7,652**
Mitigations	**Description**	**£'000**
Prescribing	Expectation that central funding will be provided where prescribing growth is greater than 0.68%.	-2,040
Contingency	Assumed the contingency reserve will not be required i.e. net costs are equal to the funding received for the period.	-1,944
Other	Reassessment of opening plan risks and potential non recurrent mitigating solutions, together with further opportunities	-3,668
Total Mitigations		**-7,652**
Total unmitigated risk		**0**

The submitted 2021/22 plan indicates potential risks of £7.7m which arise mainly due to the shortfall in growth funding allocated to the CCG. These risks are partly mitigated by an expectation that central funding will be available where prescribing growth is greater than provided in the allocation. In addition, there is an assumption that the recommended contingency reserve will not be required and that other non-recurrent mitigating solutions will balance the CCGs position as the CCG progresses through 2021/22.

There is a risk that the CCG does not meet NHSE's assurance process for the retrospective reimbursement of COVID items, funded outside of the system envelope, or reimbursement of the elective recovery costs incurred. Should the allocation we receive fall short of the excess costs experienced we will seek to understand the reasoning and address appropriate mitigating actions to meet the NHSE objectives of a breakeven position.

As the financial framework beyond September is unknown there is a risk that the exit run rate exceeds the remaining allocation for the financial year.

6. Other Financial Information

6.1 Statement of Financial Position

The statement of financial position (SoFP) provides a snapshot of the CCG's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows the CCG's assets and liabilities (what the CCG owns and is owed), and the bottom part (total taxpayers' equity) which shows how the CCG has been financed.

The CCG's position at 30 June 2021 is shown in appendix 1.

6.2 Capital

The CCG has received the requested IT capital funding for 2021/22. This amounts to £0.4m, £0.1m for business as usual laptop replacements and £0.3m for capital infrastructure.

6.3 Better Payment Practice Code

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

The CCG's current performance against the target of 95% is detailed below:

	Number	£'000's
Non NHS Creditors - % of bills paid within target	99.15%	97.05%
NHS Creditors - % of bills paid within target	99.67%	100.00%

6.4 Cash

There are several key cash performance targets that CCGs are measured against; these are set out in appendix 2.

7 Recommendations

The Governing Body is requested to:

Consider, review and discuss the month 3 year to date performance and the forecast six month's position including the current risks.

Appendices

Appendix 1: Statement of Financial Position

AS AT 30 JUNE 2021	DEVON CCG
STATEMENT OF FINANCIAL POSITION	**ACTUAL**
	£000's
NON CURRENT ASSETS	
Property Plant Equipment	1,396
Intangible Assets	1
Investment Properties	-
Trade & Other Receivables	0
Other Financial Assets	-
Total Non Current Assets	1,397
CURRENT ASSETS	
Inventories	748
Trade & Other Receivables - NHS	2,382
Trade & Other Receivables - Non NHS	25,641
Other Current Assets	-
Cash & Cash Equivalents	653
Non-current Assets held for Sale	-
Total Current Assets	29,423
Total Assets	30,820
CURRENT LIABILITIES	
Trade & Other Payables - NHS	- 12,298
Trade & Other Payables - Non NHS	- 156,141
Other Liabilities	- 1,051
Borrowings / Cash in Transit	- 12,739
Provisions	-
Total Current Liabilities	- 182,229
Total Assets less Current Liabilities	- 151,409
NON-CURRENT LIABILITIES	
Trade & Other Payables	-
Other Financial Liabilities	- 85
Total Non Current Liaibilities	-
Total Assets Employed	- 151,494
FINANCED BY TAXPAYERS EQUITY	
General Fund	151,494
Total Taxpayers' Equity	151,494

Appendix 2: Cash

There are several key cash performance targets that the CCG is measured against:

Measure	Month 3
CCGs must operate within their Maximum Cash Drawdown (MCD) *The MCD is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £1,188.196m for Devon CCG the year.*	49.7% of the MCD has been utilised as at month 3 (50.0% is expected based on a straight-line trajectory at month 3).
CCGs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against CCGs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the CCG has not yet been confirmed.	Notional charges amount to £14,708 for June.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown	The CCG has met the requirement to manage their cash balances at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made*

Appendix 3: Operating Expenditure

2021/22 FINANCE BOARD REPORT	DEVON CLINICAL COMMISSIONING GROUP									
FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021	Year To Date					Current Year Forecast				
Month 03 JUNE	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance (Adv) / Fav	Budget	Non Covid Forecast	Covid Forecast	Total Forecast	Variance (Adv) / Fav
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE										
NHS Royal Devon & Exeter Foundation Trust	83,232	83,232	-	83,232	0	166,464	166,464	-	166,464	-
NHS University Hospitals Plymouth NHS Trust	77,743	77,742	-	77,742	0	155,519	155,519	-	155,519	(0)
NHS Northern Devon Healthcare Trust	37,460	37,460	-	37,460	(0)	74,920	74,920	-	74,920	-
NHS South Devon Healthcare Foundation Trust	63,386	63,385	-	63,385	0	126,771	126,771	-	126,771	-
NHS Taunton and Somerset	2,425	2,425	-	2,425	(0)	4,850	4,850	-	4,850	-
NHS South Western Ambulance Trust	12,782	12,782	-	12,782	(0)	25,564	25,564	-	25,564	(0)
Independent Sector	8,014	11,557	-	11,557	(3,543)	16,151	24,616	-	24,616	(8,465)
Other Acute	4,607	4,838	-	4,838	(231)	9,371	9,956	-	9,956	(585)
Subtotal	289,648	293,422	-	293,422	(3,775)	579,610	588,660	-	588,660	(9,050)
PLACEMENTS										
Continuing Healthcare	26,966	26,896	-	26,896	70	57,131	57,016	-	57,016	115
Funded Nursing Care	3,327	3,456	-	3,456	(129)	6,654	6,913	-	6,913	(259)
Subtotal	30,293	30,352	-	30,352	(60)	63,785	63,929	-	63,929	(144)
COMMUNITY & NON ACUTE										
Livewell Southwest	12,186	12,186	400	12,586	(400)	24,806	24,806	708	25,514	(708)
Royal Devon and Exeter Community	14,855	14,862	-	14,862	(6)	29,711	29,711	-	29,711	-
Northern Devon Healthcare Community	7,742	7,743	-	7,743	(0)	15,485	15,485	-	15,485	-
South Devon Healthcare Community	17,851	17,851	984	18,835	(984)	35,703	35,703	1,802	37,505	(1,802)
Children and Families Health Devon	2,963	2,963	-	2,963	0	5,925	5,925	-	5,925	0
Individual Patient Placements	112	92	-	92	20	225	184	-	184	41
Integrated Urgent Care Service	13	17	-	17	(4)	25	22	-	22	3
Hospices	2,017	2,032	-	2,032	(15)	4,035	4,064	-	4,064	(29)
MIU Contracts	205	206	-	206	(1)	410	409	-	409	1
Plymouth Integrated Fund	2,462	2,463	645	3,108	(646)	4,925	4,925	1,170	6,095	(1,170)
Better Care Fund_Devon CC	8,337	8,337	3,821	12,158	(3,821)	16,674	16,674	7,330	24,004	(7,330)
Other Community Services	5,896	4,489	1,512	6,001	(105)	11,792	8,898	3,024	11,922	(130)
Subtotal	74,641	73,240	7,362	80,602	(5,961)	149,716	146,806	14,034	160,840	(11,124)
MENTAL HEALTH SERVICES										
Devon Partnership NHS Trust	42,796	42,796	-	42,796	-	85,592	85,592	-	85,592	-
Livewell MH Services	10,788	10,788	-	10,788	-	21,576	21,578	-	21,578	(1)
Children and Families Health Devon	3,425	3,425	-	3,425	(0)	6,849	6,849	-	6,849	-
Individual Patient Placements	3,042	3,050	-	3,050	(8)	6,084	6,099	-	6,099	(16)
Section 117	4,371	4,771	-	4,771	(399)	8,743	9,541	-	9,541	(798)
Other Mental Health	3,137	3,130	-	3,130	7	6,274	6,267	-	6,267	7
Subtotal	67,559	67,959	-	67,959	(400)	135,117	135,926	-	135,926	(808)

2021/22 FINANCE BOARD REPORT	DEVON CLINICAL COMMISSIONING GROUP									
FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021	Year To Date					Current Year Forecast				
Month 03 JUNE	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance (Adv) / Fav	Budget	Non Covid Forecast	Covid Forecast	Total Forecast	Variance (Adv) / Fav
OTHER COMMISSIONED SERVICES										
NHS 111	1,330	1,439	-	1,439	(108)	2,661	2,817	-	2,817	(156)
Better Care Fund Torbay	867	867	-	867	-	1,734	1,734	-	1,734	-
Patient Transport Services	2,283	2,079	192	2,271	12	4,566	4,378	212	4,590	(24)
All Other Commisionned Services	2,445	3,257	(1,063)	2,194	251	6,096	6,973	(1,059)	5,914	182
Subtotal	6,926	7,642	(871)	6,771	155	15,057	15,903	(847)	15,056	1
PRIMARY CARE										
Prescribing	49,794	49,794	-	49,794	(0)	102,587	102,587	-	102,587	(0)
Enhanced Services	5,198	3,881	1,296	5,177	21	9,100	7,804	1,296	9,100	-
Delegated Commissioning	45,720	45,720	-	45,720	-	91,440	91,440	-	91,440	-
GP Out Of Hours	3,448	3,447	57	3,504	(56)	6,862	6,861	113	6,975	(113)
Other Primary Care	2,321	2,477	(62)	2,414	(94)	5,439	5,593	9	5,602	(163)
Subtotal	106,479	105,319	1,290	106,609	(130)	215,428	214,285	1,418	215,703	(275)
TECHNICAL										
Coding Errors	-	-	-	-	-	-	-	-	-	-
Suspense	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-	-
TOTAL COMMISSIONED SERVICES	575,544	577,934	7,781	585,715	(10,170)	1,158,713	1,165,509	14,605	1,180,114	(21,401)
RUNNING COSTS										
Pay	5,496	3,851	10	3,861	1,635	10,992	7,733	21	7,754	3,238
Non Pay	80	1,738	4	1,742	(1,662)	161	3,445	8	3,453	(3,292)
Income	27	(1)	-	(1)	27	53	(1)	-	(1)	54
Subtotal	5,603	5,588	14	5,603	0	11,206	11,177	29	11,206	0
EARMARKED RESERVES AND CONTINGENCIES										
Earmarked Reserves										
Contingency										
Other Reserves	13,270	14,277	-	14,277	(1,007)	18,916	19,955	-	19,955	(1,039)
Subtotal	13,270	14,277	-	14,277	(1,007)	18,916	19,955	-	19,955	(1,039)
NET TOTAL OPERATING COSTS	594,418	597,799	7,795	605,594	(11,177)	1,188,835	1,196,641	14,634	1,211,275	(22,440)
CCG Control Total	(594,418)	(597,799)	(7,795)	(605,594)	11,177	(1,188,835)	(1,196,641)	(14,634)	(1,211,275)	22,440
2021/22 Surplus/Defecit	-	-	-	-	(0)	-	-	-	-	(0)

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Quality Assurance Committee (QAC) Public Part 1

Date of Governing Body: 29 July 2021

Dates of Committees covered in this report: 17 June 2021

Chair's Name and Title: Gaynor Appleby (Deputising in Glynis Atherton's absence)

Contact Details: g.appleby@nhs.net

Reports discussed and assurances received

The Committee received updated reports as detailed below

Reports received and noted

Quality and Safety Report
Highlights from the report are as follows:

The Surgical Group continue to meet weekly to offer solutions to the risk the system faces in relation to planned care and long waits, including mutual aid. However, providing capacity across the system is becoming increasingly difficult as trusts manage their own reduced capacity. Both University Hospitals Plymouth NHS Trust (UHP) and Torbay and South Devon NHS Foundation Trust (TSDFT) are currently experiencing significant challenge, with TSDFT having ceased orthopaedic surgery for a two-week period. In the main, this is due to urgent medical patients being placed on elective care wards, due to lack of capacity. No orthopaedic surgery is taking place at UHP, and the impact is inequality of access to this specialty across the CCG footprint. Care Group management teams continue to explore options of surgery that can be delivered at other sites, potentially offering an alternative for less complex patients to be seen in a timelier manner in facilities less likely to be affected by operational / emergency pressures.

UHP's Pharmacy Aseptic Suite risk was discussed. The potential failure of the aseptic unit at the Derriford site has been highlighted as significant risk by the Trust and an open Datix risk exists. Risk of failure is monitored on a monthly basis and the project for a new-build in 2022 is progressing. However, given the age of the existing unit infrastructure and facilities, the risk of failure remains high. Mitigations have been put into place but business continuity plans would not be able to sustain the service for a long period. From a regulatory perspective, the unit remains non-complaint with current standards. Mutual aid may be required across the system in order to ensure that this service is maintained during any future infrastructure failure.

South Western Ambulance Service NHS Foundation Trust (SWAST), like many providers, is experiencing increases in demand. Combined with long waits to handover patients, they are struggling to meet the national standards of response times. These delays, and slower than expected response times, occur across all categories of patients. Many ambulances are experiencing extended handover times at Emergency Departments.

As Livewell Southwest formally begins its journey into the Integrated Care Partnership contract at the beginning of July good progress is being made on the contract handover from the CCG with Safety and Quality processes being worked through with UHP.

Risk Register Review Updates

Quality Risk & Assurance Report including Risk Register:
Risk Register Review (changes and pertinent areas). Data was extracted for this report on the 1st July 2021 of which it informs the Committee of any changes since the last Quality Assurance Committee (QAC) on the 17th June 2021. There are Fourteen risks that report to QAC.

There was one risk to report to the Committee that reduced in score:
Risk 143 RDEFT Covid-19 Nosocomial Covid-19 infection reduced from 12 to 8 – The Committee were not in agreement of the reduction in score due to increasing pressures throughout the system.

One risk was presented to the Committee for removal from the Corporate risk register:
Agreed the removal of risk 123 Fit Testing – PPE/Covid and transferred onto the directorate risk register to ensure controls put in place are working.

Committee Decisions

- Nil to note

Items of concern to be escalated to the Governing Body

- As above there are 3 areas of concern, SWAST capacity, UHP Pharmacy Aseptic Suite fragility and planned care backlog and long waits continuing to increase.

Recommendations for Governing Body

To note the reports received and positions of assurance by the Quality Assurance Committee.

Recommendations for other Committees

- None

Terms of Reference or other committee effectiveness issues

- None

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.

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

GOVERNING BODY

Report title: Quality and Performance Report				
Date of committee: 29 July 2021 **Date report produced: 14 July 2021**				
Author (s) Name and Title: Karen Helliwell – Senior Information Specialist Rob Lock – Head of Performance (North & East)		**Supporting Executive:** **Name and Title:** Sheila Roberts – Interim Chief Operating Officer **Report Approved by:** **Name and Title:** Sheila Roberts – Interim Chief Operating Officer Darryn Allcorn – Chief Nursing Officer **Date:** 14 July 2021		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

The purpose of the paper is:

To present the 1 April to 31 May 2021 (month 2) performance against Constitutional and routine performance standards; Some data is revised in retrospect and the performance reported here is both latest month including revisions and the year to date position

-
- To present the quality, nursing and safety performance position for June 2021;
- To provide an update on the development of the Operating Plan for 2021/22 and the implementation of the Performance Improvement Framework for the Integrated Care System (ICS).

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:

Members of the Committee are asked to:

- agree the 1 April to 31 May 2021 (month 2) performance position against Constitutional Standards and routine performance standards;
- agree the quality, nursing and safety performance position for June 2021;
- note the update on the development of the recovery and operating plan for 2021/2 and the development of a Performance Improvement Framework for the Integrated Care System (ICS).

Impact on our Objectives

(Delete as applicable)

1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes
2. Improve service performance
3. Achieve financial sustainability
4. Effective, well-led organisation with an empowered and inclusive workforce
5. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

Appendix 1 - Performance report

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services	Underachievement against waiting times targets, in particular those related to cancer and very long wait patients, could have quality implications. However, this is reviewed regularly with providers and assurances sought by the patient safety and quality team.	
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√
Risk	Reputational risk due to non-achievement of trajectories	

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 CCG
FINANCE AND PERFORMANCE COMMITTEE
22 July 2021
Performance and Quality Report

1. Introduction

This paper builds on the last performance paper presented to the Finance and Performance Committee on 17 June 2021. The purpose of the paper is:

- To present the 1 April to 31 May 2021 (month 2) performance against Constitutional and routine performance standards.
- To present the quality, nursing and safety performance position for June 2021.
- To provide an update on the development of the recovery and operating plan for 2021/22 and the development of a Performance Improvement Framework for the Integrated Care System (ICS).

2. Executive Summary

Building upon the developments incorporated last month, this month's report now incorporates mental health metrics and information on the delivery in relation to the Devon H1 Operational Plan.

There has been a local increase in COVID-19 infections over the last month, reflecting a wider national increase. COVID Pressures remain low, however increases in prevalence of the delta variant in the community has started to impact on hospital attendances and admissions in Devon.

Non-COVID Emergency Demand is now ahead of pre-COVID levels with unprecedented pressure seen in all elements of the urgent care pathway. It is to be noted that this is despite additional Same Day Emergency Care admissions taking some patients directly. 111 and Out of Hours performance is being severely hampered by a significant increase in call numbers and poor staff shift fill rates.

Elective recovery remains challenging, however real progress has been made in the implementation of recovery plans. Elective and outpatient activity was above Devon H1 Operational Plan figures in April, however this has been since impacted by the unprecedented demand seen in urgent care. The Cancer and Diagnostic targets have also been under pressure due to the conflicting requirement of the emergency demands seen in the system.

3. Performance

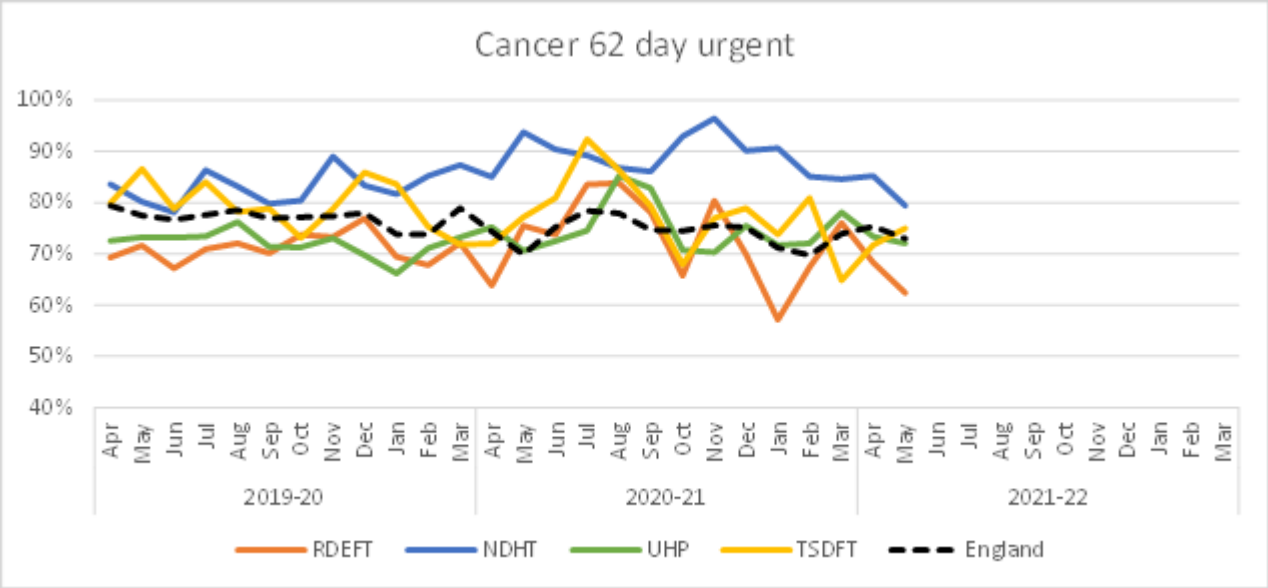
This section of the report summarises the latest available performance information, using a combination of nationally validated monthly data as at 31 May 2021, plus some unvalidated weekly data. Some of the data may be revised in retrospect after validation or is released on a quarterly or annual schedule and is marked as such.

Appendix 1 shows the detailed performance information. Performance against key Constitutional targets and other specific areas of focus, including mental health, primary care and children's services, is summarised below.

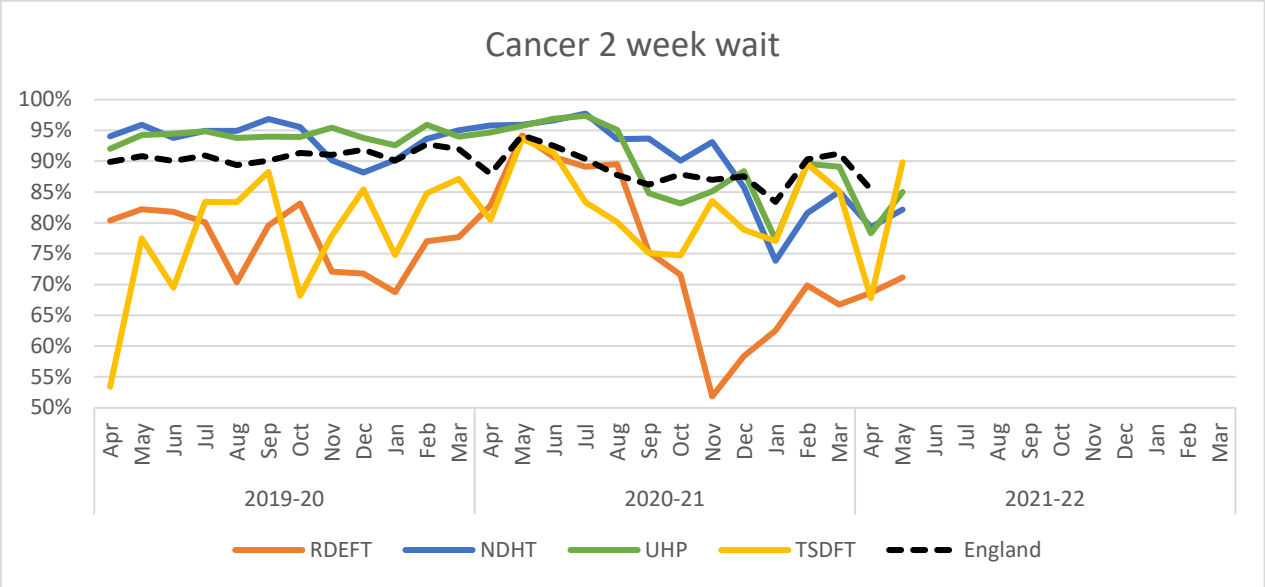
Cancer Waiting Times

The increasing demands at Emergency Departments (EDs) and Minor Injuries Units (MIUs) and consequent requests for diagnostics, has impacted the capacity to deliver cancer services across the system. Performance against the Cancer 62-day urgent standard fell in May, with the Devon Sustainability and Transformation Partnership (STP) position falling from 74% to 66.2%.

During May, performance at Torbay and South Devon NHS Foundation Trust (TSDFT) rose from 71.8% to 75%, University Hospitals Plymouth NHS Trust (UHP) performance fell from 73.4% to 72%, Royal Devon and Exeter NHS Foundation Trust (RDEFT) performance fell from 68.3% to 69%, and at the Northern Devon Hospital Trust (NDHT) performance also fell from 85.2% to 79.4%.



All providers showed an improved position against the main two week wait (2WW) standard in May, with TSDHT rising from 67.7% to 89.8%, UHP from 78.3% to 85% and NDHT from 79.3% to 82.2% and RDEFT from 68.6% to 71.2%,But all providers remain below the 93% target. This is a consequence of increased front end (ED, MIU and diagnostic) pressures evident throughout the system. Increased diagnostic capacity comes online in the coming months, which will improve the position further.



Breast symptomatic performance remains significantly below target. RDEFT has improved to 13.6%. UHP performance has also improved, from 5% to 13.5%. TSDFT has fallen from 61.9% to 50% and NDHT performance has fallen significantly from 6.6% to 1.5%. Breast referrals continue to be high and there are ongoing concerns with increase in 2ww breast breaches impacting on performance later in the pathway at 62 days. The challenge of increased demand to the breast symptomatic services continues to be reflected across the South West and nationally. Progress on actions to address this are monitored at monthly meetings of the Peninsular Cancer Programme Strategy and Delivery Group.

Elective Care

Both short- and long-term solutions to the system risk in relation to planned care long waits continue to be driven through the Planned Care Programme, including long term transformation and immediate mutual aid. However, there remains a significant system risk to patient safety and experience within commissioned acute trust services, due to long waiting times for elective care across Devon (adult and child). Providing support to each other is becoming increasingly difficult as trusts struggle with their own capacity. In the main, this is due to urgent medical patients being placed on elective care wards, due to urgent care demand (non COVID demand). Orthopaedic surgery has been suspended at UHP and the impact is inequality of access to this specialty across the CCG footprint.

The risk to safety is greater for patients that fall into the Priority (P) 2 and 3 categories, but risk also includes 'not yet seen' patients referred by their GP but yet to be seen by acute secondary care services and patients waiting for a follow up appointment for acute services beyond their 'time critical' date. In response, a new risk has been written by the Quality Directorate for submission to the corporate risk register. Controls and mitigation include:

- National and local policies and procedures, including:
  - Continued prioritisation of patients using National Standards i.e. P1-4.
  - Mutual aid within Devon and between Devon and other regional providers.

- Quality frameworks, including serious incident reporting and complaints and other patient experience processes, ensuring staff and patients are informed about escalate their concerns.

- Governance process and arrangements, including reporting of risk from the Surgical Working Group through to Planned Care Board (System risk), the CCG Quality Assurance Committee (System and CCG risk) and the Devon Quality Surveillance Group (System risk).

- Quality and Equality Impact Assessments (QEIAs) to measure impact of long wait plans, initiatives and other associated workstreams.

- Other safety processes, including individual high priority patients and their risk still be discussed and supported by professionals across one of multiple sites.

- Capacity controls, including:
  - Utilisation of the Independent Sector to manage capacity (low complexity).
  - Development of Accelerator Site and initiatives. For example, the Nightingale Hospital to provide ring fenced Elective Care capacity.
  - Capacity plans, using the Elective Recover Fund (ERF).

- Other initiatives, including plans to potentially develop and trial a system Single Patient List (initially in Orthopaedics) to ensure that those in most need (based on clinical need and time waited) are offered the next available appointment in the System. However, it should be noted that this offer of choice remains with the patient.

- Health Equalities Project (HEP) plans to develop ways to reduce risk for the 20% of the population in the most deprived areas of Devon, plus patients in BAME groups. Work includes Clinical Validation of waiting lists.

- 'Planned Care System Harm Group', formation to oversee and implement ways to check for physical harm and poor patient experience during long waits- led within the Planned Care Programme, reporting through the Planned Care Board; Communications, Commissioning and Quality Team matrix working (with providers).

- System workforce plans, including active recruitment to vacant posts where this is an impact i.e. consultants.

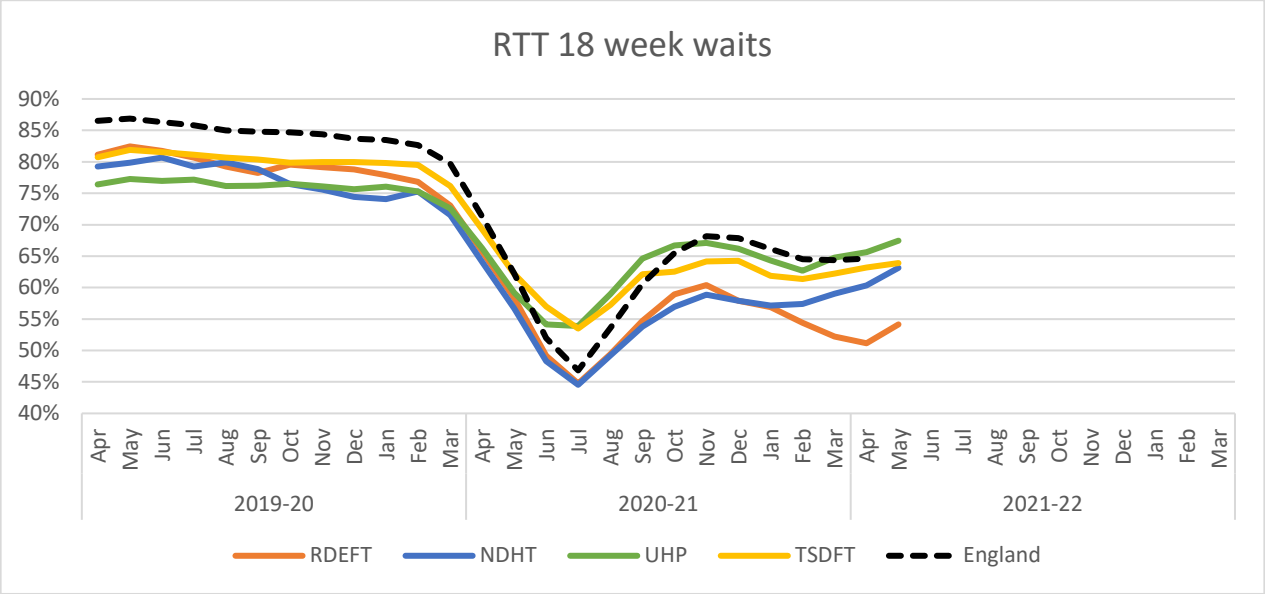
The 'Planned Care System Harm Group' was formally established in June 2021. The group's aim is to have oversight of system work in relation to harm during long waits (safety and experience). In addition, the group will become active in supporting providers in projects designed to identify, understand and mitigate the risk. An example includes the clinical validation work described elsewhere in relation to surgical restoration.

Bed capacity continues to be limited, due to beds set aside for COVID cases and social distancing constraints. NDHT currently has one theatre closed, which represents 17% of overall theatre capacity, that had been used for COVID-19 activity. Recruitment of staff is underway in order to make this operational again. All four acute trusts have been experiencing disruption to their elective capacity. UHP currently has no orthopaedic ward or beds and this is expected to last for the next 3-6 months. TSDFT have had to close a 15-bedded elective ward and, whilst a small number of replacement beds have been assigned, this continues to

impact upon elective throughput, The former elective ward space is currently being used for other services.

Referral to Treatment (RTT) Waiting Times

May data shows a steady position for RTT 18-week performance, with a slight increase to 59.2% at an STP level, compared to the target of 92% and national performance of 64.6%.



The table below shows the RTT waiting list movement between April and May by provider:

	RDEFT	NDHT	UHP	TSD
APRIL	56,600	13,605	34,928	28,757
MAY	61,574	14,031	35,234	28,962
Variance	**4,974**	**426**	**306**	**205**

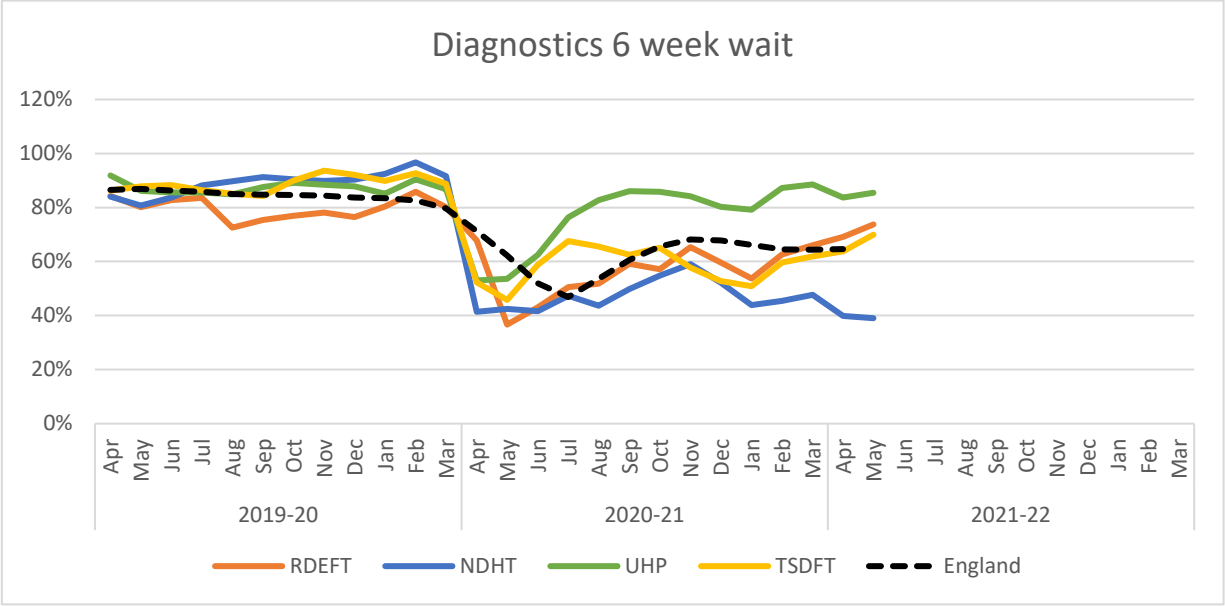
The number of over 52 week waiters has decreased for all trusts in May, as shown in the table below:

	RDEFT	NDHT	UHP	TSD
APRIL	6,046	1,493	2,503	1,876
MAY	5,526	1,242	2,434	1,607
Variance	**-520**	**-251**	**-69**	**-269**

Diagnostic Waiting Times

The table below shows the provisional number of patients who received their diagnostic test within 6 weeks, compared to the national 99% target, and the movement between April and May. The STP position of 69.9% remains well below the 99% target and is below the England average of 76%.

	RDEFT	NDHT	UHP	TSD
APRIL	69.1%	39.9%	83.6%	63.7%
MAY	73.7%	39.0%	85.4%	69.9%
Variance	**4.7%**	**-0.9%**	**1.8%**	**6.2%**
YTD	**72%**	**39%**	**85%**	**67%**



The Surgical Working group have focussed in the last month discussing options for how the Nightingale Hospital Exeter (NHE) could be re-provided as an elective facility for ophthalmology and orthopaedics. It is anticipated that modular theatres will be situated on site to enable an arthroplasty hub to be operationalised. This is forecast to be available in November 2021 at the earliest.

Surgical Restoration progress to date is summarised below:

Funding has been approved for Devon under the Accelerator Scheme and the re-provision of the Nightingale Hospital Exeter as an elective facility for ophthalmology and orthopaedics

- Non-elective demand continues to impact on Devon's ability to restore elective surgery. UHP orthopaedic ward and beds remain closed whilst TSD continue to have a reduced number of elective beds.

- In order to progress plans for a System Patient Tracking List (PTL), it was agreed at the Surgical Restoration Group on 17th June, that the focus would be upon Orthopaedics in the first instance. An initial proposal is currently being developed and providers have been asked to submit their PTL for Orthopaedics to support this work.

- A foundation dataset, which will offer oversight of patients on waiting lists whilst understanding the ethnicity of patients and those in the bottom 20% of Index of Multiple Deprivation (IMD) scores is soon to be available for three of the four acute trusts in Devon. Work continues to have all trusts feeding into this as a priority. A workplan is being developed to support data quality improvement and this is being led by the CCG BI team together with provider representatives.

- Patients escalating issues as part of the clerical validation exercise are currently being collated and reviewed. A paper will be presented to Planned Care Programme Board (PCPB) and Quality and Safety Committee on the outcomes and decisions once they have been agreed. This is being completed in conjunction with Outpatient Transformation project to ensure consistency.

Urgent Care

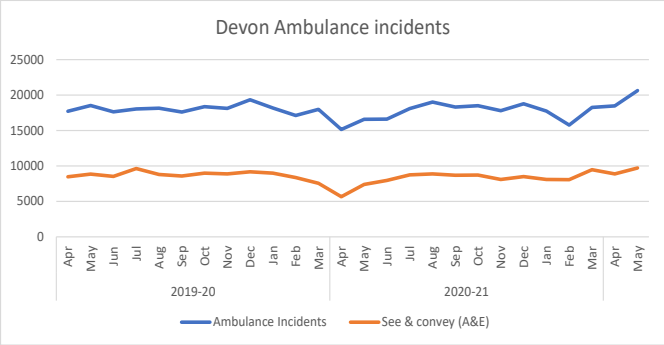
Each of the localities in Devon have an end to end flow plan which sets out a range of schemes to improve patient flow, covering admission avoidance, internal hospital flow, discharge and out of hospital provision. Each LCP has arrangements in place to monitor these improvements. A set of key metrics have been agreed and included in the operating plan, against which the impact of the improvement schemes are being monitored.

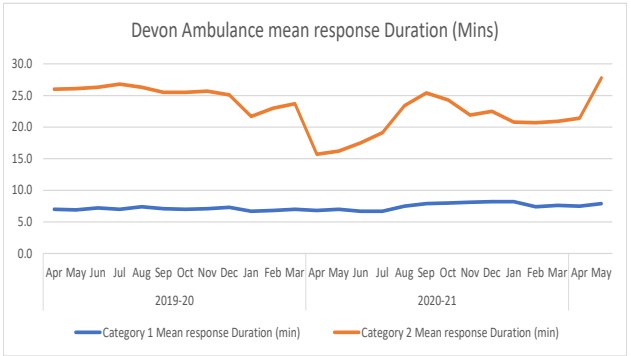
These include:

- ED wait > 4 hours
- Ambulance Handover delays time lost
- 12 hour Decision To Admit delays
- Length of stay (patients of 14 and 21 days)
- Patients with criteria to reside
- Patients without the Criteria to Reside discharged before 5pm
- Patients without the Criteria to Reside discharged before 12pm
- Patients without the Criteria to Reside discharged between 5pm and 11.59pm
- Patients discharged by pathway

SWASFT, like many providers, are experiencing increases in demand. Combined with long waits to hand-over patients, they are struggling to meet the national standard response times. Delays in responding to emergencies can potentially cause increased pain, suffering and harm to patients. These delays, and slower than expected response times, occur across all categories of patients.

The graphs below show the increase in ambulance incidents rising steeply since March 2021 and a simultaneous rise in the mean response time for Category 2 calls (the upper line in each of the graphs). The rising demand is less evident in the volume of patients seen and conveyed to ED and the response time for category 1 calls (the lower line in each graph)





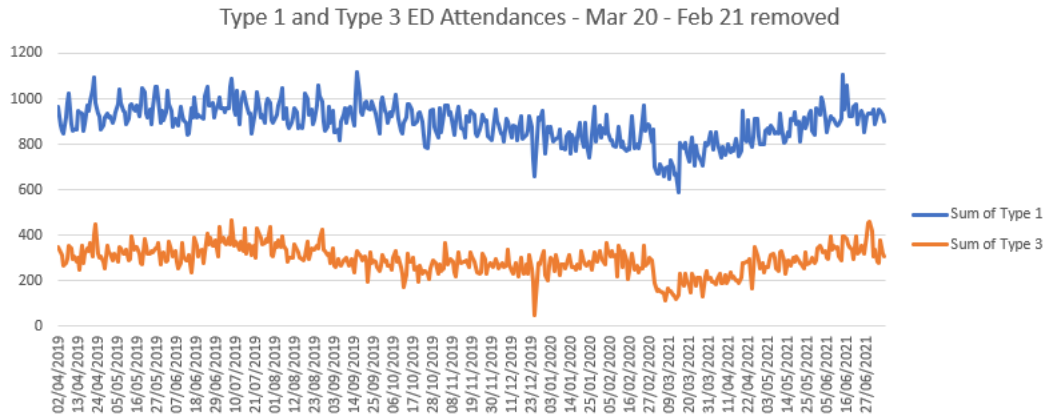
The call stack (patients who have called 999, been assessed and are awaiting an ambulance to be dispatched) has been growing in size as demand increases and available ambulance resource decreases. It is unclear, due to the dynamic nature of this stack, how many patients are waiting in Devon, or if they are suffering harm as a result. The severity of illness of the patient waiting varies, but it is often the lower acuity cases (for example, falls) who wait the longest. As yet, no serious incident has been reported as a result of these delays in Devon. Handover delays are recognised as a risk both to patients waiting in ambulances and reduced the capacity of ambulances and crews able to respond to calls.

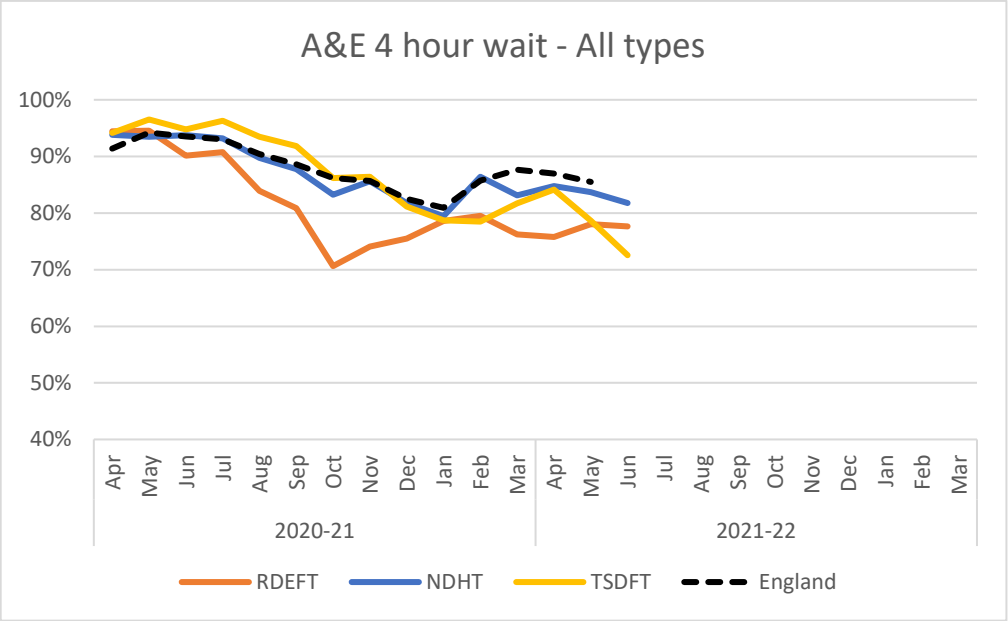
CCGs are awaiting the results from an investigation into handover delays and the factors that contribute to extended times. The national report is currently being finalised, but initial findings are that there is no harm being directly attributed to these delays. An update on the production of this report is due imminently

ED Waiting Times – June Position

June performance continues the falls seen in previous months against the 95% national four-hour standard – at 78.7% for all types and a decrease to 68.8% for type 1 attendances (UHP are currently not reporting as they are piloting the new clinical standards). The national position is currently 83.4% for all types and 76.5% for type 1 attendances. Impact on patients includes poor patient experience, but there is also a risk to safety as a result of delays. Providers have department processes in place to mitigate the risk of harm and poor experience, but these will not fully remove risk for patients.

The graph below shows the variation in attendance volumes in the Devon system, compared to the period prior to March 2020





*UHP currently not reporting as they are piloting the new clinical standards so not reporting against the 4hr target

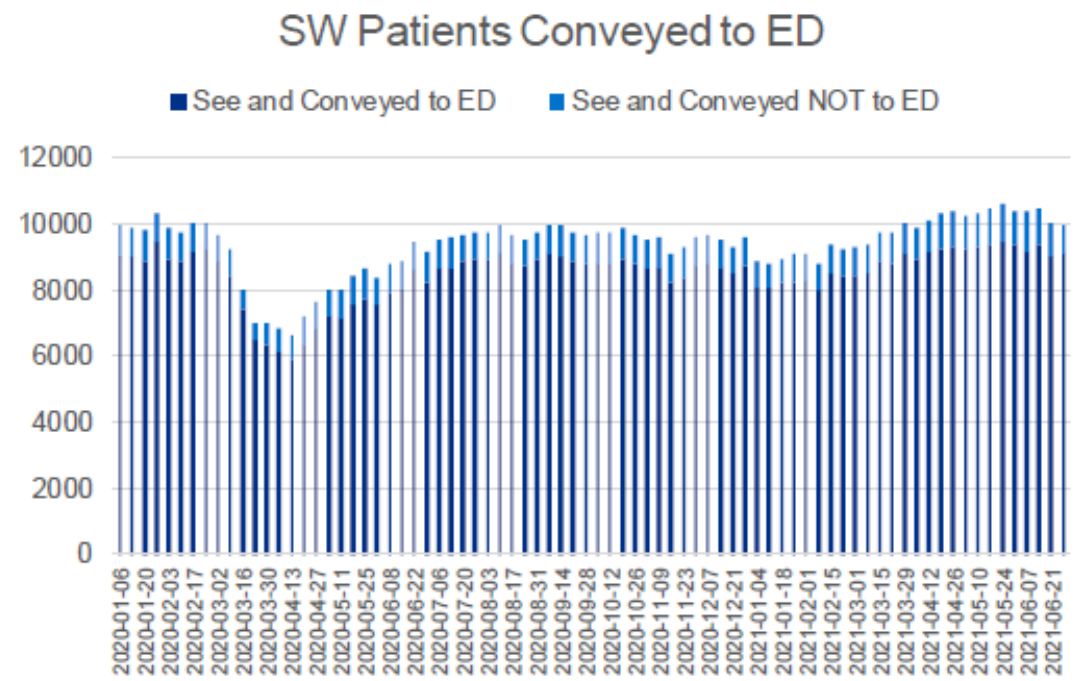
Across the system there has been a reduction in the number of 12-hour breaches in EDs reported, 4 in May compared to 12 in April (excluding UHP). Work continues to gain assurance that, where breaches do occur, the patient has received appropriate care and support and system wide work continues to try to address the delays experienced by some patients in mental health crisis awaiting a specialist bed.

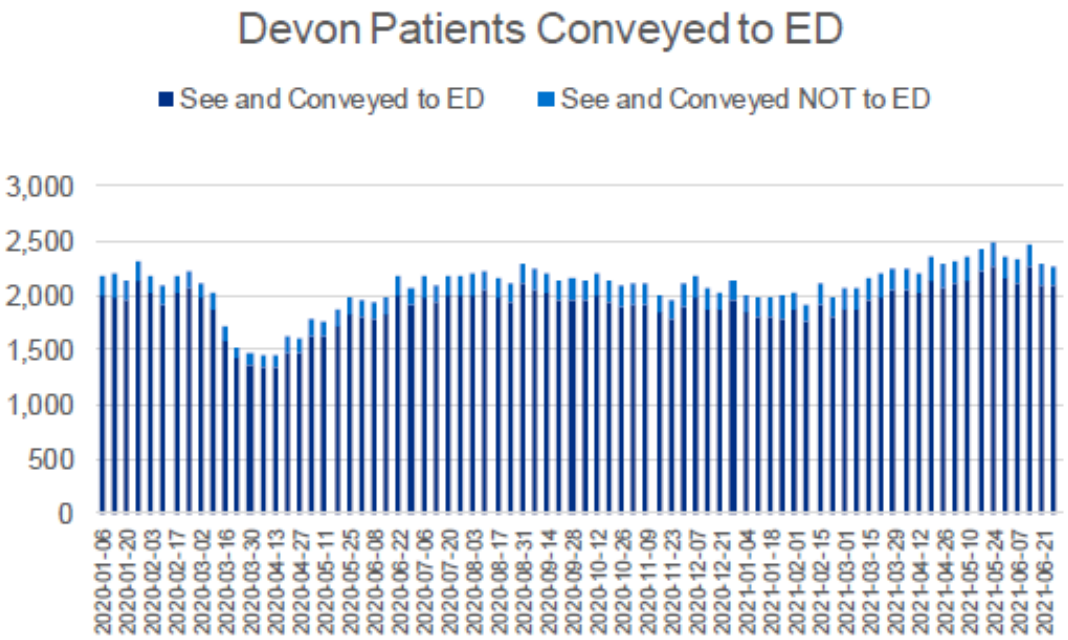
Ambulance Handovers

Many ambulances are experiencing extended handover times at ED's. Adverse incidents, where patients have significantly deteriorated in the ambulance whilst waiting to be handed over, have been reported in SWASFT's footprint, although to date none have occurred in Devon.

Analysis by the NHSE&I has shown that UHP was the second worst performing trust in the country in terms of ambulance handover delays greater than an hour. NHSE&I are therefore launching a rapid improvement programme to systematically improve ambulance handover delays across the five worst performing trusts in the region, which includes UHP.

As shown in the following graphs, there has been an increasing volume of patients conveyed by ambulance to ED since March 2021, as seen across the south west and reflected in the Devon system; this demand has put sustained pressure upon patient flow through the hospitals.





Integrated Urgent Care Services (GP out of hours and NHS 111)

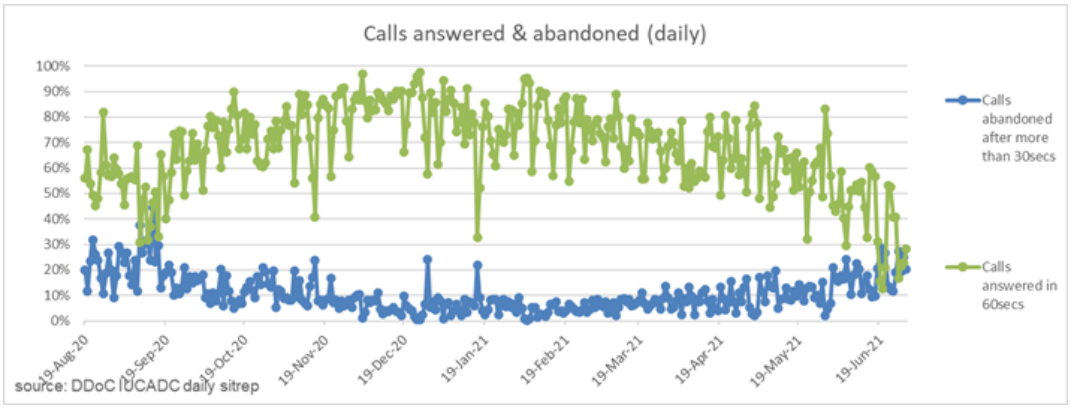
111 Performance

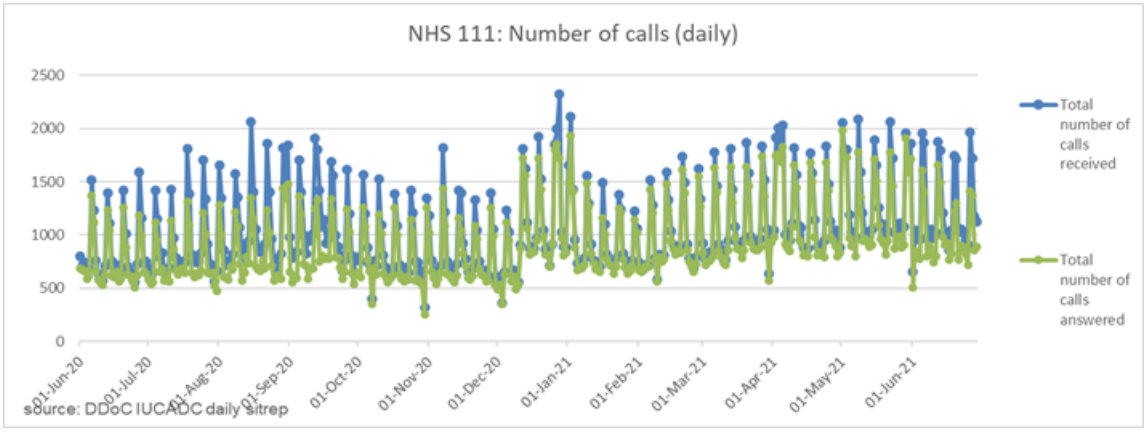
Performance over recent months has been extremely challenging due to increased demand and continued reduction in capacity and ability to fill rotas. Data from NHS England has shown that demand to NHS 111 services in the South West have seen a growth of over 30% against the baseline of 19/20 activity.

Population increase is always expected during summer months but it is highly probable that these numbers are growing due to the restrictions on overseas travel. For example, analysis in May, showed an additional 5,500 contacts were made to IUCS and 111 from patients from outside of Devon.

.

Plans are in place to increase rota fill though improvement of recruitment, attrition and absence, and incentives schemes for clinical and non-clinical staff. A partnership arrangement with another NHS 111 provider is in place to improve call handling resilience at the weekend. A recovery plan being prepared which details the key areas for 8 week accelerated improvement.





Many Integrated Urgent Care Providers are experiencing significant pressure; at the joint provider & commissioner national call in May it was noted that demand levels for 111 are now a national issue.

The national benchmarking places Devon Doctors towards the lower end of providers in terms of call answering and call abandonment (performing below standard).

The number of patients in their call stack (those that have been triaged for assessment, calls backs) has increased, as has the number of patients they hand back to primary care on Monday mornings. These patients will have suffered a poor experience, having experienced long waits and then being handed back to their own GP service. Whilst there may be safety risks, risk of harm is low, as their sickness acuity is likely to be low.

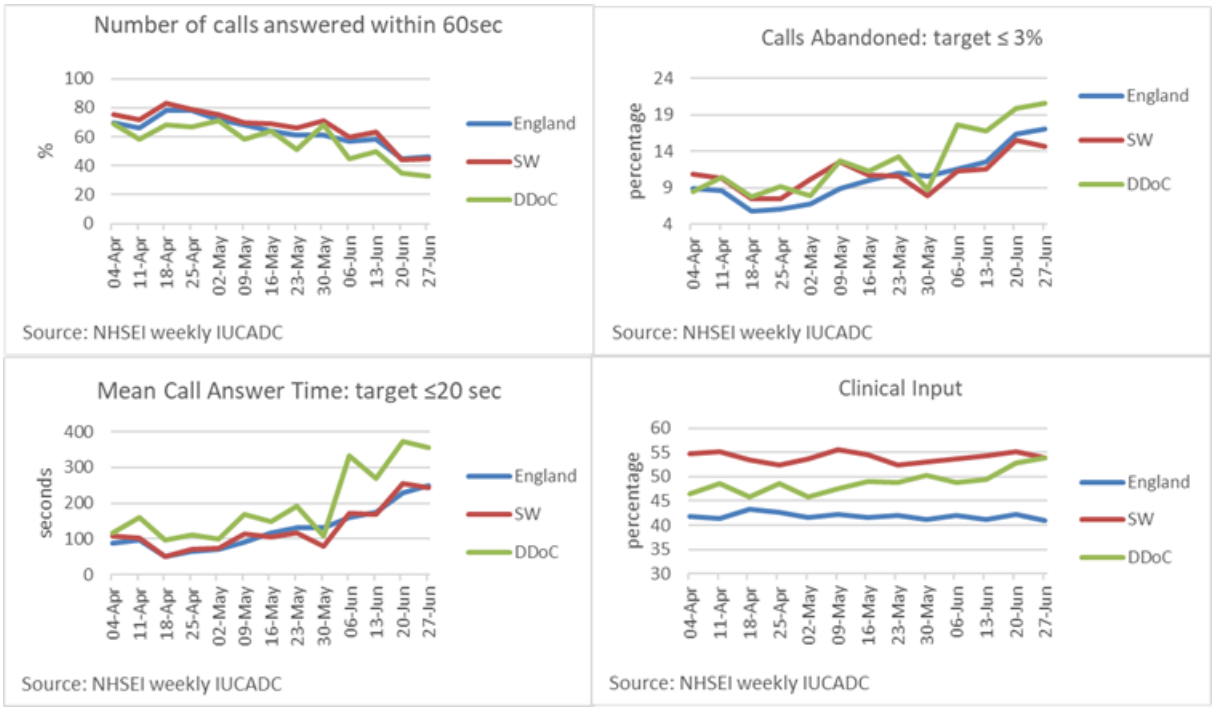
Staffing numbers, including clinical advisors and clinicians, continues to be a challenge, with high attrition rates and a lack of uptake of shifts by GP's. The improvement action plan to address this continues, with HR and other senior leadership involvement.

Nationally performance is now monitored and compared weekly for the following metrics:

- Proportion of calls abandoned ≤ 3% (KPI 1)
- Average speed to answer calls ≤ 20 secs (KPI 2)

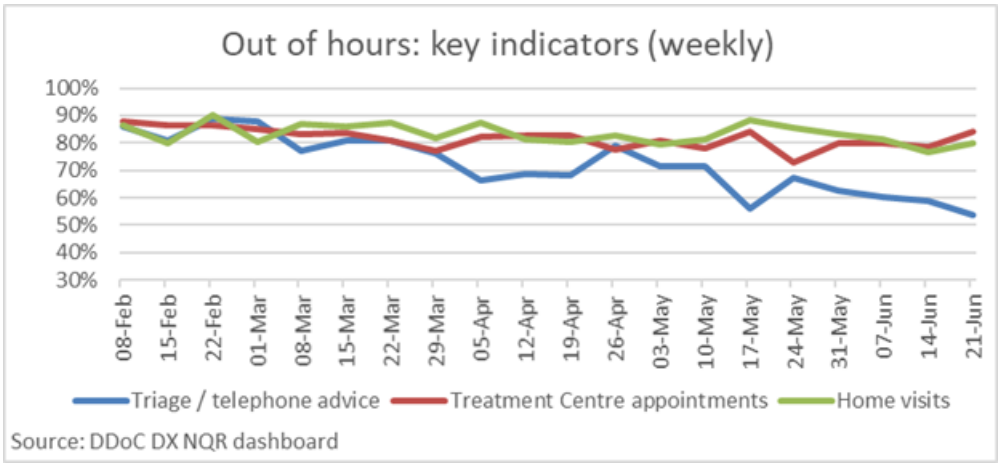
- Proportion of calls assessed by a clinician or Clinical Advisor ≥ 50% (KPI 3)
- Call backs offered in 20 mins ≥ 90% (KPI 5a)

The graphs below show performance against these key NHS 111 indicators for DDoC compared to national and south west regional peers up to 27 June. Whilst disappointing, call answering performance is tracking the national trend.



Out of hours service

For the out of hours service, performance is monitored on the percentage of patients who start their definitive clinical assessment within agreed timeframes (for all three indicators the target is 90%). Weekly performance for the latest reporting period is shown below:



Performance within the service continues to be challenged due to reduced clinical rota fill. Reduced fill is due to a number of reasons including demand and stress on individuals since the start of the pandemic, clinicians who may have previously undertaken OOH shifts are now undertaking Extended Access shifts and new taxation rules which have led to changes in how

shifts can be booked. Short notice hand backs are a growing issue since the implementation of OP21 (off-payroll working reforms) which now allows shifts to be handed back at short notice. Work continues to improve the situation including the development of a clinical resourcing strategy and balanced incentive schemes.

Mental Health

The national Mental Health Safety Improvement Programme officially launched, virtually via Teams, on 10 May 2021. The three main areas of focus over the coming year are:

- Suicide Prevention Programme: There has already been a significant fall in the number of completed suicides on in-patient units nationally, however the programme is focused on all suicides across in-patient and community settings.
- Supporting Sexual Safety: the aim being to reduce the number of incidents that take place but also, when they do, ensure that incidents appropriately consider capacity and consent. The short and longer term actions and understanding of impact on patients and their families when these incidents do occur also needs to improve.
- Reducing Restrictive Practice: reducing the use of all forms of restrictive practice; work is already underway nationally and pilots demonstrate the benefit of different ways of working and engaging.

Children and Young People's (CYP) Mental Health

As shown in the most recently available national data (April 2021) more children and young people are being supported to access NHS funded mental health services; the system is currently supporting 42.4% of children and young people with a need across the Devon ICS, against a Long-Term Plan deliverable in 20/21 of 35%, making Devon the second strongest performer for CYP access in the region.

As of April 2021, national data identifies that children and young people are not able to access eating disorder services fast enough when they have urgent or routine needs; Devon STP is achieving 77.4% for urgent needs and 74.7% for routine needs; this is above national average (70.5% and 72.7%) and above regional average (56.6% and 59.6%) however, performance remains below the 95% standard. This is because whilst the services were adequately resourced to meet needs in prior to 2020, since then, as a result of Covid we have seen increased volumes of demand and increased average acuity; unlike other services, Eating Disorder support, care and treatment is not as amenable to digital provision. Services have prepared plans to build capacity in the CYP ED service in 2021/22 utilising additional national spending review investment, these plans will be implemented in Quarter 2 and impact monitored

Improving Access to Psychological Therapies (IAPT)

As of March 2021, national data shows that across the Devon ICS the access rate is 4.70% against a target of 6.25%. Nationally, regionally, and locally demand for IAPT services has been supressed since the onset of the Covid pandemic. Whilst the target is not being met, it is above the regional figure (4.09%) and in line with the national (4.69%) and work continues with primary care and acute services to promote appropriate access to the service.

Achievement of the wait time standards 6 weeks RTT (75% standard) and 18 weeks (95% standard) remains strong which 96.8% and 100.0% achievement respectively; this has been maintained over the last year.

IAPT services are required to achieve measurable recovery for 50% of people who use the service. Nationally reporting indicates that this is not being achieved in Devon (42.7%) this apparent underperformance relates to two separate occurrence of erroneous data submissions occurring once in each provider. Local data validates that performance in each provider and combined performance for the same period exceeds the standard (55.36%).

Adult Community Mental Health Services

Adults with severe mental illness are entitled to an annual physical health check and the Long-Term Plan sets an expectation that 60% of people with severe mental illness will receive a complete physical health check in 20/21. ICS Devon is achieved 19.9% (Quarter 4) and 22.0% in quarter 1, 2021/22, whilst improving we remain significantly below the requirement, and below the national average (23.4%) but the second strongest performer in region and above the regional average (14.6%). This reflects national challenges in establishing and improving delivering Physical Health Checks throughout the Covid pandemic.

Early Intervention in Psychosis Services are another area where wait time standards are applied. For those experiencing a first episode of psychosis their short and long-term outcomes are improved if they receive quick access to support, care and treatment. The wait time standard is 60% achievement of a 2 week wait; the most recent national data is known to be inaccurate because there was a problem linking the correct Devon Partnership Trust data into the national data set. This has now been resolved and the next iteration of national data is expected to accurately reflect local performance. Performance challenges were identified in relation to the Plymouth based provider; these challenges were addressed in Q3/Q4 2021 and plans are currently being implemented to strengthen the service resilience and performance. The actual performance across ICS Devon is 72% (Aug 20-Feb 21) which exceeds the required standard. (There is a data lag in the reporting of the mental health data, this figure will be updated in future months as reporting is refreshed)

Inappropriate Out of Area Placements (IOOAP's).

The Long-Term Plan ambition is for there to be zero inappropriate adult acute mental health patients placed out of area by the end of Q2 20/21. The Devon ICS been a longstanding national outlier, due to comparatively low levels of inpatient capacity. Providers are making positive progress towards this objective and there are aligned provider action plans to address inpatient capacity. Whilst these plans are being implemented, ward closures related to COVID-19 within the footprint and within the contracted provision mean maintaining progress has been a significant challenge.

As of March 2021, the Devon ICS reported 3,805 Out of Area Patient Bed Days (OPBDs) in the previous rolling quarter, a reduction of 22.4% in five months; however, ICS Devon accounts for 5.9% of the national use of inappropriate out of area beds and 56.8% of the South West's use of out of area beds. Reductions will need to be achieved quicker to achieve this deliverable.

Pre COVID 19, IOOAP's were recognised as an area that required improvement. DPT had an improvement trajectory in place and initially in preparation for the 1st wave of COVID 19

(February and March 2020) there was a reduction in IOOAP's, as more people were supported in the community and lockdown commenced. However, COVID 19 reduced bed stock nationally due to infection, prevention and control requirements including testing areas and social distancing. The subsequent impact was improvement against this trajectory has slowed and the number of IOOP's increased from April 2020 through to August 2020.

The number of hours spent in IOOAP's then stabilised and was on a downward trajectory until February 2021. Since then there has been an increased acuity of patients presenting in mental health crisis requiring in-patient support. These are patients both known and new to mental health services. This has led to increased admissions.

There was an ambition to have zero IOOAP's by September of this year, however this goal is now unlikely and DPT remain an outlier nationally. DPT continue to work on strategies on admission avoidance, reducing length of stay and ensuring timely support to those in the community following discharge. The impact of this is DPT have a low readmission rate. In addition, the CCG are assured that DPT are ensuring those people who are placed out of area are well supported and have allocated staff to ensure timely return to units closer to home or direct discharges to local community, mitigating the impact on experience for those affected.

Children's Services

Children & Family Health Devon (CFHD)

The impact on children, young people, families and carers, due to long waits, includes poor experience and anxiety about the length of time for assessment and subsequent possible treatments. Whilst providers have processes in place to mitigate risk, including information on alternative support during waits and how to contact providers, the impact cannot be removed entirely.

As both the numbers and the lengths of waits increase, the impact and level of risk is both on individuals, but also as the collective of young people in totality.

There continues to be high numbers of children and young people waiting over 18 weeks for autism, speech and language therapy (SALT) and occupational therapy (OT) assessment in Devon and Torbay.

- SALT – Current performance is significantly off trajectory. Revised data shows that in January 2021, 2671 children were waiting for a SALT assessment. This continued to increase to 3023 in April. May has shown a slight decrease to 2919 children waiting. Despite the slight decrease in overall numbers waiting, there has been continued reduction in % waiting less than 18 weeks (January 56.4% May 37.1%). An additional 6 staff have been recruited using non recurrent funding. A new clinical decision model has been introduced and changes made to increase patient facing activity; group activity; access to advice has had a positive impact on additional clinical capacity. (Additional 800 appointments offered in May compared to April).

- OT – the number of children waiting for an OT assessment has reduced from January 2021 (559) to May 2021 (507). 64.3% are waiting under 18 weeks. CFHD reporting that on track

for trajectory. Workforce vacancies and access to temporary staffing have affected service capacity. Additional staff are being recruited but are not yet in post.

- Autism Spectrum Disorders (ASD) – 3,217 children and young people are waiting for an autism assessment, of which 2,417 are from Devon (this does not include under 5 year olds) The average referral to assessment start time is 84.5 weeks a decrease from May (91.4 weeks).

- The rapid improvement plan for ASD continues to be implemented by CFHD and will run from May to November 2021, with a total of 2,800 additional assessments provided by additional staffing and a further 950 assessments by internal efficiencies – a total of 3,750 assessments – and this will be achieved through a trajectory of 150 assessments per week**.** There is confidence that the plan will be delivered by November 2021.

Livewell

- There is continued pressure on SALT services, additional staffing has proved difficult and there are plans in place to recruit new graduates. The service at this point is continuing with its planned trajectory of 632 children on an incomplete pathway in May, of which 54.3% (343) had been waiting more than 18 weeks. Livewell are non-recurrently funding additional SALTs to address the waiting list numbers and are currently recruiting. CCG commissioners are working with PCC public health commissioner colleagues to try to secure additional public health Covid funds.

- Outcomes measures for those children receiving SALT range between 71% and 90% in each of the improvement domains (Impairment, Activity, Participation, Wellbeing).

- The autism assessment service is part of the CAMHS and neuro developmental pathway and therefore is not recorded or reported separately, but as part of overall CAMHS activity.

Primary Care

The COVID-19 Pandemic has had a major impact on the provision of services in primary care, with frequent changes to national guidance and local systems. The national response has required Primary Care to work in a very different way whilst adapting and communicating changes to services, whilst maintaining elements of business as usual.

There are currently 11 open serious incidents (SIs) that require practices to investigate, the top theme remains that of Peer Improvement Tips for Care and Health (PITCH). and General Practice significant event (SEA) submissions around timely access to care and delayed admissions causing harm. Currently 8 of the 11 open cases relate to delayed access, diagnosis and treatment. The CCG will await the completion of the investigations before analysing for any more specific themes and trends. It has been escalated that several of the SI's are now overdue and the CCG will be working this through in the primary care team contract meetings over the forthcoming weeks.

Due to ongoing concerns relating to the increasing number of resignations and retirements across the General Practice Nurse (GPN) cohort, the LMC Nurse Med-Sec is currently working to produce a model Contract and Job Description for practice nurses, to support general practice to recruit and retain nurses. There is significant evidence that turnover is increasing

amongst nursing staff and this has been identified as one reason for changing employers, it is hoped that the model contract and Job description may reduce turnover rates. This issue has been raised to the Workforce Implementation Group (WIG) and is also being discussed regionally and nationally.

4. Quality Specific Functions:

Infection, Prevention and Control: COVID-19: There has been a local increase in COVID-19 infections over the last month, reflecting a wider national increase. Outbreaks have occurred, including within educational settings, leading to large numbers of pupils needing to self-isolate. There have been isolated instances of more significant outbreaks, and these have been appropriately supported by the system and there have been low hospital admission rates. The infection control team are increasingly supporting the restoration workstream as it aims to balance the increase in elective work whilst keeping all areas COVID-19 secure.

C. diff & E. coli: The infection control teams and the community infection management service are now focusing on C. diff and E coli reduction. Devon has among the highest rates of E. coli in England, and work is underway to understand and address the root causes of this increased rate. The CCG is embedded in the work through the leadership of the System Lead for Infection, Prevention and Control (IPC).

Incidents: In March 2021, 49 serious incident were reported, which is the highest number of serious incidents reported in one month since 2015. Providers have processes in place to analyse incidents in order to learn from themes. The CCG supports this process and a recent thematic analysis of maternity Serious Incidents (SIs) over 12 months was undertaken by the CCG Quality Team. This data has been shared with maternity providers through the Safety and Governance Workstream of the Local Maternity and Neonatal System (LMNS). The themes will now contribute to operational team learning. In addition, providers have now committed to sharing incidents linked to the themes and the learning moving forward through this group. This is in line with the recommendations from the Ockenden Report and will drive improvement in maternity safety across Devon.

Patient Experience: In May the CCG received 9 PALS contacts. 3 of these related to issues accessing general practice in the western locality. 2 cases related to COVID vaccinations being recorded against a patient with a similar name. The remainder were broad ranging. In May, the CCG received no new formal complaints.
A recent analysis of 47 PITCH / SEA reports received between 13/11/2018-28/04/2021 identified an issue surrounding Just In Case (JIC) medications. This information key to informing workstreams. For example, information relating to the safety and quality of this process was handed to the Medicine Optimisation team and End of Life programme team to undertake a review. This has not yet commenced, at the time of reporting, and a further 5 PITCH reports have been received this month.

Safeguarding: There continue to be significant workforce challenges across Devon safeguarding teams. Impact of this can include the ability of safeguarding teams to engage with the S42 processes. System and provider plans are in place, supported by the CCG, to improve this situation, but also mitigate risk in the immediate period.

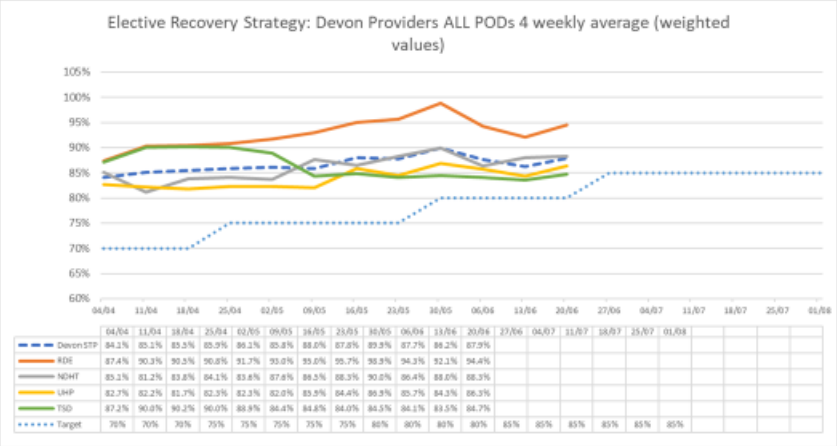
2021/22 Operating Plan

The Devon H1 operational plan planned and actual activity levels during April are set out below, with comparison to the baseline 2019 activity:

April 2021 Activity compared to April 2019

			CCG	STP	TSDFT	RDEFT	NDHT	UHP
OUTPATIENTS	Consultant led first outpatient attendances	2019/20	28686	36047	7183	10722	3545	14597
		Plan	25953	32569	6491	8505	3389	14184
		2021/22	27023	32410	8964	6624	3539	13283
		Plan vs 19/20	90%	90%	90%	79%	96%	97%
		Actual vs 19/20	**94%**	**90%**	125%	62%	100%	91%
	Consultant-led follow-up outpatient attendances	2019/20	56625	74917	19051	17347	6007	32512
		Plan	56409	74250	16366	14690	7436	35758
		2021/22	71649	89711	18545	13366	6090	51710
		Plan vs 19/20	100%	99%	86%	85%	124%	110%
		Actual vs 19/20	**127%**	**120%**	97%	77%	101%	159%
	Total Outpatient attendance	2019/20	85311	110964	26234	28069	9552	47109
		Plan	82362	106819	22857	23195	10825	49942
		2021/22	98672	122121	27509	19990	9629	64993
		Plan vs 19/20	97%	96%	87%	83%	113%	106%
		Actual vs 19/20	**116%**	**110%**	105%	71%	101%	138%
ELECTIVE ADMISSIONS	Total Elective Admissions	2019/20	13422	16372	3283	4909	2569	5611
		Plan	11969	13270	2776	3878	1916	4700
		2021/22	14284	15307	2894	5698	1971	4744
		Plan vs 19/20	89%	81%	85%	79%	75%	84%
		Actual vs 19/20	**106%**	**93%**	88%	116%	77%	85%
A&E	Total A&E Attendances	2019/20	37190	38736	9672	9885	6330	12849
		Plan	34507	34684	7364	9056	4657	13607
		2021/22	31148	33246	7947	9578	4657	11309
		Plan vs 19/20	93%	90%	76%	92%	74%	106%
		Actual vs 19/20	**84%**	**86%**	82%	97%	74%	88%
NON ELECTIVES	Total Non Elective Admissions	2019/20	11365	13805	3112	3504	2510	4679
		Plan	11097	12927	2980	3607	1649	4691
		2021/22	12038	13242	3265	3826	1782	4369
		Plan vs 19/20	98%	94%	96%	103%	66%	100%
		Actual vs 19/20	**106%**	**96%**	105%	109%	71%	93%

Devon Providers 4 Weekly Values



Increases across all Providers.
Actuals are adjusted for working days

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5. Recommendations to Members

Members of the Committee are asked to:

- agree the 1 April to 31 May 2021 (month 2) performance position against Constitutional Standards and routine performance standards;
- agree the quality, nursing and safety performance position for June 2021;
- note the update on the development of the recovery and operating plan for 2021/2 and the development of a Performance Improvement Framework for the Integrated Care System (ICS).

Appendix 1

Finance & Performance – Performance Report

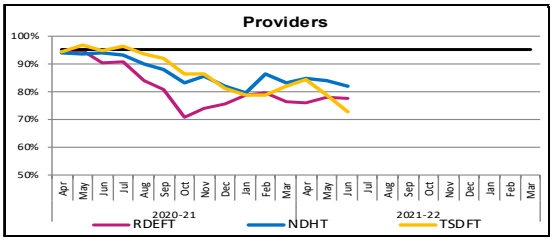
June 2021

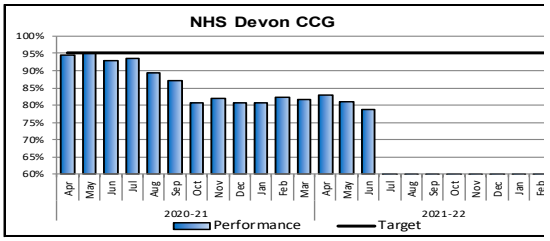
A&E Performance - Percentage of patients waiting less than 4 hours.

All types Performance (including MIU and WiC)

Trust	Target	JUNE	2021/22
RDEFT	95%	77.6%	77.2%
NDHT	95%	81.8%	83.3%
UHP	95%	N/A	N/A
TSDFT	95%	72.5%	78.0%

CCG	Target	JUNE	2021/22
NHS Devon	95%	78.7%	80.7%
ENGLAND		83.4%	85.2%

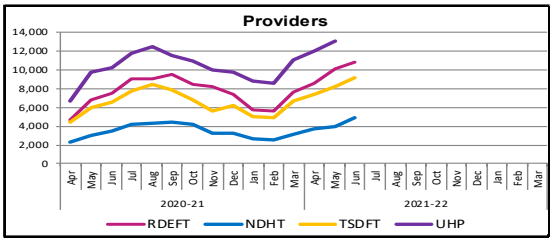


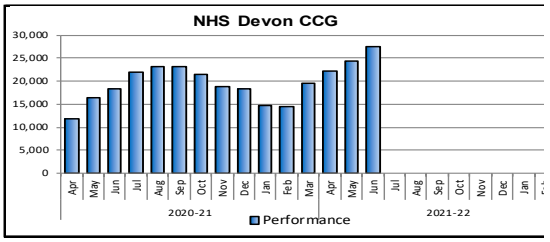


All types Attendances (including MIU and WiC

Trust	Target	MAY	JUNE
RDEFT	N/A	10049	10812
NDHT		3998	4891
UHP		12053	13101
TSDFT		8259	9181

CCG	Target	MAY	JUNE
NHS Devon	N/A	24486	27432
ENGLAND		1475710	1310785

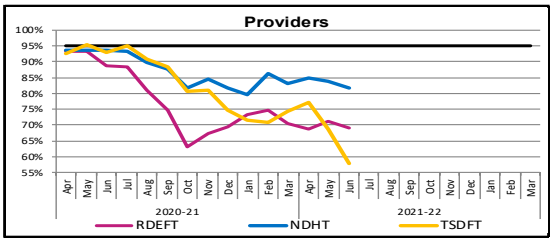


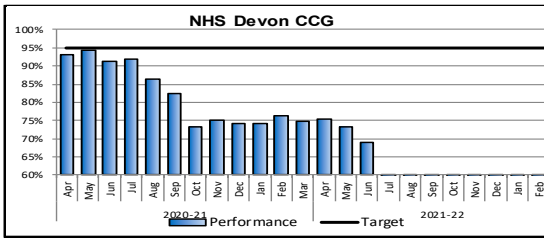


Type 1 A&E only

Trust	Target	JUNE	2021/22
RDEFT	95%	69.1%	69.7%
NDHT	95%	81.8%	83.3%
UHP	95%	N/A	N/A
TSDFT	95%	57.9%	67.4%

CCG	Target	JUNE	2021/22
NHS Devon	95%	68.8%	72.3%
ENGLAND		76.5%	79.0%





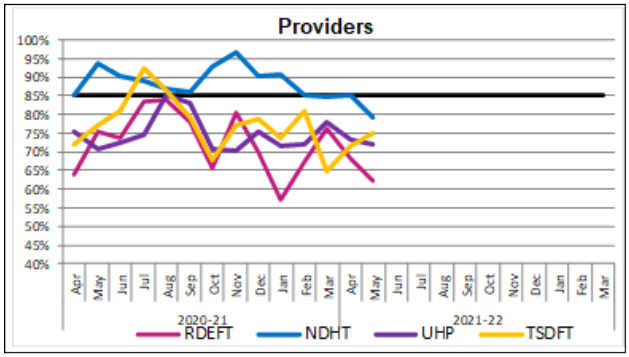
Performance Commentary

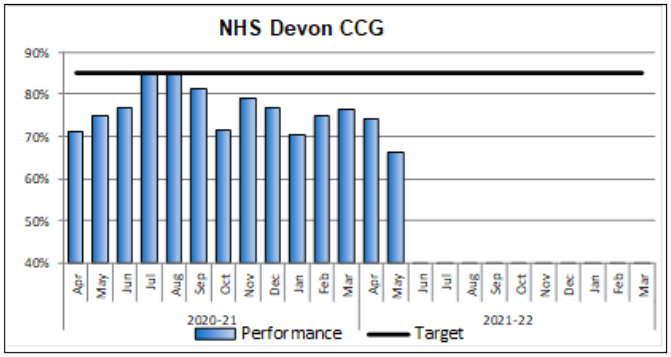
STP type 1 is 68.8% and all types at 78.7% this is below the national position of 76.5% and 83.4% respectively.

Cancer 62 day Urgent Referral

Trust	Trajectory	MAY	2021/22
RDEFT	73.9%	62.4%	59.1%
NDHT	75.9%	79.4%	82.0%
UHP	67.0%	72.0%	72.7%
TSDFT	84.8%	75.0%	72.2%

CCG	Trajectory	MAY	2021/22
NHS Devon	74.7%	66.2%	70.7%
ENGLAND		73.0%	74.2%



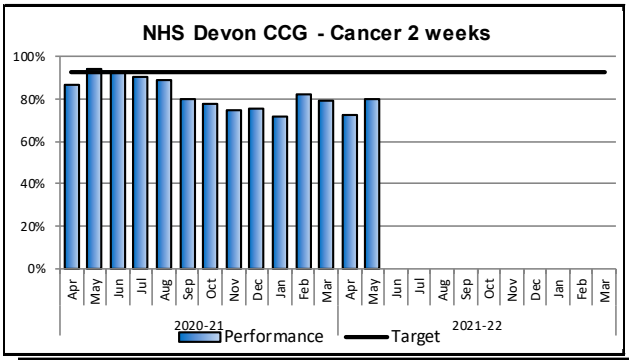


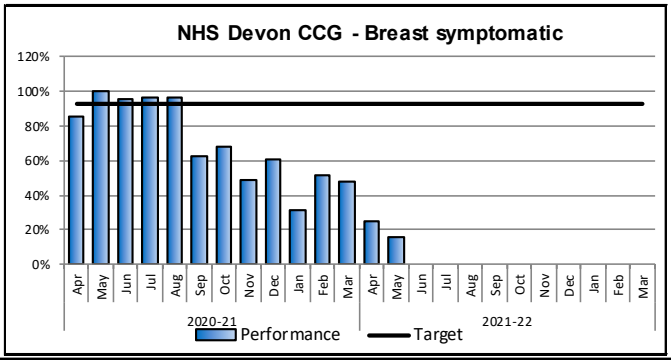
Performance Commentary

NDHT has fallen to 79.4% from 85.2%, TSDFT has improved from 71.8% to 75% RDEFT and UHP position fell in May to 69%% and 72% respectively.

Cancer Targets (MAY-2021)

Target	Measure	NHS Devon	ENG	RDEFT	NDHT	UHP	TSDFT
93%	2 week urgent	80.1%	62.1%	71.2%	82.2%	85.0%	89.8%
93%	2 week breast	16.2%	62.1%	13.6%	1.5%	13.5%	50.0%
90%	62 day screening	73.5%	74.3%	0.0%	80.0%	84.6%	100.0%
85%	62 day consultant	77.8%	83.2%	94.4%	84.8%	73.7%	N/A
96%	31 day first	96.9%	94.2%	96.6%	98.9%	96.2%	95.8%
94%	31 day surgery	85.0%	84.8%	85.5%	87.5%	82.9%	100.0%
98%	31 day drugs	99.4%	99.0%	97.5%	100.0%	100.0%	98.6%
94%	31 day radiotherapy	100.0%	96.2%	100.0%	100.0%	98.9%	98.5%





Performance Commentary

In May TSDFT achieved four out of seven measures. UHP, NDHT and RDEFT achieved three out of eight measures. At STP level three of the eight measures where achieved.

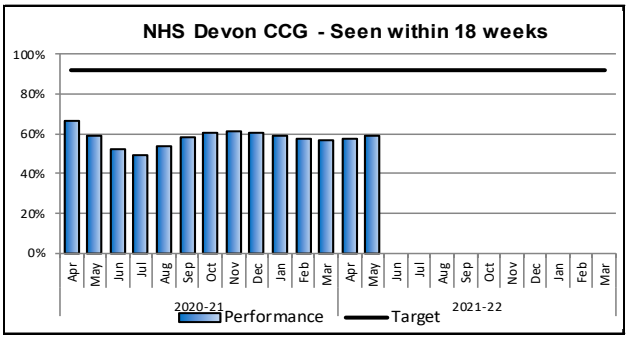
Performance against the 2ww breast symptomatic and the main 2ww target continue to be below target with breast symptomatic falling to 16.2%

RTT Incomplete Waits

RTT Percentage seen within 18 weeks

Trust	Target	MAY	2021/22
RDEFT	92.0%	54.0%	52.6%
NDHT	92.0%	62.7%	61.4%
UHP	92.0%	67.5%	66.6%
TSDFT	92.0%	63.4%	63.3%

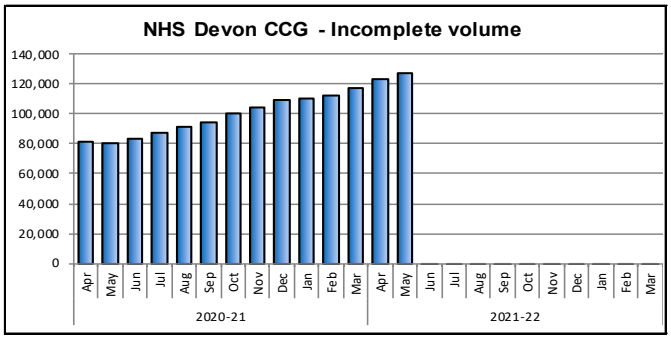
CCG	Trajectory	MAY	2021/22
NHS Devon	92.0%	59.2%	58.4%
ENGLAND	92.0%	64.6%	64.6%



RTT incomplete waits volume

Trust	MAY
RDEFT	57,640
NDHT	12,066
UHP	35,234
TSDFT	27,113

CCG	MAY
NHS Devon	127,813



Performance Commentary

May data shows a steady position for RTT 18-week performance improving slightly to 59.2% at an STP level, compared to the target of 92% and national performance of 64.6%.

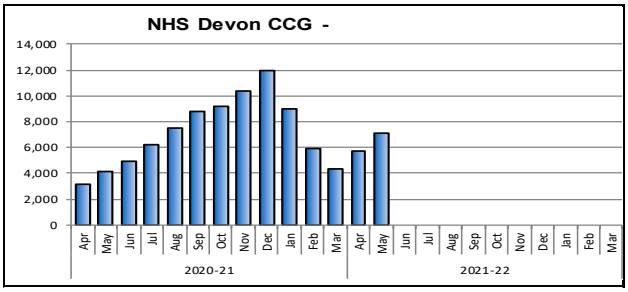
Provisional provider data shows all providers improving slightly.

RTT Incomplete Pathways long waiters

40-52 week waits

Trust	MAY	2021/22
RDEFT	3,681	3,681
NDHT	624	624
UHP	1,510	1,510
TSDFT	1,262	1,262

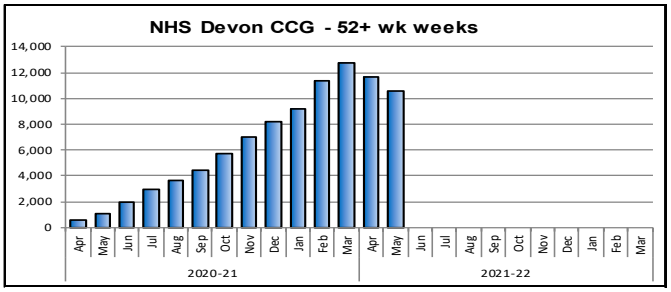
CCG	MAY	2021/22
NHS Devon	7,139	12,835



Over 52 week waits

Trust	MAY	2021/22
RDEFT	5,587	11,633
NDHT	1,244	2,737
UHP	2,434	4,937
TSDFT	1,596	3,472

CCG	MAY	2021/22
NHS Devon	10,554	22,179



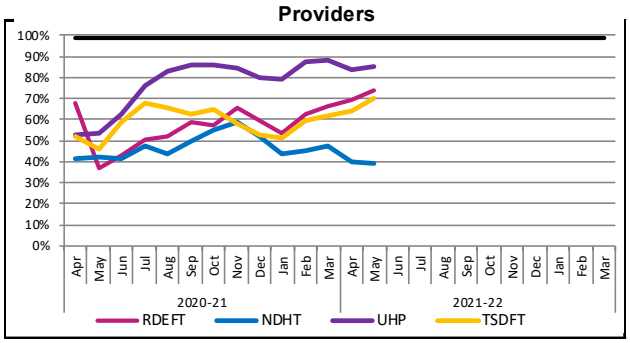
Performance Commentary

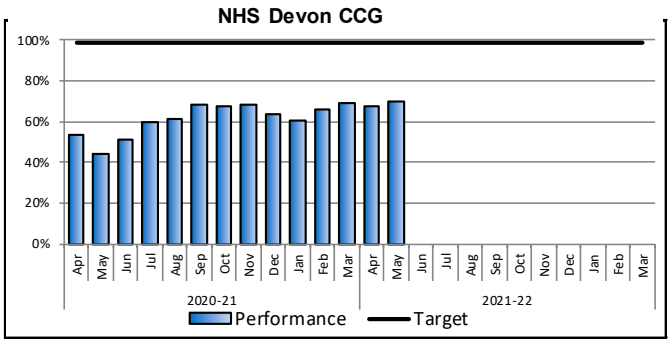
There were 5,696 people waiting between 40 and 52 weeks in April this has increased to 7139 in May. Provisional figures show a decrease in 52 weeks breaches RD&E falling from 6,379 to 5,587 UHP at 2,434 (2,503), TSDFT at 1,596 (1,903) and NDHT at 1,244 (1,503).

Diagnostic Seen within 6 weeks

Trust	Target	MAY	2021/22
RDEFT	99.0%	73.8%	71.5%
NDHT	99.0%	39.0%	39.5%
UHP	99.0%	85.4%	83.6%
TSDFT	99.0%	70.0%	66.8%

CCG	Target	MAY	2021/22
NHS Devon	99.0%	69.9%	68.8%
ENGLAND	99.0%	76.0%	76.0%





Performance Commentary

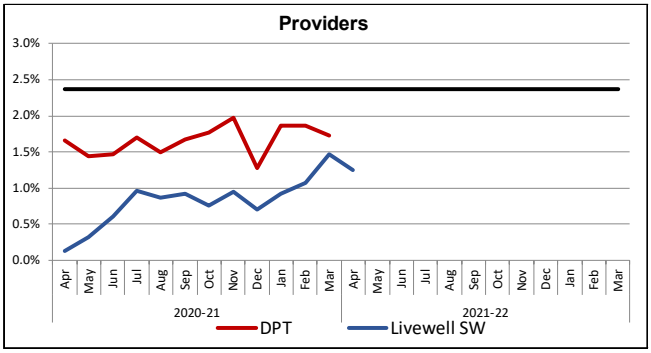
The STP position improved slightly in May with 69.9% of patients being seen within the 6 week target compared to a national threshold of 99% and an England position of 76%.

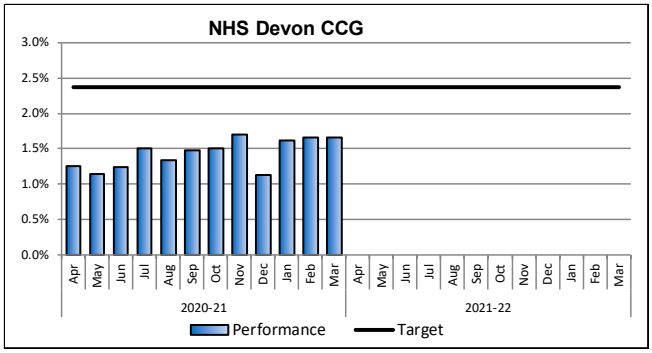
May provisional figures show an improving position for RDEFT, UHP and TSDFT.

IAPT Roll out (Monthly Access rate)

Trust	Target	March	2020/21
DPT	2.37%	1.55%	9.44%
LIVEWELL	2.37%	0.68%	6.20%

CCG	Target	March	2020/21
NHS Devon	2.37%	1.66%	1.4%

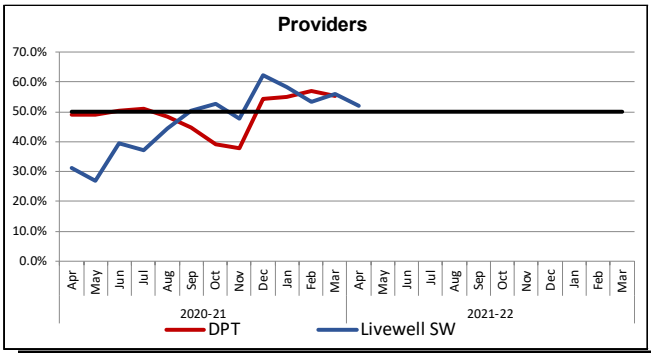


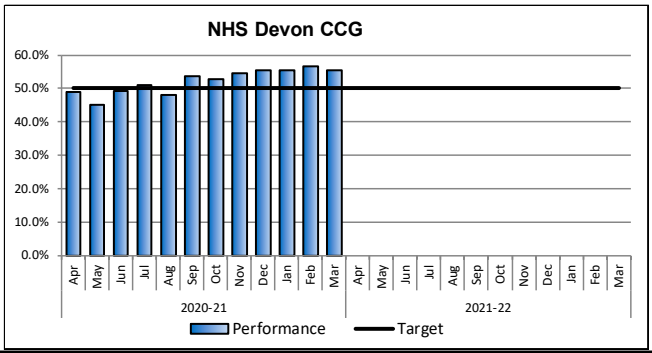


IAPT Recovery rate

Trust	Target	March	2020/21
DPT	50%	55.27%	52.41%
LIVEWELL	50%	51.98%	50.03%

CCG	Target	March	2020/21
NHS Devon	50%	55.36%	52.1%





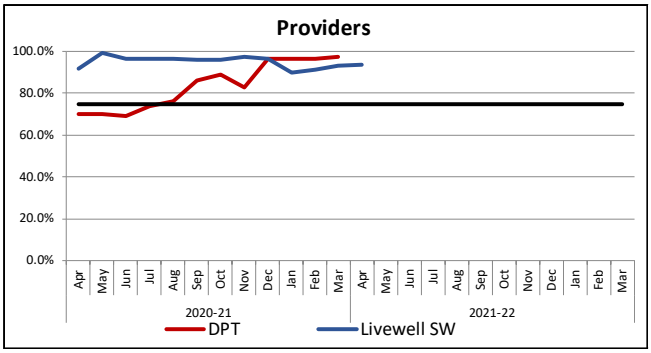
Performance Commentary

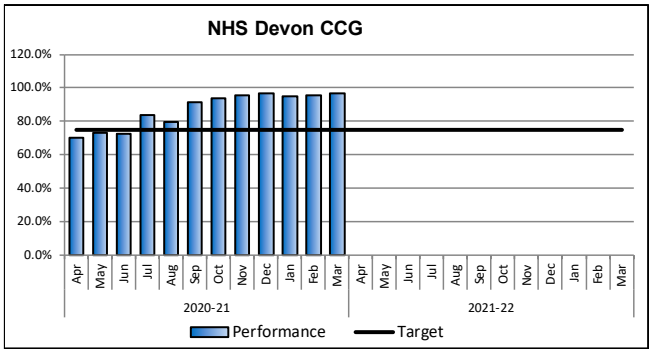
IAPT access rate remains under target, recovery data shows performance is above the 50% target at 55.36% for the STP. With both providers above target.

IAPT Waiting 6 weeks

Trust	Target	March	2020/21
DPT	75%	97.6%	85.9%
LIVEWELL	75%	93.7%	94.7%

CCG	Target	March	2020/21
NHS Devon	75%	96.5%	87.4%





Performance Commentary

IAPT access is measured against a target of 75% of people accessing the service within 6 weeks and 95% of people accessing help within 18 weeks. Devon STP continues to exceed these targets, achieving 97.6% for DPT and 93.7% for Livewell within 6 weeks with both providers achieved the targets.

However, caution is needed as this strong performance reflects that demand is below the expected volumes. The Long-Term Plan deliverables identify that IAPT will support more people to access IAPT year on year and in Devon STP the original target for 2020/21 was for 6.1% of people to be supported by IAPT. Work is underway to promote the IAPT offer across the STP.

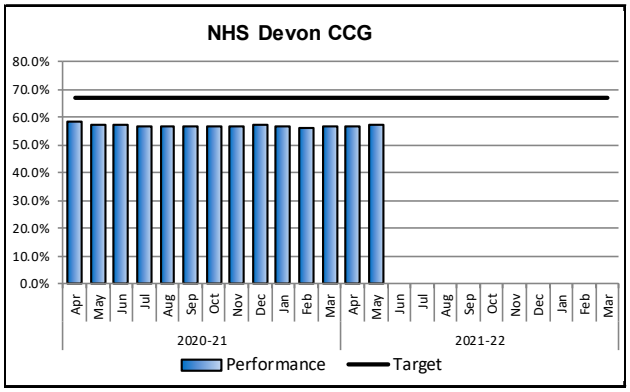
			Devon Partnership trust			Livewell Southwest			STP		
	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
Improve access rate to Children and Young Peoples Mental Health services	March	35%							42.9%	42.9%	
People with severe mental illness receiving a full annual physical health check	Q3 2020-21	41%							19.1%	19.9%	
Perinatal Mental Health (women accessing services)	Q4 2020-21	7%							5.5%	5.8%	
IAPT Roll out (access)	Q4 2020-21	7.1% (quarter)	5.0%	5.5%		3.5%	3.8%		4.2%	4.7%	
Out of area placements	March	0	3060	2750		880	940		3,965	3,805	
Percentage of people on CPA who were followed up with in 7 days of discharge	March	95%	86%	88%		100%	100%		97%	95%	
Percentage of MH Delayed transfers of care	March	8%	3.5%	4.2%		6.9%	4.9%		4.2%	4.8%	
Proportion of adults in settled accommodation in contact with secondary mental health services	March	60%	76%	76%							
Proportion of adults in contact with secondary mental health services in paid employment	March	10%	7.7%	7.5%							
Adults CPA review within 12 months	March	95%	86%	86%		96%	97%		87%	89%	
Percentage of discharges followed up within 48 hours	March	95%	76%	87%		100%	100%		83%	89%	
IAPT - The percentage of people who are "moving to recovery"	March	50%	57%	55%		56%	52%		57%	55%	
% of IAPT clients who started treatment within 6 weeks of referral	March	75%	97%	98%		93%	94%		95%	96%	
Dementia diagnostic rate	March	75%							57%	57%	

Performance Commentary

A Summary of other MH measures shown above sees an improving trend in eight out of twelve measures.

Dementia Diagnosis Rate

Trust	Target	MAY	2020/21
NHS Devon	67%	57.0%	56.9%
ENGLAND	67%	61.8%	61.7%



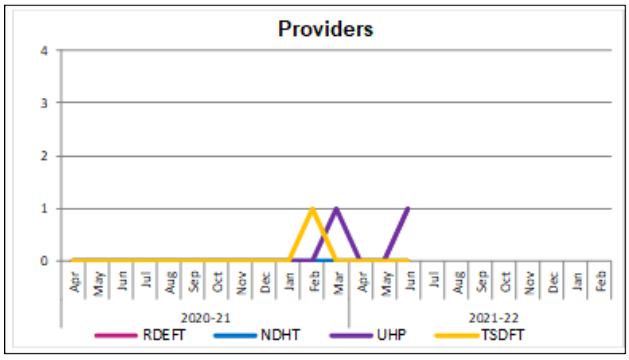
Performance Commentary

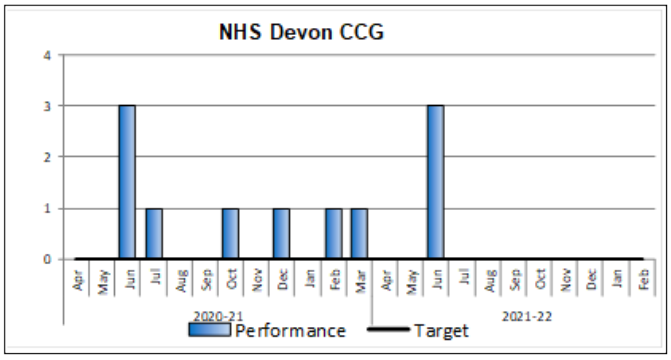
STP level performance remained static in May and there has been little change at CCG level over the past year. Nationally performance has been mapped to Local Authority areas which is showing that the lowest rates in Devon are seen in South Hams (41%), Mid Devon (51.1%) and Plymouth (55.2%). Conversely Exeter is at (67.8%), Torbay (67.1%) and East Devon at (63.7%).

MRSA breaches

Trust	Target	JUNE	2021/22
RDEFT	0	1	1
NDHT	0	0	0
UHP	0	1	1
TSDFT	0	0	0

CCG	Target	JUNE	2021/22
NHS Devon	0	3	6





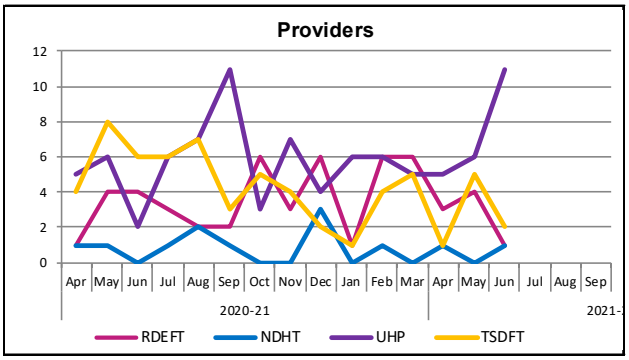
Performance Commentary

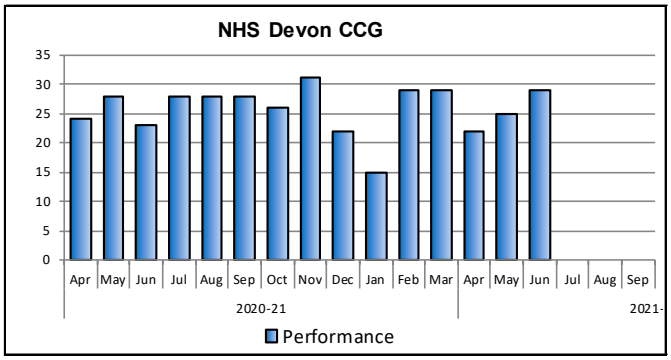
There have been 3 Healthcare Associated reported cases of MRSA in June for the CCG

C-diff breaches

Trust	Target	JUNE	2021/22
RDEFT	<31	1	30
NDHT	<9	1	6
UHP	<63	11	50
TSDFT	<36	2	24

CCG	Target	JUNE	2021/22
NHS Devon	<274	29	202





Performance Commentary

There were 15 C-Diff cases acquired within the Devon acute providers and 29 across the STP in June.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Primary Care Commissioning Committee (Public)

Date of Governing Body: 28th July 2021

Date of Committee covered in this report: 1st July 2021

(Minutes of this committee meetings to be available as an addendum

Chair's Name and Title: Judy Hargadon

Contact Details: judy.hargadon@nhs.net

Recommendations brought to Committee for approval or agreement

The Primary Care Strategy report: Regular review

It was noted that the Strategy metrics have been robustly scrutinised, by the Primary Care team, and updated for the year ahead to ensure alignment with the Primary Care Strategy. There has been a priority on making the measures quantifiable and measurable. There will be further development through the year as the scene changes. NHSE oversight indicators have now arrived, which map well with the Strategy to date.

The Committee approved the proposed metrics and the intention of reporting against these on a bi-monthly basis from September onwards.

Reports brought to Committee for information, review, discussion and to be noted

Finance Report The first report of the year details the financial position to the 31st May 2021. Three areas were highlighted:

1) The first half of the year will be delivering the current plan and is forecast as break even. It is not yet known what the second half funding allocation will be at this point.
2) Uplift comparisons, both between Devon and the rest of England and between Primary Care and Acute trusts, were made.
3) Prescribing funding maintains current levels of risk

The **Risk Report** noted that Mitigations have been added to the risk report and discussed at the meeting

The **Deputy Director's report** flagged the good news that guidance has been agreed in principle for the ADHD (Attention Deficit Hyperactivity Disorder) shared care workstream to go head.

The **NHSE Dentistry Briefing** was brought to the Committee by Tessa Fielding. The paper explained the aims of the Dental reform programme and highlighted that the particular issues faced in Devon Dentistry are

improving access for the population, prevention of dental problems, especially in children, and the recruitment and retention of dentists. **NHS Devon Clinical Commissioning Group Final Internal Audit Report for Primary Care Quality Assurance Arrangements.** The committee noted that all 14 of the original recommendations have been closed. There are more updates to be completed on SOPs, strengthening of ToRs and evidence for the use of the Quality dashboard which may be superseded by the transition into the Integrated Care System.
Recommendations for Governing Body
None
Recommendations for other Committees
None
Terms of Reference or other committee effectiveness issues
None

Management of Conflict of interests:

Conflicts of interest 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.

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

GOVERNING BODY

Report title: Committee Chair Report – Commissioning Committee

Date of Governing Body: Thursday 29th July 2021

Dates of Committees covered in this report: Thursday 8th July 2021 (Minutes of the committee meeting are to be available as an addendum)

Chair's Name and Title: Dr Claire Hooper, Strategic Lead for Planned Care

Presented by Dr Nick Kennedy, Independent Secondary Care Clinician

Contact Details: claire.hooper2@nhs.net / nick.kennedy3@nhs.net

Reports received and noted

Devon ICS Diagnostic Strategy
The Committee were provided with a brief update on the progress made to date with the imaging network. It was shared that there is a process underway to recruit to a clinical lead for the project and that an SRO has recently been assigned to this programme of work.

Risk Register Review Updates

The Committee endorsed the recommendations within the risk report to:

- **Support the risk coordinators to ensure all risks are recorded, updated, and have all the assurances, controls and mitigating actions recorded with regular reviews undertaken by all the teams.**
- **Identify any risks reporting to the Commissioning Committee that need to be added to the risk register or amended.**
- **Consider 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.**

Committee Decisions

Clinical Policy Committee Recommendations

- **Decision: The Committee approved in principle the recommendation made by CPC for Removal of Kidney Stones. The committee requested that due diligence took place on the numbers of cases, formal approval for the case will then be sought by email by the Committee.**
- **Decision: The Committee accepted the recommendation made by CPC for Fusion surgery for mechanical axial low back pain.**
- **Decision: The Committee accepted the recommendation made by CPC for arthroscopic surgery for meniscal tears.**

- **Decision: The Committee accepted the recommendation made by CPC for Lisdexamfetamine for attention deficit hyperactivity disorder (ADHD) in adults.**
- **Decision: The Committee accepted the recommendation made by CPC for Lixisenatide for the treatment of type 2 diabetes.**
- **Decision: The Committee noted and approved the Clinical Policy Committee Annual Report 2020-2021.**
- **Decision: The Committee noted and approved the Clinical Policy Engagement and Consultation (CPEC) Panel Annual Report.**

Plymouth City Council Children & Young People Bright Futures Strategy

The committee were provided with a Plymouth City Council Children & Young People Bright Futures Strategy. The strategy outlined the key priorities for Children and Young people in the Plymouth area, considering the Long-Term Plan and other areas of high attention such as Obesity and Asthma. It was also noted that the strategy is in line with our commissioning models and has strength-based approaches for Children with Autism, and disabilities. The Committee reviewed and endorsed the plan, as requested.

Diabetes Annual Delivery Plan

The Commissioning Committee were provided with an overview of the Diabetes Annual Plan that was submitted to NHSE at the end of June. The plan has a number of commitments and additionally plans to restore routine care and restoration, in light of the pandemic. The plan was split into three different areas: accessing MDT, inpatient nurses, and achievement of diabetes targets. The Commissioning Committee reviewed and endorsed the Annual Diabetes Plan 2021/22.

Transforming Care Partnership – test of change procurement – 6-month interim report

The Committee were provided with a 6-month interim report on the test of change procurement. It was noted that we have had succession in growing the market provision and have two new entrants, taking us up to 15 providers for the framework. We have also received useful feedback from the providers and have been able to adapt and change the way that we are working to better suit and help the market. The committee were presented with the two recommendations outlined below, both recommendations were approved:

- **Review the interim report and to approve an extension of the pilot term for a further 12 months to allow discharge pathway to be completed on the maximum number of placements to allow evaluation and analysis of new model.**
- **Approve expansion of the scope of the pilot to include children young people, provider collaborative secure cohort and complex individuals within Devon (LA funded).**

The committee requested that a further update is presented in February 2022 when the service has been underway for 1 year to review the data and effectiveness of the procurement.

Items of concern to be escalated to the Governing Body

None.

Recommendations for Governing Body
None.
Recommendations for other Committees
None.
Terms of Reference or other committee effectiveness issues
None.

Management of Conflict of interests:

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