PUBLIC - NHS Devon Clinical Commissioning Group (CCG) Governing Body

MS Teams - see formal invite for joining details

1 July 2021 14:00 - 1 July 2021 15:15

AGENDA

#	Description	Owner	Time
1	Patient Experience Verbal	Helen Hamilton, Community Coordinator South Hams Area Wellbeing (SHAW)	14:00
2	Welcome and apologies and questions from members of the public Verbal	Chair	14:20
3	Register of Interests (ROI) Paper DOI NHS Devon CCG Governing Body @ 15 June... 5	Chair	
4	Minutes of the last meeting and action log Paper 1 Draft Public GB minutes 27.05.2021.docx 10 Master Action Log - PUBLIC v3 nc.xlsx 18	Chair	
5	Schedule of what the Governing Body is to achieve at this meeting Paper Schedule of what GB is to achieve .docx 19	Chair	14:25
6	Chair's Report Paper 1 cover sheet chair's report.docx 21 2 Chairs Report June 2021.docx 23	Chair	14:30
7	Accountable Officer's Report Paper AO report July 1 v2.docx 25	Deputy CEO	

#	Description	Owner	Time
8	PROGRAMME OF WORKS - items for recommendation, decision and assurance		14:45
8.10	Pathology Collaboration Agreement Paper 1 Devon CCG Cover sheet Peninsula Collaboration... 32 2 Board paper - Pathology Network Board - Patholo... 35 3 Appendix 1 Peninsula Pathology Network Collabo... 38 4 Appendix 2 Service Delivery Network levels doc.d... 55	Strategic Planning Consultant	
8.20	Mental Health update Paper MHLDA CP Update Report May 2021 v2 edited.doc... 57	Director of Commissioning - out of hospital	
9	LOCAL CARE PARTNERSHIP (LCP) REPORTS Paper LCP Locality update Plymouth May 2021 DRAFT.d... 61 Locality Update (South) May 2021.docx 64 Locality Update - Eastern May-June 2021.docx 67 Northern Locality Update - May 2021.docx 70 Plymouth-West Devon Locality Report for GB - JUN... 74		15:00
10	ASSURANCE COMMITTEE CHAIRS' REPORTS including items of escalation Paper	Assurance Committee Chairs'	15:10
10.10	Finance and Performance Finance Committee Chair Report 1 July 2021 v1.d... 77		
10.20	Primary Care Commissioning Committee Chair Report -June 21 Public PCC +JH.... 79		
10.30	Commissioning June GB - Commissioning Committee Report 10.06... 81		

#	Description	Owner	Time
10.40	Quality [P] QAC Chair Report Part 1 17 June 2021.docx 84		

Declaration of Interests Register - NHS Devon Governing Body
Register updated and generated by the Governance Team - 15 June 2021

Register last updated 10 June 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) CCG Executive Team Meeting Member of Devon JCEG Commissioning Committee (CC DOI) Member of Audit Committee	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 Director for Lyme Disease Action Charity 08 March 2021 to 06 June 2021 Interim Company Secretary University Hospitals Plymouth NHS Trust		22/08/2017	26/11/2020	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 CCG 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 of Devon 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 of Devon 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 CCG 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	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	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 of Devon JCEG Commissioning Committee (CC DOI) 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)	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 CCG 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	Member of Governing Body CCG 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 CCG 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
	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) CCG Executive Team Meeting Senior Leadership Team (SLT) Working with Industry and Sponsorship Group System Restoration and Transformation Group Member of Strategic Commissioning Partnership	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 CCG Executive Team Senior Leadership Team (SLT) Attendee Audit Committee (Audit Committee) Finance and Performance Committee Commissioning Committee (CC DOI) Locality Care Partnership - West		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) CCG 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: 27 May 2021 Time: 11:00 – 13:00 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 Devon Clinical Commissioning Group (CCG) meeting which was held in public and reminded the members for discussions to be verbal and only to use the chat bar function if there was a need to draw the Chair's attention. **Patient experience** PJ was pleased to welcome Neomi Alam (NA), Director of Inclusive Exeter who was in attendance to share her experience in support of the vaccination programme. She said it had been a privilege working with the team in delivering vaccinations at the Exeter Mosque and noted that there have been discrepancies with statistics and the take up of the vaccinations in the BAME community. Hesitation in the BAME community remains and this was due to relationships with clinicians, anti-vaccination, and misinformation. The Exeter Mosque has supported and helped people by providing solid information, facts, and safety messages to the Muslim community. NA did point out that the Mosque was also open to the wider community for take up of the vaccine. NA described the logistical procedure required to deliver an operation such as this which was her first experience on a such a large scale and the learning from the first phase will support the second vaccinations due on or around the 21 July. NA re-emphasised that facts help informed decision making along with building up relationships, continuing with dialogue and conversations to break down barriers for people making the decision to take up the vaccine. PJ shared his experience when he recently visited the Mosque where he was made most welcome and had useful and engaging discussions with members of the Mosque. AM thanked NL for her help off in getting the vaccination programme at the Mosque off the ground and looked forward building on this and engage as a service on an on-going process. AD acknowledge the importance of getting information out to people and asked if it had been identified this would be done differently in the future. NA responded and described the make-up of the Muslim communities and how they access information and highlighted mis-information on digital platforms.	

	NA added that most people are happy to ask GPs about vaccinations but there should be further exploration around other means of accessing information and messaging to people of all demographics, age and colour. PJ wished NA well as she was moving away from Exeter and thanked her for what she has started in Exeter and that we would build on that for the future.	
2	**Welcome and Apologies** PJ welcomed everyone to the busines section of the meeting, and the following apologies were recorded for: Charlotte Burrows Dame Suzi Leather Steve Brown Ruth Harrell – Sarah Lees deputy PJ gave a warm welcome to Ann James, CEO and Jo Beer, Director of Integrated Care Partnerships, University Hospitals Plymouth to the meeting who were in attendance for item 8	
3	**Register of Interest (ROI)** PJ referred to the ROI included in the pack. GApp noted that she was no longer an employee of Northern Devon Healthcare Trust. There were no other declarations or amendments made. There were no other conflicts of interests declared pertaining to the agenda items scheduled for this meeting. **The Governing Body received and noted the ROI and declarations made.**	
4	**Minutes of the last meeting** PJ led a page by page review of the minutes of the last meeting held on 29 April 2021. These were approved as a true and accurate record of the meeting. **Action Log** 1. This action was in progress and agreed for formal closure. 2. This action was in progress and a briefing paper on the promotion of volunteers to be brought to the Governing Body in July. This has been added to the forward planner and it was agreed for formal closure of this action. 3. This action was completed and agreed for formal closure 4. This action was completed and formally closed 5. This action was completed and formally closed.	
5	**Schedule of what the Governing Body is to achieve** PJ drew the members attention to the main items of focus for this meeting which included: • The Integrated Care Proposal • The recommendations from the BAME review • Focus on the Plymouth locality local care partnership (LCP)	

6	**Chair's report** PJ did not propose to go into his report in detail but highlighted the opportunity and support for the transition period. He acknowledged and understood the importance of clinical leadership and that we must build on this to ensure we maintain, improve, and diversify that. **The Governing Body received and noted the contents of the Chair's report.**	
7	**Accountable officer's report** JM directed the members to her report and noted the accelerator programme funding and section 6 reaching out to communities to understand peoples use of services given pressures and we will use the intelligence to adapt services. The ICS development process continues and she mentioned that we are still waiting for further information which was due in early June. JM added that we are factoring in all needs from across the system. JM noted that she was keen to work with the new CEO of the NHS following Sir Simon Stevens departure to ensure that we get Devon on the map. NB asked about the orthopaedic consultant workforce and the increased activity for the Nightingale (NGE) Exeter. JF confirmed there was no risk and that there was a programme of work to recruit staff to the NGE. GT was encouraged with the progress made around equality and diversity and JM confirmed we are looking at disability issues and this will be part of the work of the staff partnership forum as part of the inclusion approach across the CCG and ICS. JWo referred to section 5 and virtual voices and did this group have a blend of ethnic heritage groups as part of the panel. AM was pleased to confirm this was the case and the virtual voices panel were available to support local care partnerships (LCPs) to engage with communities. **The Governing Body received and noted the contents of the Accountable Officer's report.**	
8	**Integrated Care Partnership (ICP) – contract award Western Devon** *Sonja Manton (SMa), Ann James (AJ), Jo Beer (JB), Michelle Thomas (MT), Anna Coles joined the meeting* JT thanked the guests for joining this meeting and for their leadership shown in developing this proposal and the significant hard work that had been undertaken. JT reminded the members of the journey and strategic direction of vertical integration which will mean that we will commission differently than before by moving from tradition collaboration and focus on outcomes collectively. JT shared her screen and displayed a power point presentation She highlighted what would be covered and talked about what the difference the ICP model of care will make. She handed over to SMa who talked through the specifics for patients.	

SMa referred to a picture of the model and talked about how they will access care and a different way of working. She described in detail the priorities for year 1 including what it will look like and how it will feel. SMa drew attention to the system working in transformation delivery and the system performance improvement framework.

SMa noted that a lot of thought about relationships and learning from the pandemic had been included in the process and how we can truly work together. For this year given the challenges bespoke arrangements were put in place do share intelligence and identify risks.

JT guided the Governing Body to the recommendations and PJ asked the Governing Body to consider the risk and ask they are satisfied with the mitigations and whether they agreed with the contractual arrangements and governance to support this.

Feedback was offered and included:

- JH liked the importance of the executive group focus on issues in the early period and JT confirmed there was an agreement to work collectively early on to tackle challenges and was confident that the partners would work together to achieve that.
- JT confirmed that advise from the lawyers had been considered and the risk register mitigation had been agreed by the CCG partners and was confident that the mitigation process and governance set up would continue.
- JH raised concern around whether prevention services applied to all residents the outline scope of complex needs such as mental health services, learning disability, autism. AC explained the wellbeing provision and collaborative joint work of University Hospitals Plymouth (UHP) and Livewell Southwest which will be embedded into the wider community support to deliver. She also described the scope of the contract.
- DG noted the new model of care was not new and was an integration journey we had been on for a long time and ask we pull all existing work together
- JT described the process to date including the process with NHSE/I and scrutiny relating to risks. NB provided some examples including additional legal advice around the timescales.
- NB wanted it placed on record that JT, SMa, and AC had worked hard on the ICP procurement and this was a good result for Plymouth and the rest of Devon.
- It was confirmed that ICP risk log post mitigation rag rating was on track and satisfactory
- SK queried whether there was a contingency relating to provider landscape changes. JT responded to acknowledge that not all primary care problems in Plymouth can be solved but the strategy would impact and give focus in support of patients at the highest risk and embedding population health management will help support general practice.
- A local communications approach will be developed to support the signposting the members of the public to alternative services that that can access.
- SMc informed the Governing Body (as a member of the QEIA panel) that quality and equality impacts assessments for all workstreams were planned to be undertaken to address inequalities.
-

PJ summarised and added that a significant amount of work had gone into this programme of work and there had been a robust assurance process along the way and gave recognition to the relationships and transparency.

The Governing Body:

	• **Reflected on the strategic risks that have been considered and mitigated through this process, particularly in relation to capacity and capability to deliver the contract, contingencies for provider landscape change and partnership working arrangements,** • **Reflected on the transformation benefits and delivery plans,** • **Reflected on the contractual terms and governance arrangements to support this** • **Unanimously approved the Integrated Care Partnership procurement subject to approval by Plymouth City Council's Executive as the associated commissioner with statutory responsibility for adult social care. There were no votes against or abstentions.** PJ added this was a resounding vote of confidence with regards to the word that has been done and the plans and opportunities that will open for Plymouth and the Governing Body was excited too see what comes of this.	
9	**Understanding the experiences of health and care in Devon for BAME communities and staff: Final report and proposed implementation plan** AM referred to the commissioned report and heritage ethnicities. He felt it was important to highlight there was more work to do in Devon for staff and service users. He drew attention to the report that heritage ethnicity has worse experiences and staff are underrepresented at senior level in the organisation and added that as an organisation we do take gender seriously. He mentioned that there had been a numbers of reports in the past and not much has changed and that we are determined to work closely with Lincoln Sargeant (LS) on the inequalities framework to help us identify actions to progress as a system. This final report in the pack had been reviewed in detail in early May and approved by the inequalities group and we have now begun to share the findings of the report to all of those involved. The next step is to plan to publish the report once when it has been approved by the Governing Body and this will be accompanied with a short film that will bring to life experiences people have faced and will also be available in all accessible formats. AM added that there will also further work with local influencers in the community hubs to further build upon relationships. LS referred to the national principles as well as our local principles which will be equally applied to improve access and experience for everyone and all our population. He noted that we will ensure that we capture data and ensure this is reflected to the front line. LS pointed at that staff are important ambassadors to influence families and communities. Feedback was offered: • The report was commended. • JH queried the reference to provider HR responsible for improving staff experience and AM confirmed that this should also include the CCG	

	• Assurance was given by AM that the report would be available in all accessible formats including different languages and audio. • GS confirmed each provider is supportive and committed to the recommendations and the executive leads will meet on a bi-monthly basis to monitor uptake and progress • AD asked about the plans for senior level representatives from heritage minorities and AM acknowledged this was a CCG objective to make sure our workforce is more diverse, and we are trying to encourage all range of backgrounds to join our organisation **The Governing Body:** • **Considered the full report and recommendations** • **Approved the allocation of the recommendations** • **The CCG was committed to fulfill all actions they have been assigned and the wider system actions** • **Looked forward to seeing outputs of work because of this review** • **Noted that a health inequalities progress update would be brought back to the Governing Body in February 2022. *Post meeting update this has been added to the forward planner.***	
10	**Local care partnership reports** Northern There was nothing further to add to this report. Eastern There was nothing further to add to this report. Southern There was nothing further to add to this report. Western There was nothing further to add to this report. Deep Dive – Plymouth AC not it was important to recognise that the LCP relationship between Plymouth and West Devon is critical to ensure Primary Care Networks face both PCNs collaborative to address the needs of the resident population. It is hoped there will be opportunities for improvement once rather than separately out of LCP arrangements. There is work in progress and AC acknowledged that we may not get right, but that we are work with PCNs who are keen for collaboration. AC referred to paper and the priority areas on166 and that Plymouth and Western are challenged in the urgent and emergency care and that there has been collective agreement on a range of activities for change. It is believed that the Integrated Care Partnership transformation will provide the key foundations for change across system, whether managing demand or wrap around support. The six programmes of work and key areas include: 1. Compassionate City 2. Primary Care 3. Community empowerment 4. CYP agenda	

	5. Homelessness prevention 6. Integrated care agenda AC was please to report that there is good partnership working in place and a good foundation to take forward priority areas for the future. GT wondered if the changed political administration recognise and have signed up to the plan. AC replied to say that it is not unusual in Plymouth City for changes in administration and explained how we will engage with both political parties and she was confident that the priorities set out are aligned with the new administration and right for the City of Plymouth. She added that there was early engagement around the Plymouth plan which was broadly support and the health and wellbeing agenda had been aligned to the ambition. JWo asked about the community empowerment programme and AC described the opportunities that have been taken to join together wellbeing facilities together which has shown a real sense of community ownership and there is continued work building up relationships, hubs and PCNs co designed by the community. SK was impressed with the tangible indicators and evidence of integrated ways of working developing in LCPs and how this can be used to learn from each other. AC referred to the appointment of the locality directors given this action to provide support and it will be there responsibility to share best practice from all areas across Devon how we are learning and innovating together. PJ thanked AC for providing this update to the Governing Body. **The Governing Body received and noted the contents**	
11	**Assurance committee chair's reports** <u>Finance</u> There was nothing further to add to this report. <u>Primary Care</u> There was nothing further to add to this report. <u>Commissioning</u> There was nothing further to add to this report. <u>Quality Assurance</u> There was nothing further to add to this report.	
12	**Reflections:** This item was not discussed.	
13	**Any other business**	
14	**The meeting closed at 13:15**	

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) **	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) **	Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG)
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Finn (JF) **	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) **	Non-Executive Director/ Lay Member – Primary Care
Lincoln Sargeant (LS) **	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) A	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) A	Director of Public Health, Devon County Council
In Attendance	
Sonja Manton – Dr (SMa) ** –**Item**	Executive Director and SRO for Integrated Care Partnership (Western Devon), Devon CCG
Nikki Coombes (NC) ** **Minute Taker**	Executive Assistant, Devon CCG
Dame Suzi Leather (DSL) A	Chair of the Integrated Care System for Devon (ICSD)
Anna Coles (AC) ** **item**	Service Director of Integrated Commissioning. Plymouth City Council (PCC)
Ann James (AJ) ** **item**	Chief Executive Officer, University Hospitals Plymouth
Jo Beer (JB) ** **item**	Chief Operating Officer, University Hospitals Plymouth
Michelle Thomas (MT) ** **item**	Interim Chief Executive Officer, Livewell Southwest
Sarah Lees (SL) ** ***for Ruth Harrell***	Consultant in Public Health, Plymouth City Council
Minutes approved | Date:	Signed by chair:

	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	29/04/2021	New action to be opened feedback and learning from the patient experience/ story re volunteers for the vaccination programme.	27-May-21	Chair/all						**OPEN**
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: Schedule of what the Governing Body is to achieve at this meeting				
Date of committee: 01 July 2021 **Date report produced: 24 June 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:** 24 June 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 Governing Body is asked to:

- **Receive and note** the contents of the Chair's Report
- **Receive and note** the contents of the Accountable Officer's Report
- **To note the ambition** for Pathology Network development including the Network Boards' approval of the Collaboration Agreement.
- **Receive and note** the contents of the Mental Health, Learning Disabilities and Autism Care Partnership – update report
- **Receive and note** the contents of the Local Care Partnership (LCP) Reports and **participate** in the discussions with regards to the deep dive of the Plymouth locality
- **Receive and note** the contents of the Assurance Committee Chair's Reports and **consider and approve** recommendations made to the Governing Body

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.
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

Report title: Chair's Report				
Date of committee: 1 July 2021 **Date report produced: 24 June 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
- University Hospitals Plymouth Visit
- Devon ICS Governance
- ICS Clinical Leadership
- Primary Care
- Rob Dyer

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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 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		√

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NHS
Devon
Clinical Commissioning Group

GOVERNING BODY – CHAIRS REPORT

1. Introduction

2021/22 feels very much like a transition year. Transition from the emergency function of managing the NHS response to the pandemic and the financial support that enabled that response to a return of focus on non-Covid emergency and elective care, primary care pressures and the resourcing challenges that we will continue to have to work to. And transition from our current organizational form to an Integrated Care System (ICS) and transition of CCG functions into the ICS.

One of the key benefits of CCGs has been the development of clinical leadership and this is one of the many elements of how we have functioned as a CCG that we need to keep and build on in this transition to ICS. I am pleased to have been offered the opportunity to lead this, having been asked to take on the role of ICS Medical Director (whilst also remaining as the Clinical Chair of the CCG) on an interim basis with one of the key responsibilities being establishing the clinical leadership model for the ICS. My thanks to Nick Ball, Vice Chair, who is supporting me taking on this role.

2. University Hospitals Plymouth Visit

On 1 June I visited Derriford Hospital with Darryn Allcorn (Chief Nursing Officer) and Sheila Roberts (Chief Operating Officer) with a focus on the non-elective activity and processes within the organisation. Despite significant pressures on all aspects of their emergency services and acknowledging there is much to do both in and out of hospital, I was struck by the hard work and remarkable resilience of many of the front line staff I met.

3. Devon ICS Governance

The National Design Framework for ICSs has now been released (https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf) which gives us more details on how we need to organize ourselves as an integrated care system. Much of this is in line with what Suzi Leather has been leading us through in the ICS Governance Task and Finish Group.

4. ICS Clinical Leadership

Work continues on developing the ICS clinical leadership. I attended the Devon AHP Council on 7 June – a select but enthusiastic and diverse group of leaders who I will continue to work with to ensure we build and diversify our clinical and professional leadership.

I meet regularly with the Provider Medical Directors - they are keen to be involved in system wide leadership and I am working to develop this with them and the Provider Chief Executives.

Clinical and Professional Cabinet continues to meet (last meeting 10 June) and will be a key mechanism for providing the collective clinical and professional voice, assurance and strategic input.

5. Primary Care

Our GP colleagues have throughout the pandemic risen to the challenge, adapted to new ways of working and been key in our vaccination programme success. And through all of that have continued to provide the clinical care their patients need. Both Jane and I recognise this effort and earlier in the month wrote to our patients in support of our GP practices (click here for open letter) and my thanks to Keri Ross who has developed a programme of communications and toolkits to support practices.

Nikki Kanani (NHS England Medical Director for Primary Care) will be visiting Devon in the Autumn. She initially was due to visit in March 2020 but due to the pandemic this became a virtual visit in October 2020. Alex Degan, Devon ICS Primary Care Medical Director, has agreed for Nikki to come and visit this Autumn and will be using this as an opportunity to share much of the excellent work that is happening within our Primary Care Networks.

6. Rob Dyer

Finally, I would like to thank Rob Dyer for all he has achieved in his role as STP / ICS Medical Director for the past three and half years. Rob is due to retire at the end of this month. During his tenure he has provided clinical leadership throughout many challenges as we have developed from an STP to an ICS and how we have adapted and responded to Covid – his work on the Nightingale Hospital will be one of his many legacies. He has brought the senior clinicians together across the system helping us to think differently and collectively with honesty, integrity and sensitivity. I wish Rob all the best with his next adventure.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Accountable officer report				
Date of committee: 1 July 2021 **Date report produced:** 24 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:** 24 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 update**
3. **Frontline**
4. **Supporting our clinical colleagues**
5. **Putting Devon on the map**
6. **Annual General Meeting**
7. **Working with staff on future workplace**
8. **Importance of supporting everyone**

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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

Development of the ICS is gaining pace with local involvement of the wider NHS, CCG, Local Authority and other stakeholders planned. This builds on the Governing Body session we had earlier this month.

We've also begun early conversations with staff in the CCG. Latest guidance makes it clear that all but board level staff will be given a continuing employment commitment during transition to the new structures. Obviously, this is good news and will make conversations we have with staff all the more positive and productive.

It's really important to me that people responsible for planning and running the services are involved at this early stage – and throughout.

Simon Tapley is leading this work and workstreams are being set up to manage all aspects of the ICS development and the closedown of the CCG. Clearly, with the legislation underpinning the changes expected to pass through Parliament only slightly ahead or alongside the transition itself, it is vitally important that our process is tight.

Earlier this month we received the latest guidance from NHSE/I on the design framework for the ICS and we are working through this – and feeding back on early drafts of subsequent guidance due for publication.

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

2. Vaccination and COVID-19 update

The vaccination programme continues at pace. People who are 18 and over are now eligible to book and from everything I've seen, they are taking it up very quickly.

I was lucky enough a couple of weeks ago to visit the vaccination centre at Greendale Business Park – and its accompanying drive-in, just outside Exeter.

It was great to see vaccinations going into so many grateful arms and to hear from some of the teams involved in what is a very impressive operation.

My thanks to Leigh Mansfield from the RD&E for showing me around and the many volunteers helping out there – and also the Greendale Group, who have gone above and beyond to ensure things run as smoothly as possible.

It is an excellent example of partnership working and what can be achieved when we have the chance to work in a different way.

At time of writing, more than 802,450 people in Devon have received a first vaccine dose while 625,312 second doses have been given. In total 1,427,762 doses were given. This means 80 per cent of adults have had their first dose and 90 per cent of people aged over 55 having had both doses. Put another way, it means 20 per cent of people in Devon have still not had a first dose.

It is vitally important that people are vaccinated. I cannot say this strongly enough.

The more transmissible Delta strain is not the dominant variant in Devon just yet, but it is very likely to become so, just as it is already in many parts of the country.

You may have heard or read that appointments for a second dose of the COVID-19 vaccine are being brought forward from 12 to 8 weeks for the remaining people in cohort 10 (people in their 40s) to ensure priority groups have the strongest possible protection from the Delta variant of the virus at the earliest opportunity possible. Let's hope we can reach as many people as possible in the shortest possible time.

We recently launched a walk-in vaccination service so that people don't even have to book. There are spare slots and all people have to do is turn up. I urge those who haven't been vaccinated yet to take this option up. Full details are on our website.

You will also be aware that Prime Minister Boris Johnson has announced a delay of up to four weeks to the easing of coronavirus restrictions planned for Monday 21 June. Current restrictions, with a few exceptions, remain in place and you should follow the guidance on what you can and cannot do until Monday 19 July 2021.

Again, as of writing, the weekly COVID case rate in Devon is 16 cases per 100,000. It was seven per 100,000 the week before. Case rates are currently highest and increasing most rapidly in those aged 20 to 39 years old.

Finally, on COVID-related issues, I wanted to recognise once more the efforts that our county is making – clinicians, staff and public.

My thanks, as always, to everyone involved in the Devon programme, but also to the public for continuing to do their bit, following social distancing rules and washing their hands regularly.

And if you know someone who hasn't had their vaccine for some reason, please do all you can to direct them to reliable information such as that on the NHS website.

3. Frontline

I continue to do all I can to find out as much as I can, in person, about frontline services. Obviously, I receive lots of reports and papers about services but there's nothing like seeing it for yourself. This is why I have set up a series of COVID-secure visits to our GP practices, acute hospitals and mental health services.

As well as visiting the vaccination centre (see above), I also managed a visit to Devon Doctors to talk with clinicians and staff dealing with 111 calls, United Hospitals Plymouth and Devon's newest hospital, Nightingale Exeter.

I am planning more in the months to come as it helps me to really understand the thoughts of those who run the services.

Thank you to everyone I have spoken to during these visits. Your insights have been invaluable.

4. Supporting our clinical colleagues

As we emerge from the latest wave of the pandemic, as in the rest of the country, the system as a whole has been extremely busy. We've seen levels of attendance for urgent care services in Summer that are more common as we approach Winter.
The most obvious manifestation of the pressure is often in our emergency departments and GP practices but we have also seen increases in demands for community and mental health services – and of course, waiting lists for non-urgent treatment.
This has obviously given our management calls additional impetus and we've been working very closely with our partners in acute, community and mental health to manage this pressure together.
Our staff and clinicians, social workers and Local Authorities have done, and this is no understatement, a truly amazing job during an pandemic that has caused the most sustained period of pressure I have known during my time working in the NHS.
Such is the additional pressure on our GPs that I joined our clinical chair, Dr Paul Johnson, to write an open letter to the people of Devon earlier this month.
In this I said that GP practices had worked incredibly hard to support the health and care needs of our local communities, providing face-to-face, telephone and online support to patients while also running many of the vaccination programmes.
We pointed out that many people had delayed contacting their GP about their healthcare needs during the pandemic because they didn't want to put pressure on vital services, or were concerned about accessing healthcare, but that right now GP practices were busier than ever.
During the pandemic across the county of Devon there have been:

- 4 million face to face appointments in general practice over the last year
- 2 million telephone consultations
- 500,000 online consultations

As a NHS and care system we continue to do all we can to ensure patients and service users get the care and support they need and I want to acknowledge how grateful we are to every clinician, every member of social services, every NHS staff member and indeed every volunteer. You make us all extremely proud. Thank you.

5. Putting Devon on the map

I am lucky enough on occasion to be asked to speak at conferences. This is always a privilege for me personally and I enjoy the process very much. It also allows me to catch up on the latest national thinking. But perhaps the biggest plus to come from these sessions, is that I am able to advance issues close to my heart.

Chief among these is of course Devon and although I am a relative newcomer to the county, I am a returner having spent many happy years here when I was a young physio in the NHS.

This month I was fortunate to be asked to speak at the NHS Confederation conference about the importance of clinical leadership in the 'new world' of ICSs.

It was a good session and as well as my own I was able to weave in the thoughts of colleagues I had spoken to in Devon from a range of professions, including allied health professionals, GPs and nurses.

I have been asked to speak in September at the Health Service Journal's Integrated Care Summit too, which I am very much looking forward to as it will be another opportunity to promote Devon and its thinking.

I know that my CEO, managerial and clinical colleagues also occasionally take up speaking opportunities and I think it's a great way of putting Devon firmly and squarely on the map.

Having been here now for a few months it's clear to me that we have a great deal to celebrate.

6. Annual General Meeting

This year's NHS Devon Clinical Commissioning Group AGM take place on Thursday 1 July from 6pm-7pm.
Due to coronavirus, the event will be broadcast once again online only, where viewers will be able watch the event and post questions in real time. A recording will be published after the event for those who were unable to attend.
The AGM is an opportunity to showcase some of the significant achievements we have made over the last 12 months, including how we have been responding to the coronavirus outbreak.
We'll also take a look at our future plans.
I hope very much people will be able to join. Full details are available on our website.

7. Working with staff on workplace arrangements

It's clear that working at home will continue to be the norm for many organisations – and certainly, at least for office-based staff, we are no exception. But it's important that we get the balance of home and office working right so that everyone feels supported and able to work in a way that suits their needs and the needs of their team and our organisation.

With this in mind a group led by Simon Tapley and Andrew Millward with staff and members of the Staff Partnership Forum – has been meeting to plan how we will work over the next 6-12 months, whether that's at home or in the office.

The group has agreed some principles of how we might work in the office (when it is safe to do so) and at home and has produced a survey to understand people's experiences of working at home and preferences as to where and how teams would like to work over the next 6-12 months.

If the government do signal a return to offices we will manage this having listened to how colleagues and teams want to work in future.

8. Importance of supporting everyone

You may know that June is Pride Month. It celebrates lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people and communities – and I am proud to support it.

We recognise the diversity of the LGBTQI+ community, and we are committed to providing an inclusive culture where everyone feels safe to be themselves.

My thanks to the 100 or so staff who took part in our recent LGBTQ+ survey - and those who attended the focus groups. Feedback from this will be used to make the organisation a place where everyone – whatever sexuality or gender – can flourish.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Peninsula Pathology Network Development				
Date of committee: 01 July 2021 **Date report produced: 07 June 2021**				
Author (s) Name and Title: **Claire Higdon, Strategic Planning Consultant** (claire.higdon1@nhs.net)		**Supporting Executive:** **Name and Title:** Ann James, Chair of Network **Contact Details:** **Report Approved by: Ann James** **Name and Title:** Ann James, Chair of Network **Date 07 June 2021**		
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 from the Peninsula Pathology Network Board is for Trust Boards to be submitted alongside the Collaboration Agreement. This paper sets out the maturity levels for network development and plots the network ambition over a timeline and the actions required to achieve this. This will provide the requisite confirmation for NHSEI as and when funding is allocated for network development.

An external review of Pathology was commissioned in February 2020 to test out the ambition of the network and make recommendations for improvement. The outcome from the external review with its recommendations has been shared in previous Board papers.

There is consensus across partners that the network should continue at a Peninsula level and at this stage operate at Level one. The development of the Collaborative Agreement is seen to be a critical component to confirm the shared ambition to work together to provide a consistently high quality clinical service.

The Collaboration Agreement describes the following strategic objectives to be delivered by the Network:-

Objective one – Establish Governance framework based on Clinical Effectiveness and resource the Clinical Effectiveness Group so it can be successful in driving a quality service judged on whole system impact and outcomes for patients;

Objective two – support the establishment of three service providers; South, East and North Devon (SEND), Plymouth and Cornwall ensuring that these pathology services meet the present and future health/service needs

of both their local and peninsula wide population in accordance with the commissioning intentions and ambitions;

Objective three – to provide mutual aid support to ensure business continuity and resilience ensuring continuing service delivery during normal operations and in times of crisis;

Objective four – support service providers in developing workforce plans, which may include working between organisations, to optimise the use of existing personnel, harmonise work practices, create attractive work roles to retain and attract new staff to deliver sustainability of services;

Objective five - influence wider south west region to agree a high level strategy for progressing pathology IT in the peninsula, as part of requirement to deliver seamless access to patient results; agree plan to maximise interoperability and interconnectivity between systems to allow for the easy and safe transfer of work where required.

It also describes the overarching governance processes for the Network. Overall, the Collaboration Agreement seeks to provide clearer structure, agreed principles and functions of the network.

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 Collaboration Agreement was approved by the Pathology Network on 28th April with aim of going to Trust Boards in May and June. The new governance is aimed to be in place for 1st July 2021.

It was agreed by the Devon and Cornwall STP CEOs that the Collaboration Agreement would need to go to Trust Boards for information. Within this document, they would be expecting to see the underpinning infrastructure in terms of governance and initial work programme.

Key recommendations and actions requested:

To note the ambition for Pathology Network development including the Network Boards' approval of the Collaboration Agreement.

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

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.

Background

The initial recommendation from NHSE, set out in 2016/17, was for the set-up of 29 pathology networks across England, in order to reduce unwarranted variation, improve the efficiency of resource utilisation and additionally, generate financial savings of around £4m. The NHSE proposed South 1 network includes all five acute hospitals covering the population of Devon, Cornwall and the Isles of Scilly.

Strategic Context

At this stage each of the five Trusts have their own Trust Boards. However, Northern Devon Healthcare is planned to merge with Royal Devon & Exeter Healthcare NHS FT with effect from 1st April 2022 and already shares a joint Executive Team. A further alliance including these two Trusts with Torbay and South Devon NHS FT has also been agreed known as South, East and North Devon Alliance (SEND). It is on this footprint that Pathology services will be developed for those three Trusts. Plymouth and Cornwall will be the other two service footprints.

External review

An external review was commissioned in February 2020 to test out the ambition of the network, especially in terms of the proposed models, look at the governance and advise on appropriate leadership structures. When presented to this Network Board, the external review outcomes were generally welcomed and the six main 'principles' were accepted summarised below:

1. Trusts should commit to Pathology Transformation and support the integration of pathology across the Peninsula.
2. A staged transformation with a revamped Pathology Network Board mandated to deliver progressive centralisation of laboratory services initially with 3 hubs
3. Establish a clear vision for financial and service sustainability.
4. Trusts and commissioners empower the Pathology Network Board. The needs of patients for access to high quality, sustainable services should have precedence over all other issues.
5. A focus on the vision and key drivers for change.
6. The Pathology Network Board is mandated to deliver seamless access to patient results.

There was, however, a wide-ranging discussion in terms of the evidence base for some of the findings and this provided more evidence that the proposed service model to support the clinical vision as outlined in the SOC needs to be revisited, hence the agreement to draft a Collaboration Agreement.

Collaboration Agreement

A Collaboration Agreement (**Appendix 1**) has been developed to describe the relationship of the five Trusts and how their Pathology Services will work together collaboratively to provide a high quality service to primary and secondary care clinician users and their patients.

In the absence of formal NHSEI guidance, the Pathology Network, under the governance umbrella of the Peninsula Partnership Board, will observe the Clinical Service Delivery Network Levels and will operate at Level 1 – Service Quality and Effectiveness Network. At this stage, this will enable a focus on the quality of service to the user/patient and investment in clinical effectiveness for each Party as a Service Provider working to five strategic objectives, summarised as follows:-

1. Establish Governance framework based on Clinical Effectiveness
2. Support the establishment of three service providers; South, East and North Devon (SEND), Plymouth and Cornwall
3. Ensure business continuity and resilience
4. Develop workforce plans to deliver sustainability of services
5. Influence wider south west region to agree a high level strategy for progressing pathology IT

Work programme

The agreement describes a work programme and three 'First order priorities':-

1. New laboratory build at Treliske
2. SEND provider development
3. New laboratory provision for Plymouth

These are incorporated into the Work programme as each of the above three developments are significant programmes which the Network would wish to have visibility of and the opportunity to influence and gain peninsula wide benefits wherever appropriate.

The other main work programme priority will be the work progressed by the Clinical Effectiveness Group and the Operational Delivery Group including consolidation of test provision, alignment of test profiles and delivering quality improvements outlined by GIRFT.

Network development

Appendix 2 describes the levels of Network Development as drafted for the Peninsula Clinical Service Delivery networks. Pathology is already recognised as one of these for the Peninsula and by virtue of the Collaboration Agreement is confirming its position at Level One at this point in time.

Level one is described as a 'Service Quality and Effectiveness Network' which accurate reflects the initial ambition of all Parties to the Collaboration Agreement. Over time, it is anticipated that through the successful working of the Clinical Effectiveness Group, that parties will look to strengthen the network with cross-site delivery of all or some provision of service. This reflects a Level two network and would be appropriate where there are services where one or more Trusts do not have the capacity or capability (workforce, infrastructure, etc) needed to deliver that service to the standards required and may have to contract with another Trust to secure that capacity for part or all of the service that they are

commissioned to deliver. This may require workforce to travel to provide the service on another site, or patients to travel to another hospital to receive the service.

Resourcing the Network

Where the work is on a Network footprint, such as Clinical Effectiveness, funding will be required to support network resources to progress the work. NHSEI Network Development funding is expected but should that not be forthcoming, the expectation is that each of the Trusts contribute to a centrally held fund to support the following needs:-

- Resourcing clinical effectiveness
- Digital Histopathology – project management
- Network wide roles to support the Board's work and sub groups
- Digital development

If NHSEI funding is made available, in addition to the needs outlined above, any remaining funding could be used to support the programmes of work within SEND, UHP, RCHT. Eg corporate service time limited posts to support service changes.

Notwithstanding the expectation of NHSEI funding, wherever possible, the Trusts are encouraged to service the work programme by providing people and agreeing to fund additional people for the purpose of achieving the Network ambition. Contributions to date for this specific purpose have been £35k per party and it is anticipated that a higher level of investment will be required to further the work of the Network as well as the deliverables in Schedule one, hence the reliance on NHSEI funding. As is currently the case, the budget will be held by one Trust on behalf of the Network (UHP).

COLLABORATION AGREEMENT

between

NORTHERN DEVON HEALTHCARE NHS TRUST

and

ROYAL CORNWALL HOSPITALS NHS TRUST

and

ROYAL DEVON AND EXETER HEALTHCARE NHS FOUNDATION TRUST

and

TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

and

UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST

COLLABORATION AGREEMENT

between

NORTHERN DEVON HEALTHCARE NHS TRUST, an NHS provider under CQC registration number xxxxxx, and having its main administrative offices at North Devon District Hospital, Raleigh Park, Barnstaple, Devon EX31 4JB

and
ROYAL CORNWALL HOSPITALS NHS TRUST, an NHS provider under CQC registration number xxxxxx] and having its main administrative offices at Bedruthan House, Treliske Hospital, Truro, Cornwall TR1 3LQ

and

ROYAL DEVON AND EXETER HEALTHCARE NHS FOUNDATION TRUST, an NHS provider under CQC registration number xxxxxxxxx, and having its main administrative offices at Wonford Hospital, Barrack Road, Exeter EX2 5DW

and

TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST, an NHS provider under CQC registration number xxxxxxx,], and having its main administrative offices at Hengrave House, Torbay Hospital, Newton Road, Torquay, Devon TQ2 7AA

and

UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST, an NHS provider under CQC registration number xxxx, and having its main administrative offices at Derriford Hospital, Derriford Road, Plymouth, Devon PL6 8DH

For the purposes of this agreement, Northern Devon Healthcare NHS Trust, Royal Devon and Exeter Healthcare NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust have established an alliance known as South East and North Devon (SEND). This will be considered to be one of the "Parties"

Therefore, each of the following will be a 'Party':-

1. South East and North Devon (SEND)
2. Royal Cornwall Hospitals NHS Trust (RCHT)
3. University Hospitals Plymouth NHS Trust (UHP)

hereinafter referred to collectively as the "Parties"

For the purposes of this agreement, **Pathology** includes the departments of Clinical Microbiology, Cellular Pathology[1], Blood Sciences[2] including Clinical Chemistry, Immunology, Haematology, Blood Transfusion services, Point of care testing, IT, where it is pathology specific and not part of corporate IT systems, Mortuary and all of the pathology support services. *Where services such as genetics services are nationally commissioned and organised, these are not in scope.*

[1] To include Neuropathology
[2] To include Histocompatibility and Immunogenetics

Purpose

The “Parties” to this Agreement wish to collaborate and enter into a mutually beneficial provider relationship to accomplish the most clinically effective, efficient and sustainable service delivery model for a pathology network across Devon, Cornwall and the Isles of Scilly.

NHS England/Improvement has announced its intention to make funding available to support pathology network development, subject to parties entering into an agreement governing their collaboration. This Agreement governs the parties’ collaboration in relation to that network.

In the absence of formal NHSEI guidance, the Pathology Network, under the governance umbrella of the Peninsula Partnership Board, will observe the Clinical Service Delivery Network Levels and will operate at Level 1 – Service Quality and Effectiveness Network. This will enable a focus on the quality of service to the user/patient and investment in clinical effectiveness for each Party as a Service Provider.

The “Parties” wish to collaborate to support the transformation of pathology across the Peninsula. This to be a staged transformation with the latter mentioned Pathology Network Board playing a key role in supporting the three service providers in their development of laboratory services with initial focus on clinical effectiveness and user focused delivery, particularly as part of whole system pathways.

As part of this transformation via clinical effectiveness, some pathology service delivery may be consolidated into one, or fewer, service provider/location(s) and this will be agreed on a case by case basis using the principles agreed via the later mentioned Clinical Effectiveness Group and be signed off by the Board.

This Agreement sets out the terms under which Parties intend to collaborate in the provision of those Services, and to work together in procuring systems, equipment and technology, delivering clinically effective services across system wide patient pathways, and building a sustainable workforce.
It also sets out a work programme for the first two years with deliverables that will test out how the emerging structure of the network model supports the joint working and to check the suitability of the proposed governance model.

Background

The initial recommendation from NHSE, set out in 2016/17, was for the set-up of 29 pathology networks across England, in order to reduce unwarranted variation, improve the efficiency of resource utilisation and additionally, generate financial savings of around £4m.

The Peninsula Pathology NHS Network (Project) Board was established in December 2017 to provide the strategic direction and decision-making for the South 01 pathology network Parties as outlined above.

Before the COVID pandemic, the Network was not embedded as part of business as usual and many Pathology Board members felt it needed some type of reinvigoration. An external review was commissioned to test out the ambition of the Network, especially in terms of the proposed models, look at the governance and advise on appropriate leadership structures. This was undertaken during February 2020 by Mark Hackett and Professor William Roche.

Overall, the development of this Collaboration Agreement was seen as a vital component to formalise the Network and confirm the overarching governance, leadership and deliverables. The Agreement sets out the governance of the network, establishes how this will be achieved and in doing so it confirms support for this approach by all signatories. It sets out the principles of collaborative working which will underpin the successful delivery of the shared ambition of the Network.

THE COLLABORATION AGREEMENT

It is agreed:

1 Commencement, duration and status of this Agreement

1.1 This Agreement comes into effect on the date that it is executed by all of the Parties, and, unless terminated earlier, will expire on:

1.1.1 the exit of any Party from any Acute Services Commissioner/Provider Contract.

1.2 If there is any conflict between the terms of this Agreement and the terms of any Commissioner/Provider Contract, the terms of the relevant Commissioner/Provider Contract will prevail.

1.3 If any Commissioner/Provider Contract is varied, this Agreement will, to the extent necessary, be interpreted as including whatever variation may be necessary to make this Agreement consistent with the Commissioner/Provider Contracts.

2 Principles of the Collaborative

2.1 In performing their respective obligations under this Agreement and any related Commissioner/Provider Contracts, the Parties must:

2.1.1 be committed to developing an approach focussed on clinical effectiveness, improving patient outcomes and releasing value to the whole health system;

2.1.2 at all times act in good faith towards each other; a willingness to be open and transparent where business developments, staffing changes and procurements are being considered. As a minimum, the pathology service provider's annual business plan should be shared with each Party; Anticipating that the Board would escalate issues that might hinder the Network's ambition.

2.1.3 act in a timely manner, in accordance with agreed action deadlines.

2.1.4 share information and best practice, and work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;

2.1.5 at all times, observe relevant statutory powers, Health Service Executive (HSE), Medicines and Healthcare products Regulatory Agency (MHRA) requirements and best practice to ensure compliance with accreditation standards e.g. ISO 15189, applicable laws and standards including those governing procurement, data protection and freedom of information.

3 Function of the Network

3.1 The function of the Network is to support the Parties to act collaboratively in their planning, design and delivery of Pathology Services to include oversight of an agreed work programme, workforce planning and in particular, to:

3.1.1 support their establishment as three service providers across South, East and North Devon (SEND), Plymouth and Cornwall such that these pathology services meet the present and future health/service needs of both their local and peninsula wide population in accordance with the commissioning intentions and ambitions;

3.1.2 ensure participation in the Pathology Clinical Effectiveness Group which has clinical leadership to optimise the delivery of pathology services. Over time, this Group will review opportunities for improvement and set clinical specifications for the quality standard that pathology services are required to provide;

3.1.3 participate in the above mentioned Group, taking account of emerging technologies and environmental impacts of current and future service delivery.

3.1.4 review the workforce challenges that are well-described across Devon and Cornwall as part of the review of the most appropriate model of pathology services. This workforce review needs to include how highly specialised skills are shared across each service provider and across the whole network and must include an agreement to harmonise clinically effective and efficient working practices where they impact on total capacity;

3.1.5 share best practice and use benchmarking to ensure that services are clinically effective and represent best value for money to the whole system, recognising that service changes can be a cost to pathology but greater savings to the system;

3.1.6 represent Parties in discussions as part of the wider south west region to agree a high level strategy for progressing pathology IT in the peninsula, as part of requirement to deliver seamless access to patient results;

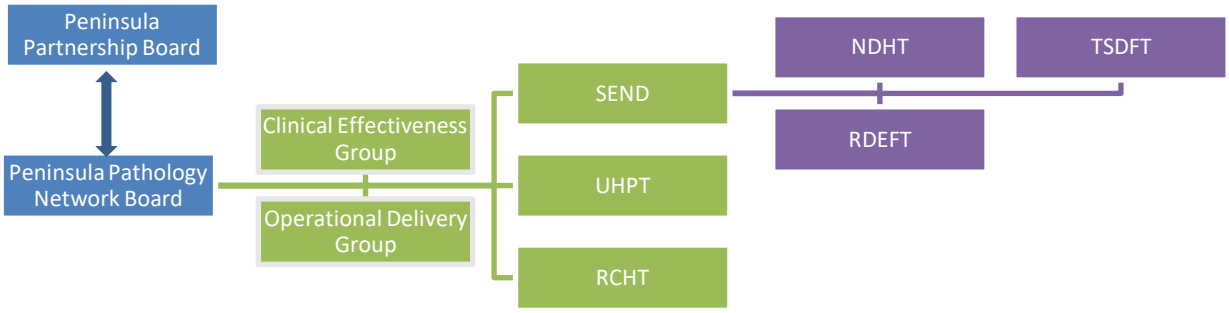
3.1.7 be a key stakeholder influencing the wider digital strategies of peninsula organisations across the whole health and care system to ensure we maximise interoperability and interconnectivity between systems to allow for the easy and safe transfer of work where required; this could include common LIMS platform and Order comms;

3.1.8 agree the range of Network and service level deliverables which will be captured in the annual work programme.

4 Governance, Board composition, meetings and decision making

4.1 Governance

4.1.1 Pathology is one of the Clinical Service Delivery Networks initially identified by the Peninsula Clinical Services Strategy, now to be overseen by the Peninsula Partnership Board. Therefore, the Governance for the Pathology Network Board and hence this collaboration agreement will be through the Peninsula Partnership Board which is responsible for setting the strategic direction of hospital based services across Devon, Cornwall and the Isles of Scilly. The following chart shows the relationship between the Boards and the feed in by each of the Parties.



4.1.2 The Pathology Network Board should have as its key focus, the discussion of matters relating to the pursuit of the objectives and performance of the Network. The Board will be accountable for the Network deliverables and ensuring these are delivered in line with the agreed objectives and within the approved budgets, delegated to the Network.

4.1.3 The Board will hold overall accountability for the performance of the Network against its initial schedule of work (see Schedule one) with the exception of items P1/P2/P3 which are present on the schedule as they are significant programmes which the Network would wish to have visibility of and have the opportunity to influence and gain peninsula wide benefits wherever appropriate.

4.1.4 The Network Board will report to the Peninsula Partnership Board which has representation from each of the Parties in the collaboration.

4.2 **Board composition – Network Board**

4.2.1 As a Level 1 Network, the Network Board requires senior representation by lead clinicians and managerial/divisional directors who have responsibility for pathology from each Party aware of strategic plans and operational challenges. This could be at Executive or Care Group level. This individual will be responsible for briefing their organisations on Network Board discussions/decisions/actions as appropriate.

4.2.2 The Board is currently chaired by one of the Party Chief Executive Officers.

4.2.3 In order to ensure effective stakeholder involvement via Primary Care and Secondary Care users, the Board will also need membership identified for these.

4.2.4 Senior clinical lead and financial lead also needs to be nominated from one of the Parties.

4.2.5 Programme management should also be in place to support the Board and be the conduit for reporting progress on the delivery of the work programme.

4.3 **Meetings**

4.3.1 General meetings of the Network Board will be held at least once every 2 months, or as otherwise agreed by the Parties from time to time, and will be convened on behalf of the Chair by at least [5] days' prior notice by e-mail to each member.

4.3.2 Special meetings of the Network Board may be called by any of the Parties by giving at least [48 hours] notice by e-mail to each member for the consideration of any matter which that Party considers of sufficient urgency and importance that its consideration cannot wait until the date of the next general meeting.

4.3.3 The quorum for conducting a meeting is the attendance of representatives, or their delegated representative on behalf of all of the Parties.

4.4 **Decision making**

4.4.1 Each Party is responsible for ensuring that its representatives have sufficient delegated authority, in accordance with that Party's constitution, to act on behalf of that Party within the remit of the Pathology Network; The level of decision making will vary for each area of work and be described within the Work programme.

4.4.2 It is the intention that the Network Board will arrive at a consensus regarding recommendations being made to the Parties concerning the work programme items.

4.4.3 Where a consensus is not able to be reached, the voting of members of the Board can be recorded and communicated to each Party by its representative, and each Party will take its own decision in respect of the recommendation.

Pathology Clinical Effectiveness

5.1 **Pathology Clinical Effectiveness Group**

5.1.2 The Pathology Clinical Effectiveness Group has been formed to co-ordinate a consistent response from pathology to wider system requirements and deliver improvements to the users of pathology services across Cornwall & Isles of Scilly and Devon. It is responsible for reviewing current guidance and within the context of a whole system pathway, advise on optimal choice of test groups for both clinicians in primary and secondary care and for patients. Their work plan may also be directed by the Peninsula Pathology Network Board or influenced by Planned Care Boards.

5.1.3 Reporting directly to the Pathology Network, Board, the Group is currently chaired by a Clinical member at Executive level from the Network Board.

5.1.4 The Group has chosen to have a Core membership for regular meeting and some Reference Group members who may join meetings from time to time. Further representation is then drawn from workstream specific clinicians and user stakeholders. These are then supported by people with financial and analytical skills.

5.1.5 The Pathology Effectiveness Group will make recommendations either on its own or in conjunction with the Operational Delivery Group for consideration by the Board.

5.1.6 A comprehensive project structure document should be approved by the Network Board which outlines the role, function and outputs for the Network Board and the Delivery Group and its sub-groups and append to the agreement. The Clinical Effectiveness Group has developed a schedule of resources required to support its work which will be part of the budget requirement from the Parties.

6 **Operational Delivery**

6.1 **Operational Delivery Group**

6.1.2 The Pathology Operational Delivery Group has been formed to assist in implementing recommendations from the Clinical Effectiveness Group and it is expected to have oversight of some of the deliverables set out in Schedule one of this Agreement and any other directed by the Peninsula Pathology Network Board. The potential to collaborate on procurement shall be debated on an individual case by case basis.

6.1.3 Reporting directly to the Pathology Network Board, the Group will be chaired by one of the members from the Network Board. Representation should include as a minimum, operational managerial leads from each of the three service provider areas.

6.1.4 The Operational Delivery Group will make recommendations either on its own or in conjunction with the Pathology Effectiveness Group for consideration by the Board.

6.1.5 Project management should be run from this Group with key decisions presented to the Board for approval. A comprehensive project structure document should be approved by the Network Board which outlines the role, function and outputs for the Network Board and the Delivery Group and its sub-groups and append to the agreement. Any additional expenditure to support this should form part of the budgetary requirement request as described above at 5.1.6.

7.1 Financial planning, oversight and funding

7.1.1 All parties should share their financial plans for pathology investment so that the Board may have strategic oversight of all capital investments where they have direct or indirect impact on pathology services.

7.1.2 Programme expenditure plans to support the resourcing for Network groups such as Clinical Effectiveness and Operational Delivery will be agreed by the Board, with business cases being required for procurements or changes to service and staffing, dependant on their value and in accordance with the scheme of delegation of the host organisation.

7.1.3 The project resources required should be explicitly set out and the schedule of work delivered for this resource, so the Network Board can be held to account for the investment by partners. The Network Board is accountable for ensuring processes are in place for allocation and control of programme spending.

7.1.4 Where there is jointly held monies either provided via NHSEI funding or allocations from the Parties, the nominated Finance Lead is accountable for accounting for expenditure against the budget, including compliance with the host organisation's Standing Financial Instructions. The budget should be held by one of the Parties on behalf of the Network.

7.1.5 The Board will receive quarterly financial updates from the nominated Finance lead.

8 Network Vision, objectives, work programme and stakeholders

8.1 Vision

8.1.1 The vision of the Network as set out in the Network's October 2018 Strategic Outline Case (SOC) is

"to provide high quality, innovative pathology services, which will be at the heart of new models of patient centred care"

8.2 Objectives

8.2.1 As already outlined in the 'Functions of the Network' section, there are a number of priority deliverables identified to be within the remit of the Network. These reflect the following **strategic objectives** to be delivered by the Network.

Objective one – Establish Governance framework based on Clinical Effectiveness and resource the Clinical Effectiveness Group so it can be successful in driving a quality service judged on whole system impact and outcomes for patients

Objective two – support the establishment of three service providers; South, East and North Devon (SEND), Plymouth and Cornwall ensuring that these pathology services meet the present and future health/service needs of both their local and peninsula wide population in accordance with the commissioning intentions and ambitions

Objective three – to provide mutual aid support to ensure business continuity and resilience

ensuring continuing service delivery during normal operations and in times of crisis.

Objective four – support service providers in developing workforce plans, which may include working between organisations, to optimise the use of existing personnel, harmonise work practices, create attractive work roles to retain and attract new staff to deliver sustainability of services

Objective five - influence wider south west region to agree a high level strategy for progressing pathology IT in the peninsula, as part of requirement to deliver seamless access to patient results; agree plan to maximise interoperability and interconnectivity between systems to allow for the easy and safe transfer of work where required

8.3 **Work Programme**

8.3.1 The work programme at Schedule one will focus on areas towards the achievement of the strategic objectives.

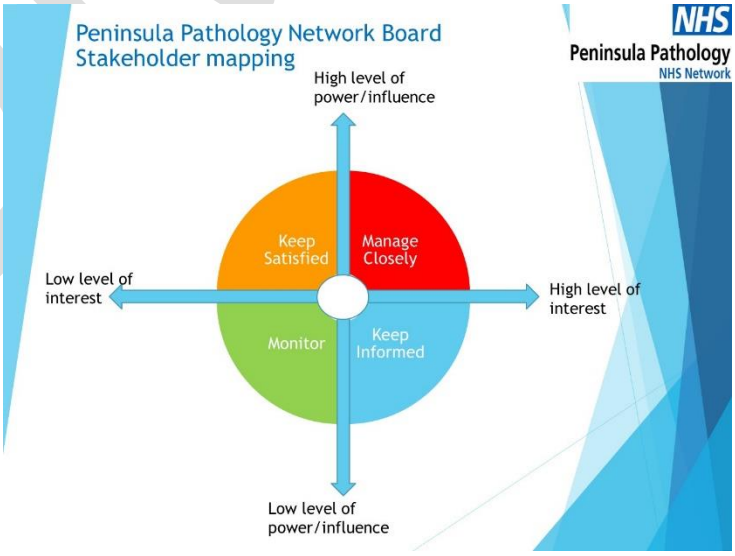
8.3.2 It starts with three 'First order priorities':-

1. New laboratory build at Treliske
2. SEND provider development
3. New laboratory provision for Plymouth

These are incorporated into the Work programme (P1/P2/P3) as each of the above three developments are significant programmes which the Network would wish to have visibility of and the opportunity to influence and gain peninsula wide benefits wherever appropriate. However, they remain under the governance and control of their host organisations.

8.3.3 Throughout the work programme, in order to describe the involvement of stakeholders, each activity has been annotated with its lead Party and also the expected stakeholder involvement for each of the other Parties

eg.
- Manage Closely
- Keep Satisfied
- Keep Informed
- Monitor



8.4 **Stakeholder groups and their interests**

8.4.1 As Pathology is a diagnostic service within clinical pathways, it has a huge range of stakeholders having an interest in its success. The main stakeholder groups to be involved in work attributed to the Network and its sub-groups are:-

- user stakeholders – primary care and secondary care referring clinicians
- staff stakeholders – laboratory department workforce
- clinical pathway stakeholders – Peninsula Cancer Alliance, other diagnostic services
- end user stakeholders – patients in receipt of pathology testing
- strategic stakeholders – Planned Care Board members

8.4.2 As well as the Parties, the above stakeholder groups feature heavily in pathology services improvements. It is essential that they are aware of this Collaboration Agreement and the intention of the Parties to form three service providers and to work more expansively as a single Network.

8.4.3 Through the Network Board's reporting line to the Peninsula Partnership Board, it is expected that senior system leaders will have full visibility of the pathology ambition and the ability to influence.

8.4.4 The key operational interface is anticipated to occur at the two Planned Care Boards for both ICSs of Devon and Cornwall & Isles of Scilly. Link membership across these with the Network Boards will be essential to ensure engagement with relevant stakeholders is maintained.

8.4.5 The Peninsula Cancer Alliance is an equal partner reporting into the Peninsula Partnership Board and link membership with this key diagnostics user will be critical to maximising access to resources to improve pathology services to support better cancer outcomes.

8.4.6 As substantial end users, primary and secondary care clinicians will be represented at both the Network Board, Operational Delivery Group and Pathology Effectiveness Group.

9 Resourcing the work programme

9.1 Investment must support the delivery of the priority programmes of work. In some instances, this will be funded directly via the Parties and will be in pursuit of their local development of pathology services.

9.3 Where the work is on a Network footprint, such as Clinical Effectiveness, funding will be required to support network resources to progress the work. The hope at the time of the Collaboration Agreement is that NHSEI Network Development funding will become available. This is not yet confirmed and therefore, the expectation is that Parties contribute to a centrally held fund to support the following needs:-

- Resourcing clinical effectiveness – Clinical time (pathology, primary and secondary care clinicians), programme support
- Digital Histopathology – project support.
- Network wide roles that support the Board and other related work eg. PID,
- Digital transformation

9.4 If NHSEI funding is made available, in addition to the needs outlined above at 9.3, any remaining funding could be used to support the programmes of work within SEND, UHP, RCHT. Eg. time limited corporate services support for service changes. This to be agreed by the Network Board on a case by case basis.

9.5 Notwithstanding the expectation of NHSEI funding, wherever possible, the Parties are encouraged to service the work programme by providing people and agreeing to fund additional people for the purpose of achieving the Network ambition. Contributions to date for this specific purpose have been £35k per party and it is anticipated that a higher level of investment will be required to further the work of the Network as well as the deliverables in Schedule one, hence the reliance on NHSEI funding. As per section 7 above, the budget will be held by one Party on behalf of the Network.

9.6 No additional partners or subcontractors shall be hired or procured without approval by the Board.

9.7 In addition to the Network Development and work programme, it is noted that additional resource may be hired/retained to support the work on the Outline Business Case and subsequent Full Business Case, if this is still required by NHSEI.

10 Savings, income generation, procurement

10.1 As per the agreed Financial Smoothing arrangement (Network Board, July 2019), the general principle is that where an investment or procurement saving is of overall benefit to the Network, financial adjustments will be made so that the costs or savings are shared equitably. Moreover, no organisation should be worse off. The savings are shared equitably between the 5 Trusts, based on the percentage of network expenditure. This should be established at the outset for each project where a financial impact is anticipated, whether cost or saving.

10.2 Any shared financial obligations shall be repaid using the proceeds from the collaboration's efforts. This includes the above referenced excess capital contributions from either of the involved parties, as well as any overhead costs associated with the project, such as remuneration for managers, consultants, subcontractors, or equipment.

10.3 The arrangements for requiring additional funds or addressing a deficit will be a matter for the Board to consider and agree on an individual basis.

10.4 Where a joint procurement is to be considered as part of the Network, the Parties should ensure that, where appropriate, individual tender specifications are written to include options for number of Trusts contracted to final solution and an agreement on cost reimbursement is agreed before the tendering exercise is commenced.

11 Intellectual Property (IP)

11.1 Intellectual Property (IP) creation is likely to be minimal. Any IP created by the Network will be owned by Network Partners and the cost of creating the IP will be shared between the parties. The parties cannot enter into a contract to exploit or dispose any shared IP without the approval of the Board. If the Board approves, then the Network parties will share proceeds of exploitation disposal equally.

12 Insurance

12.1 The Parties agree to maintain insurance adequate to protect their respective personnel and assets from loss, theft, or damage. This would need to be held by the host organisation on behalf of the other parties.

12.2 The Parties agree to name each other in their respective insurance policies, and to indemnify and hold each other harmless in all cases save for those of gross or wilful misconduct or neglect.

13 Monitoring Performance

13.1 The Network Board work programme and the resourcing of the work will be under regular review, as a standing item at the Board and as part of the Operational Delivery Group, with the intention that there is a two year rolling programme. Project update papers will be submitted to the Board to report the performance recognising the jurisdiction of the Network..

13.2 The Board shall be responsible for monitoring the performance of all Parties in respect of their commitment to collaboration and participation in activities relating to this agreement. If it is felt that there are instances where Parties are not maintaining their commitment, this will be brought forward to the Network Board for discussion and conflict resolution if required.

14 Termination

14.1 Where one of the Parties wishes to withdraw from the Network, before being released from this Agreement, they will need to notify the other Parties in order for any financial liability to be calculated.

14.2 If the Party pursues its withdrawal from this agreement, they will need to provide a minimum of twelve (12) month's written notice to the Network Board regarding their intention to withdraw from the collaboration, and meet the financial liability as calculated in 14.1 and complete any outstanding reporting and service delivery commitments.

15 Agreement Extension

15.1 This Collaboration Agreement may be extended or amended only by written approval from the aforementioned Parties co-signaturing this document. The decision to amend or extend the agreement shall include the date of the amendment/extension, and the signatures of appointed representative of each participating organisation as well as any new terms and conditions amended or added to this agreement.

16 Acceptance

16.1 Each Party has had the ability to read and accept all conditions and terms listed above and including Schedule one, Work programme and indicates full acceptance and approval of this collaboration agreement by signing electronically below.

The parties

Suzanne Tracey, Chief Executive	Northern Devon Healthcare NHS Trust Royal Devon & Exeter Healthcare NHS FT
Kate Shields, Chief Executive	Royal Cornwall Hospitals NHS Trust
Liz Davenport, Chief Executive	Torbay and South Devon Healthcare NHS FT
Ann James, Chief Executive	University Hospitals Plymouth NHS Trust

Signed By:
Suzanne Tracey

_____

Date:

Signed By:
Kate Shields

_____

Date:

Signed By:
Liz Davenport

_____

Date:

Signed By:
Ann James

_____

Date:

SCHEDULE ONE

PENINSULA PATHOLOGY (PP) NETWORK – WORK PROGRAMME

Definition of terms

Lead Organisation or Group – Where responsibility sits for delivery of a programme of work. Where this is a PP group, it is the PP group, through discussion between stakeholder pathology services that agrees strategy/programme/specification and required output. A pathology service will be responsible for delivering the output for their service, as they see fit to meet the requirement and can be held to account for doing so. Where the pathology service is responsible for strategy/programme/specification and required outputs as well as delivering the output, they must observe the principle of 'keep informed' through an appropriate PP forum.

Manage closely – A pathology service provider is responsible for the close management and delivery of a programme of work. They are Responsible to the Lead Organisation or Group for that programme of work (PP group or self).

Keep informed – A service provider/lead group is responsible for providing regular updates on these programmes to PP. The information will be detailed and allow shared learning with PP partners and allow others to inform/influence the work where the programme may have consequences or benefits to the PP network as a whole. Service providers are not obliged to adjust plans to meet the need of other services, but in the interest of collaboration should consider views objectively so they mitigate consequences, if any, to other services. Ambition or changes in one service should not negatively impact on another.

Workstream /Task – project briefing/terms of reference should be developed, in an agreed format for each programme of work so stakeholders are clear on their role and responsibilities as well as the benefits and opportunities for PP.

Strategic Objectives – in summary

1. Establish Governance framework based on Clinical Effectiveness
2. Support the establishment of three service providers; South, East and North Devon (SEND), Plymouth and Cornwall
3. Ensure business continuity and resilience
4. Develop workforce plans to deliver sustainability of services
5. Influence wider south west region to agree a high level strategy for progressing pathology IT

			Meeting Strategic Objectives						SERVICE PROVIDERS Level of stakeholder involvement			
Task ID	**Workstream area**	**Description of task**	**1**	**2**	**3**	**4**	**5**	**Lead organisation /Group**	**Cornwall**	**SEND**	**Plymouth**	**Target date**
P1	Estates	New laboratory build at Treliske	✔	✔	✔	✔		RCHT	Manage closely	Keep informed	Keep informed	tba
P2	Integration	SEND provider development	✔	✔	✔	✔		SEND	Keep informed	Manage Closely	Keep Informed	March 2023
P3	Estates	New laboratory provision for Plymouth	✔	✔	✔	✔		UHP	Keep informed	Keep informed	Manage closely	tba
1	Pathology Optimisation	Optimising Pathology requesting, testing and reporting	✔	✔	✔			Effectiveness Group	Manage closely	Manage closely	Manage closely	On-going
2	GIRFT – pathology optimisation	An evidence-based test repertoire, or directory, linked to best practice	✔	✔	✔			Effectiveness Group	Manage closely	Manage closely	Manage closely	On-going
3	GIRFT – service delivery	Test directory based on clinical pathways with test service quality (eg turnaround time, minimum retest intervals, accuracy, sensitivity, specificity and cost).	✔	✔	✔			Effectiveness Group	Manage closely	Manage closely	Manage closely	
4	Planned care	To provide the required Pathology services to support improving patient pathways	✔	✔		✔		Planned Care/ Peninsula Partnership and Planned Care Boards	Manage closely	Manage closely	Manage closely	On-going
5	Blood sciences	Consolidation of referral testing (various)	✔	✔	✔			Effectiveness Group	Manage closely	Manage closely	Manage closely	March 2022
6	Microbiology	Consolidation of referral testing (various)	✔	✔	✔			Effectiveness Group	Manage closely	Manage closely	Manage closely	

			Meeting Strategic Objectives						SERVICE PROVIDERS Level of stakeholder involvement			
Task ID	**Workstream area**	**Description of task**	**1**	**2**	**3**	**4**	**5**	**Lead organisation /Group**	**Cornwall**	**SEND**	**Plymouth**	**Target date**
7	Histopathology	Produce a plan for reporting capacity issues relating to vulnerable specialties eg renal, liver, sarcoma and lymphoma	✔	✔	✔	✔		Operational Delivery Group	Manage closely	Manage closely	Manage closely	On-going
8	Service delivery	Individual service reviews to assess workforce/equipment building on work to date	✔	✔	✔	✔		Operational Delivery Group	Manage closely	Manage closely	Manage closely	On-going
9	Workforce	Review of out of hours		✔	✔	✔		Operational Delivery Group	Manage closely	Manage closely	Manage closely	June 2022
10	Workforce	Workforce strategy to produce a sustainable trained and competent workforce		✔	✔	✔		Operational Delivery Group	Manage closely	Manage closely	Manage closely	June 2022
11	IT - Digital	Influence the plan for LIMS replacement in the strategic context of broader EPR development		✔	✔		✔	Peninsula Pathology Board	Manage closely	Manage closely	Manage closely	On-going
12	IT - Digital	Develop business case for digital transformation across primary and secondary care		✔			✔	Operational Delivery Group	Manage closely	Manage closely	Manage closely	Dec 2021
13	Histopathology	Digital histopathology introduction of new technologies, tests and techniques, specifically	✔	✔	✔		✔	Operational Delivery Group	Manage closely	Manage closely	Manage closely	Dec 2021

			Meeting Strategic Objectives						SERVICE PROVIDERS Level of stakeholder involvement			
Task ID	**Workstream area**	**Description of task**	**1**	**2**	**3**	**4**	**5**	**Lead organisation /Group**	**Cornwall**	**SEND**	**Plymouth**	**Target date**
		to include molecular and digital technology.										
14	Service contracts	Develop a longer term plan to replace existing MLS contracts	✔	✔	✔			Operational Delivery Group	Manage closely	Manage closely	Manage closely	On-going
15	Quality	Develop a longer term plan for harmonisation of quality management systems	✔	✔	✔	✔		Operational Delivery Group	Manage closely	Manage closely	Manage closely	March 2023

Proposed levels of Service Delivery Networks

LEVEL 1

Service Quality and Effectiveness Network

All networks include the entire service MDT, representation on the network would be via a designated lead for the service

Core characteristics:

- Discussion of cases, peer review for specialist advice and support on the care of individual patients
- Mentor support for learning and improvement for individual clinicians
- Best practice reviews and guideline development
- Peer comparison of processes, pathways and outcomes to agreed priority service improvements
- Consideration of mental health pathways in either support of or an alternative to elements of the current physical health pathways
- Identification of areas of service which may benefit from more integrated delivery between providers (SOPs to establish process for escalation of identification and process for agreeing any SLA)
- Analysis and benchmarking of financial cost of delivering service at provider and Devon level against upper quartile peer organisations with a continual review of efficiency opportunities
- Host provider to designate a clinical lead with appropriate administrative support.
- The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating Trusts.
- Annual learning and improvement summary (potentially via peer review) to host Trust MD for sharing and discussion through the Medical Directors network meetings and with commissioner via standard quality assurance processes.
- Accountability for service delivery, performance monitoring and clinical governance of the Trust specific service retained by the individual Trusts.

LEVEL 2

Service network with cross-site delivery of all or some provision of service

This network would be appropriate where there are services where one or more Trusts do not have capacity or capability (workforce, infrastructure, etc) needed to deliver that service to the standard required and may have to contact with another Trust to secure that capacity for part or all of the service that they are commissioned to deliver. This may require workforce to travel to provide the service on another site, or patients to travel to another hospital to receive the service.

This document was first developed by Devon STP for use by Clinical Service Delivery networks as designated by the Peninsula Clinical Services Strategy

Core characteristics:

(To include all functions described at L1)

Plus:

- The network would develop and broker arrangements on the cross site solutions required, which will include joint (cross Trust) appointments and shared rotas
- A contractual agreement would be put in place between Trusts for provider A purchasing capacity from provider B
- Accountability for quality standards, governance, complaints, performance retained by purchasing provider where they provide the majority of the service pathway
- Collaborative agreement on subspecialty areas for provision on a specified (potentially single) site via a 'host Trust' agreement for that element of the service – the host Trust then assumes the accountability for and governance of that element of the service and the commissioner contracts for that service element from that Trust.
- Host provider to designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating Trust

LEVEL 3

Lead provider network – one budget, full accountability

This network would be appropriate where the total service for Devon is delivered by a single/lead provider and should be commissioned directly from that provider. The specification will detail the access requirements (where to be delivered and how) and the lead Provider will need to subcontract for the infrastructure required from other Trusts.

Core characteristics:

(To include all functions described at L1)

- Contract income for the total service and singular accountability for quality, performance and governance
- Provided through a single organisation/lead provider
- Employer of all staff who deliver the service commissioned, and responsible for deploying these staff to meet the access requirements defined in the commissioning specification
- Directly accountable via lead Provider to Commissioner (Devon wide strategic commissioning function)
- Provider will designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating providers

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Mental Health, Learning Disabilities and Autism Care Partnership - Update Report

Care Partnership:	Mental Health, Learning Disabilities and Autism (MHLDA)
Period covered by update:	April 2021- May 2021
Report prepared by:	Sonja Manton, Programme Director

Key achievements/progress

A. PROGRAMME AND STRATEGY

Major Programme Areas:

Recognising the complexity and interrelationship of the work, and the areas of specific focus required, the major work programme areas are:

- Learning Disabilities and Autism
- Community Mental Health
- Children and Young People's Mental Health
- Urgent and Crisis Care
- Dementia

There are additionally more specific work streams focused on key developments and national deliverables.

All have leadership and core teams established and groups are meeting regularly to progress delivery.

The executive group discussed the need to describe the programme of work in a way that is meaningful and easy to communicate.

1. Learning Disabilities and Autism

- Completion of the submission of the Phase 4 Plan for 21/22 which has been commended by NHSE
- Investment Plan has been developed and submitted
- Devon ICS is 'on track' in terms of reducing CCG use of inpatient care for adults and children with learning disabilities and autism
- Revision of governance arrangements to establish a programme area group and a steering group.

2. Community Mental Health

- The programme team have reframed the way they work to reflect the shift from planning to delivery in relation to the Community Mental Health Framework (CMHF) implementation.
- Delivery plan with clear milestones in each month in place (reflects accelerated delivery of the CMHF in 18 months from April 2021)
- Revised structure and reporting arrangements agreed and implemented from June 2021 to reflect the focus on local delivery, enabled and supported by discrete system-wide task and finish groups with specific, time bound objectives.
- Recruitment to the Change Team, which will oversee and manage delivery of the planned transformational change, is underway, with Locality Change Co-ordinator Roles being interviewed at the end of May.
- The draft CMHF blueprint is being tested with locality and system partners.
- Active engagement with Primary Care Networks (PCNs) and Local Care Partnerships on CMHF delivery now commenced in all areas and early engagement with VCSE networks scheduled for June to discuss the role of the VCSE in delivering support and services as part of the community teams
- Work with primary care on Improved Access to Psychological Therapies (IAPT), Dementia diagnosis and physical health checks underway based on locality and PCN level data.

3. Children and Young People's Mental Health (CYPMH) update

- We are sustaining strong performance on CYPMH access standards
- We have agreed sustainable national funding for the implementation of 7 additional Mental Health Support Teams from 21/22-23/24; meaning that across Devon ICS we will have 11 MHSTs by 23/24, supporting c70k-80k school-aged children and young people with mental health needs in Devon ICS.
- Ensuring consistent access within the routine (4 week) and urgent (1 week) wait time standards for CYP eating disorder services has been challenging throughout the Covid pandemic. Current performance 85.7% (urgent) and 82.6% (routine) against 95% target.
- Additional national funding is available through the national spending review, recognising the increased volume and acuity of needs being supported. We have received business cases for the sustainable achievement of CYP eating disorder wait time standards.
- We are receiving business cases for the development of the CYP Crisis Response offer in accordance with the Long-Term Plan (LTP) deliverables and the 2021/22 Mental Health Operating Plan Guidance

B. PERFORMANCE AND ESCALATION

Current performance and trajectories against long term plan expectations were reviewed and discussed as a base line position, and how the programmes of work will deliver these.

C. CARE PARTNERSHIP DEVELOPMENT

MHLDA care partnership is developing to ensure that the population outcomes and ICS ambitions are met, aligned to the care partnership principles, structures and governance in the wider system.

MHLDA Care Partnership Executive Group:

The inaugural meeting of the Executive Oversight group was held on 28th April where:

- ✓ purpose, system context and ways of working were explored and discussed
- ✓ the draft Operating Plan/ LTP Deliverables Road Map for 2021/22 was signed off for submission

The subsequent meeting on the 26th May discussed further the way we will work and the principles underpinning the care partnership and agreed the draft ToR (including expanded membership) and received programme and performance updates. Impact measurement was discussed – it is essential that we know that what we are delivering is making a difference.

MHLDA Care Partnership Delivery Group:

The first meeting of the Care Partnership Delivery Group was held on 17th May and:

- ✓ agreed our single common purpose in working together to deliver the plan and programmes of change necessary for improved outcomes and performance
- ✓ discussed how we will work together and come together in this delivery group to ensure we remain focused on making a difference and having an impact
- ✓ reviewed the work existing work programme, leadership and resourcing, recognising proportionality and flexibility in approach

MHLDA Care Partnership Stakeholder Group:

The MHLDA Stakeholder Group meetings will be scheduled from July.

Key priorities for the next three months

MHLDA Care Partnership Development

- Establish the Care Partnership Stakeholder group from July, to ensure the wider system and stakeholders drives strategy and plan development and enables the transformation across all aspects of the system
- Establish leadership, resources and arrangements for remaining workstream areas (e.g. Dementia) in June
- Establish regular dashboard reporting for MHLDA Care Partnership and Programme Areas: how we will know it is working and making a difference? (Mandatory and discretionary measures) by July
- Celebrate early successes and face challenges together

Planning and Road Map

- Complete operating plan and LTP deliverables road map (May/June)

Community Mental Health

- Partnership working with VCSE to develop services as part of the CMHF
- Recruitment to new clinical roles and change team
- Sign off blueprint and agreement on clinical models for personality disorder, eating disorder and rehabilitation
- Establish Locality governance and support
- Develop IAPT communication plans to promote access to IAPT

- Commission supplementary provider of physical health checks for people with serious mental illness

Children and Young People's Mental Health Services

- Agree business cases across ICS for the sustainable achievement of eating disorder wait time standards and begin implementation of plans.
- Agree business cases across ICS for the sustainable development of Crisis response functions in accordance with the Long-Term Plan and 21/22 Operating Plan Guidance for Mental Health and begin implementation of plans.

Issues of concern or risk

- Investment to accelerate the delivery of the CMHF sits within the wider system financial plan and will be confirmed by end of May.

- Confirm programme support investment across ICS and process for prioritising and securing additional resource (programme support)

Support required and/ or barriers to progress

- Support with the process for identification and management of mutual interdependencies across Devon ICS (eg with population health management, health inequalities work, digital and workforce).

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Locality update report

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

Key achievements/progress

Delivery Highlights

- Integrated Care Partnership Procurement- Contract Award report recommending award to UHP with LWSW as material sub-contractor to be presented at Governing Body 27th May subject to approval by Plymouth City Council.
- Progressing the Plymouth Health and Wellbeing Centre - Model of Care developed, work at pace to agree schedule of accommodation. Building Design team appointed, Community Engagement commences 29th May. 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 met, initial report shared at LCP Exec and System Performance group including key areas for escalation, Urgent and Emergency Care position.
- 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.
- Locality profile revised and shared with LCP delivery group.
- 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 and approach shared and approved by LCP Delivery grp.

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

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

Maintaining a focus on developing the LCP whilst managing COVID recovery
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

Support required and/ or barriers to progress

None

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Locality update report

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

Key achievements/progress

Local Care Partnership (LCP) development:

Following the agreed joint development session pulling together members of the Executive & Delivery architecture, then the usual Executive meeting, good progress has been made in a few key areas. A refresh of the arrangements in respect of the infrastructure for the locality; the emerging themes and priorities which we will work together to deliver; visibility of how programmes of work are overseen and issues escalated and the way we want to collaborate and communicate/engage as we progress.

Consideration is being given 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.

An approach to communications and engagement has been drafted and shared which will now be taken forward with respective partners and taken back to the next Executive meeting.

A proposal is also being developed for how we might work most effectively across LCP footprints and better facilitate population/community-based conversations which span more than one. This should also support best use of capacity and resource to better meet local need.

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. This now sits in the context of an end to end improvement plan (including admission avoidance) which requires further development of the detailed delivery milestones alongside the anticipated impact assessment. Governance arrangements have been identified for monitoring progress in the plan. TSDFT have instigated a Flow Improvement Group to support flow throughout the acute pathway. The group has representation from acute, community, discharge

services, clinicians and the CCG and will be feeding into the end to end System Flow Improvement Plan.

A plan which considers the challenges and capacity over the summer months has been developed and a business case approved for First Responder support in Torquay, Paignton and Brixham. This will provide 2 enhanced first responders and 1 paramedic 7 days a week 10am-6pm from 1 July to 31 August. Given the current local system challenges particularly in relation to primary care and emergency department attendances further plans are being considered and developed to help support over the coming 2-4 weeks. This is following circa 15% increases in contacts and record attendances in June respectively.

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.

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.

Community Urgent Care Response (UCR): Arrangements are being embedded which will enable SWASFT direct access to UCR. this will improve communication and clinical decision-making with the ambition to effectively manage patients care needs and reduce conveyances and Emergency Department attendances. Work is also underway as part of Ageing well to look at the potential for further developing the Assisted Lifting Response Team and extending the High Intensity Users project.

Frailty and Healthy Ageing Partnership (FraHAP):
This group re-convened in May to review and agree the workplan that is now aligned to the approved and published Torbay and South Devon Frailty. 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.

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. Supporting the arrangements in respect of the rollout of the vaccination programme in conjunction with primary care networks and system partners.
5. Maintain focused attention on discharges and the robustness of associated data reporting in line with national expectations.
6. 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.
7. 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 to manage respective priorities and pace, particularly whilst we look to shift our focus toward planning and restoration of services.
- maintaining focus on the development of the LCP priorities alongside those in relation to our response to COVID-19, vaccination programme & operational pressures will be key.
- Workforce pressures and capacity across local providers with particular challenges 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 15% increases in primary care contacts.

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:	May-June 2021
Locality Director:	Tim Golby

Key achievements/progress

Urgent and Emergency Care

- The Eastern system, like elsewhere in the region, has experienced high levels of urgent and emergency care demand as the weather has improved. Significant planning was undertaken across primary and secondary care services to ensure capacity could meet projected high demand for the May bank holiday, international G7 Summit meeting and expected increase in holiday makers from the school holidays.

- 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. Joint working has begun between RDEFT and local primary care looking at presenting conditions and devising specific ambulatory care solutions.

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.

- A draft Case for Change has been developed for a potential health and wellbeing hub in Crediton. This outlines the strategic focus within the Integrated Care System for Devon (ICSD) and the Eastern Local Care Partnership to embed integrated care and closer working with primary care to drive forward developments in community mental health services and population health management. 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.

- Healthwatch has undertaken a community survey on behalf of North Dartmoor Primary Care Network to elicit feedback on the use of the community space within Okehampton Hospital. The draft report will be shared and considered within the LCP.

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.

- 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) met on Monday 17th May. It received a presentation from Wellmoor, a community organisation in Moretonhampstead who work to enable, facilitate, coordinate and connect health & wellbeing initiatives to meet the needs of people living in the area. ELF members are considering the potential for creating a best practice model based on their excellent work.

- ELF also received a presentation from Zoe Harris, Director for Eastern Community Services (RDEFT) regarding the 3 priorities and enablers for community services in the next year. These were agreed as detailed below:

  Priorities:
  1. Strength and resilience in the community: Prevention and reablement
  2. Supporting people to remain or return safely home: Routinely/elective and in crisis
  3. Education and Support with provider organisations: Coordinating and sharing skills

  Enablers:
  - Patient Voice and Engagement
  - Digital technology
  - Focus on workforce – recruitment, retention & development of our teams
  - Frameworks to work within (governance)
  - Information – objective data and stories
  - Community Services Contract

  Task and finish groups are being established for each thematic area with defined outcomes, these areas will form the service transformation elements of the community services contract.

Mental Health

- There has been universal agreement from Primary Care Networks (PCNs) in Eastern Locality to work closely with Devon Partnership Trust (DPT) to embed Mental Health Link Workers in PCNs. This process will involve the movement of a current member of DPT into a Primary Care setting. The details of the evolution of this role and the job description are going to be co-designed by Eastern Collaborative Board Members and DPT. This will ensure that all communities across Eastern Locality will benefit from this enhanced access to mental health services.

Key priorities for the next three months

- The recovery and restoration of services, learning lessons from the Covid-19 response and taking these forwards into new ways of working.
- 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:	May - June 2021
Locality Clinical representative	Dr John Womersley
Locality Executive Lead	Andrew Millwood
Locality Non-executive representative	Charlotte Burrows

Key achievements/progress

1. **Northern Minor Injury Units:** NDHT has identified a pressing operational need to retain the substantive MIU staff (Ilfracombe) working in ED (Barnstaple) for the summer for reasons of safety and delivery over the enlarged ED footprint driven by social distancing and flow needs. Through the IDG it was identified that a whole system response was required. Key practices surrounding the temporarily closed MIUs in Bideford and Ilfracombe will provide the Primary Care Minor Injury Service (MIS) funded by the Trust from vacant MIU posts, and the locality undertook to provide "additional" capacity 7-days a week. This closely aligns with work taking place at the county level around summer post-lock-down tourist growth. Work is taking place on the development of a 7-day response linked to the RNLI presence on key beaches. System work with the Trust continues with Ilfracombe stakeholders about concerns raised as to long-term intentions for the Ilfracombe MIU. There remains a commitment to primary care in the Northern Locality to provide "additionality" to support the UEC pressure expected this summer relating to closed MIUs and post-lockdown growth.

2. **Population Health Management (PHM):** Following the approval of the business case last month work is underway to develop a Northern Locality plan for the roll-out of PHM with support from IDG, OND and clinical leads.

3. **Recovery of Diabetes work post COVID:** The diabetes transformation plan for the locality is being refreshed alongside the restoration of the Devon-wide diabetes group. This work is being supported by our diabetes champions Dr Cath Shepperd and Dr Ed Bond.

4. **Elective Care Recovery and Restoration:** The Northern Integrated Delivery Group (IDG) had an update from Fiona Peck, Interim Deputy Director of Commissioning, on the elective care restoration programme. National non-recurrent funding i.e. Elective Recovery Fund (ERF)has been made available to maximise elective recovery. Systems will be paid for activity delivered above stated 2019/20 thresholds. Additional criteria have been put in place to access such funding including tackling health inequalities, transforming outpatient services, system-led recovery, and the validation of waiting lists. NDHT has been working with system partners to develop plans to maximise elective activity and improve the waiting list positions.

   Central funding is also made available for Accelerator Schemes that will operate at regional level to provide major scale short to medium term activities. For North, East & South localities

this will be directed towards the former Nightingale hospital, focussing on specialities with the longest waiting lists including orthopaedic surgery, diagnostics and ophthalmology.

5. **One Northern Devon:** A full report of the OND bi-monthly meeting held on 1 June is available at https://onenortherndevon.co.uk/system/ond-network/one-northern-devon-meetings/one-northern-devon-communities-meeting-02-06-21/. Highlights from the report include:

   Elderly Frail Pathway design: Due to its established model of place-based co-design, OND was asked by the "Our Future Hospital" team to facilitate a system approach to designing care and support for the frail, elderly population of Northern Devon. System partners including the CCG, NDHT, PCN older person's lead, OPMH team, DPT, Devon Senior Voice, Patient Participation Groups, met to plan workshops on the future models of care to meet the needs of a growing older population living longer with multiple long-term conditions. The aim is to develop an integrated model of care & support, designed together by the people receiving the support & those delivering it across all parts of the system. The engagement events aim to:

   - To understand what matters to frail, elderly people, their families and carers and how they would feel best supported to live healthy, independent lives
   - To understand the barriers to delivering the care and support identified above
   - To understand the current provision
   - To understand future demand and risks
   - To consider what current and future enablers may be available
   - To co-design an integrated model of care.

   Primary care flow: OND working with Barnstaple Alliance PCN have developed a primary care flow toolkit as part of the crisis prevention and support programme. The aim is to target individuals most in need of support, identifying what matters to them and meeting their needs by ensuring the system flows around the person instead of the person being referred/bounced around the system. Primary Care Flow is currently being "prototyped" as part of the PHM work and a plan for roll-out is being developed.

   Community Renewal Fund: One Northern Biosphere is working with OND to make an application to the UK Community Renewal Fund to develop a range of escalator employment opportunities across growth sectors to support social mobility. The "escalator" would build in opportunities to increase skills and qualifications and move up the employment ladder whilst in work. Specifically, the role of the programme would be:
   - Developing 'escalator' career pathways in green and blue economy jobs of the future.
   - Ensuring people in the least socially mobile and most disadvantaged groups have easy and supported access into these jobs at entry-level.
   - Capitalising on the benefits of the natural environment through Green Prescribing to support individual health and wellbeing as well as supporting nature-based social entrepreneurs.
   - Developing a Workplace Wellbeing Programme.

   Food Insight: During February and April 2021 OND Community Developers engaged with local communities to get a better understanding of food provision, access to emergency food and ideas as to how people could be better supported with both these issues. Their findings are documented here: https://onenortherndevon.co.uk/wp-content/uploads/2021/05/One-Northern-Devon-Food-Insight-Report-April-2021-final.pdf

   Community Mental Health Flow: One Northern Devon Community Developers working with the OND Mental Health Community Navigator report on the service designed to "bridge the gap" between inpatient care and community support. The aim of the service is to facilitate

more timely and effective discharges by providing enhanced support for people as they continue their recovery in the community. The report also includes feedback from community developers engaged with local communities to get a better understanding of the local mental wellbeing provision, gaps and ideas about how people could be better supported. https://onenortherndevon.co.uk/wp-content/uploads/2021/05/One-Northern-Devon-Community-Mental-Health-May-2021-report.pdf

6. **Primary Care & Collaborative Board:** Primary Care in the Northern Locality is experiencing increased pressure compounded by the national directive for face-to-face consultations.

7. **Northern Devon Healthcare Trust:**
   - The IDG was updated on the "Our Future Hospital" programme by Zahara Hyde, Programme Director, NDHT. As part of this work the Trust is embarking on a review of community estates, looking at function and utilisation of community assets. This offers an opportunity to review services best served in the community. The IDG discussed the role of OND community developers in engaging communities to seek their views on a model of care in the community.
   - Approval has now been granted for a shared patient record between Eastern Devon and Northern Devon as part of the continued partnership and proposed integration of NDHT and RD&E with a go-live date planned for Summer 2022. This will improve the care and services provided for patients and the community by establishing visibility of information between teams This will enhance safety and quality by supporting teams to work together and make decisions leading to better outcomes for patients.
   - The vaccination hub at the Barnstaple Leisure Centre is now being operated by NDHT.

8. **Mental Health:** Victoria Burns, Clinical Director, and Ian Henwood, DPT, updated the IDG on the Community Mental Health Framework (CMHF) implementation. They described the model which will:

   - Bring increased mental health expertise into PCNs to give early advise & guidance
   - Provide timely access to mental health professional advice & support
   - Remove complex referral pathways & arbitrary exclusion criteria
   - Provide consistent measurable impact, comparable & meaningful data & information
   - Deliver system-wide integration & co-ordinated care
   - Increase investment in VCSE provision
   - See fewer people in ED experiencing mental health crisis
   - Ensure physical health needs are acted upon sooner, so people live longer
   - Provide quicker access to support, care & treatment where needed.

   The request to the IDG was for appropriate system partners to be members of the Northern CMHF Delivery Group to implement the CMHF model.

Key priorities for the next three months

- Delivery of minor injury units summer activity plan.
- System review of 2WW pathways.
- Development of the community contract workstreams.
- Northern Locality plan for the roll-out of PHM.
- Recovery of Diabetes work.
- Elective Care Recovery and Restoration.
- Work with Northern CHMF Delivery Group to implement the CMHF model.

Issues of concern or risk

- Urgent and emergency demand pressures: NDHT has experienced a high demand with peaks of over 200 ED arrivals against a norm of 140-150 and peaks of ambulance arrivals breaking previous records at the high 60's when normal ambulance arrivals are in the range 42 – 46. In addition, summer tourist numbers are expected in the region at levels of 15% over the norm. Performance has remained strong but with high expected demand there is a risk of summer pressures in the locality.
- Maturing the ND system work plan and securing partner resources to deliver this.
- Ongoing resourcing of community developers, particularly in Torridge as grant funding ends.

NHS Devon Clinical Commissioning Group

Locality update report

Locality:	Western Devon
Period covered by update:	June 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.
- Plymouth Locality Profile approved by LCP Executive Group.
- Plymouth LCP System plan developed and approved at LCP Executive
- Commencement of Programme Director to support delivery of UEC Improvement agenda.
- Tactical system support for Primary Care provider in the City
- LCP System pressures task & finish group established to focus on key rapid initiatives to address current demands across primary care, secondary care, community services, social care and wider provider market.
- Work underway to identify additional sites across the City to accelerate Hubs programme.
- Revised Mental Health needs assessment for the City completed.
- Launch of Estates Programme Board led by UHP CEO to align work across locality for HIP2, OPE, Local area plan.

Plymouth & West Devon

- Finalisation of assurance activity with NHSE/I and Preferred Bidder for Integrated Care Partnership procurement
- 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 came out of ‘surge’ status at the beginning of March meaning that the NHS no longer has access to 100% of the IS capacity. The IS providers will return to full ‘Business as Usual’ from the beginning of April and the

CCG is working with all providers to restore full elective services and assess the requirements for recovery of performance.

- 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:

- Mobilisation of the Integrated Care Partnership procurement in line with assurance requirements
- Finalising the Model of Care project and engagement for the Plymouth Health and Wellbeing 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.
- Implementation of the next stages of Population Health Management
- 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)
- Restore all planned care services as redeployed staff return to their substantive roles and gain a better understanding of demand, capacity and non-recurrent solutions required to address the backlog.
- Phase 4 operational planning

Issues of concern or risk

- Staffing capacity across the commissioning team to manage priorities and operational demand including increased reporting requirements, albeit with some new starters in the next few weeks filling some 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
- Recruitment to vacant positions within Localities
- Operationally the level of urgent care demand in the system, particularly with the likely pressures over the next week or so and then over the summer months
- 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

- Continued deployment of additional capacity to support Integrated Care Partnership (ICP) procurement
- Locality capacity returned as we move back to recovery phase

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Finance & Performance Committee

Date of Governing Body: 1 July 2021

Dates of Committees covered in this report: 17 June 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 30 April 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, the high number of children waiting for autism, speech and language therapy assessments, disruptions to elective capacity in the acute trusts, the continuing poor performance of the 111 service and workforce issues across the system.

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. The Committee discussed the risks to achieving the submitted plan and asked for a further report on the potential impact of increased prescribing costs, as a result of COVID, going forwards.
- **NHSE/I inadequate rating -** the Committee received and noted an update on the action plan which had previously been reported to Governing Body.
- **Planning for H2 of 2021/22** – the Committee received a presentation from the Director of Finance about potential changes to the financial arrangements for H2, the underlying deficit and potential scenarios in terms of future financial targets. Following discussion, it was agreed that it would be beneficial for the Governing Body to receive a similar presentation.

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
• None.

Recommendations for Governing Body
• That Governing Body receives a presentation on Planning for H2 2021/22.
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: Committee Chair Report – Primary Care Commissioning Committee (Public)

Date of Governing Body: 24th June 2021

Date of Committee covered in this report: 3rd June 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

None

Reports brought to Committee for information, review, discussion and to be noted

Finance Report

There is no full finance report for month 1 however two areas of risk were highlighted:

1) Allocation of funding – there is some confusion around care home premium funding which is being worked through
2) PC prescribing position – uplift is potentially lower than will be needed.

Risk Report - Some changes to the risk register were thoroughly reviewed by the meeting.

Contract Report

2 areas of the paper were highlighted

1) Information that NHSE/I has extended the Capacity Expansion Fund until September 2021
2) Now that the timeline of public engagement for relocation of Channel View practice in Teignmouth, has been set, the Committee agreed to close the 2 open actions for the Teignmouth Practices relocation with the caveat that the finance team will continue to monitor any slight fluctuation in costs until the relocation, and a new paper for the next phase is scheduled to be brought to PCCC in November.

Recommendations for Governing Body

None
Recommendations for other Committees
None
Terms of Reference or other committee effectiveness issues
Committee effectiveness report update paper was noted by the meeting. The update gave information on the actions already taken, or planned to be taken, after reviewing the Recommendations from the committee efficiency audit Committee agreed that actions required by the effectiveness report have been completed.

Management of Conflict of interests:

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NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Commissioning Committee

Date of Governing Body: Thursday 1st July 2021

Dates of Committees covered in this report: Thursday 10th June 2021 (Minutes of the committee meeting are to be available as an addendum)

Chair's Name and Title: Dr Simon Kerr, Clinical Lead Representative Eastern Locality

Presented by Dr Nick Kennedy, Independent Secondary Care Clinician

Contact Details: simon.kerr@nhs.net / nick.kennedy3@nhs.net

Reports received and noted

None.

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 Enquiry Model from 2022 onwards

The Committee received a paper on the Clinical Enquiry Model from 2022 onwards, the paper detailed and requested a business proposal to commission a primary care based domestic violence and sexual abuse service. The committee requested a further review of the finances and inclusion of the clinical enquiry model within the Long-Term Plan. The committee were unable to support the recommended option (detailed below) until further financial aspects had been considered and costed within the Devon Operating Plan. The recommendations noted within the report are as recorded below:

- **Recommend Option 4; commission a Primary Care Identification and Referral Service for all patients, male, female, or non-binary over the age of 16 experiencing current or non-recent domestic abuse, or sexual violence as a victim or perpetrator.**
- **Explore co-commissioning of children's trauma practitioners could be explored with Devon County Council, Plymouth City Council and Torbay Authority children's social care (Option 5).**

- **Identification of a commissioner to work alongside the CCG DASV lead in finalising a service spec, overseeing the tender process and management of the subsequent contract by April 2022.**

Eating Disorders – Physical Health Checks

The Committee were presented with a paper for Eating Disorders – Physical Health Checks. The Committee noted and supported recommendation number 2 within the paper. The committee requested for a QEIA to be undertaken, further information to be provided on the staffing structures and where the contract monitoring process will be reported to. Upon receipt of the additions to the paper, the committee will then review and look to virtually approve the proposal in the near future. The recommendations are outlined below:

- **Options have been provided which would enable the monitoring of physical health checks for adults with an eating disorder living in Devon (excluding Plymouth).**
- **Option two is the preferred option: CEDS would complete all physical health checks of those open to them.**
- **This option would ensure that all those with an eating disorder open to CEDS would receive monitoring of their physical health checks, regardless of level of need and mobility around the Devon footprint (excluding Plymouth).**
- **Before option 2 is formally adopted by the CCG Commissioning Committee, the outcome from internal discussions within DPT in relation to the clinical governance and risks of the proposed service must be understood.**
- **Should option 2 be adopted as recruitment is undertaken, an arrangement will need to be reached with primary care colleagues to continue to support those known to CEDS in relation to their physical health needs.**
- **As this is an innovative service model, outcome measures and performance indicators will be identified and reported against. These will be developed collaboratively with providers, GP colleagues and CCG leads,**
- **Whilst formal contract monitoring is stood down, it is recommended that regular service delivery meetings are held so that partners can continue to work collaboratively to ensure that the needs of this population are being met and learning can be acted upon.**
- **Consideration of preferred options for the population in Plymouth is requested once proposals are developed. Discussions are due to commence in June 2021; with anticipation of a paper being presented in August 2021.**

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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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 – Quality Assurance Committee (QAC) Public Part 1

Date of Governing Body: 1 July 2021

Dates of Committees covered in this report: 17 June 2021

Chair's Name and Title: Glynis Atherton, Non-executive lay member (Chair of Quality Committee)

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Reports discussed and assurances received

The Committee received updated reports as detailed below

Reports received and noted

Patient Story: the committee heard the story of Charlie's experience of Maternity and Health visiting services during the height of the pandemic. Charlie had some difficulties with her baby not sleeping and feeding well so contacted her midwife and health visiting team who she felt were extremely supportive through virtual consultations, which were flexible. Later Charlie was required to attend the hospital with baby, and she was welcomed and supported throughout the whole experience.

Quality and Safety Report
Highlights from the report are:-
The Elective Recovery Programme is managed at ICS level. The programme is clinically led, system wide project groups report up to the Planned Care Programme Board. University Hospitals Plymouth are reporting ongoing concerns regarding waits for time critical and cancer patients, as well as throughout elective care. The Trust are engaged in the surgical restoration meetings which aim to address and support the longest waiters. However, the provider is facing significant challenge with very little elective care being undertaken. This potentially creates a position of growing inequity.

Care Group management teams are exploring 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.

Discussions with Kernow CCG are underway to address how delays in transfers to Cornwall have been impacting on Derriford's flow. This has been raised at Quality Surveillance Group (QSG), and potential solutions are being investigated.

Draft Internal Audit Report: Primary Care Quality Assurance Arrangements Follow Up
The QAC reviewed the findings and recommendations of the follow-up to the 2019/20 Primary Care Quality Assurance Arrangements Audit. The 2019/20 report was rated as limited as a result the Audit Committee requested that a deep dive follow up of the recommendations be undertaken this year. The QAC noted that the overall assurance opinion is now Satisfactory.

Progress Against ASD Waitlist Reduction Plan
The QAC noted the report.

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 2 June 2021 of which it informs the Committee of any changes since the last Quality Assurance Committee (QAC) on the 20 May 2021. There are **Sixteen** risks that report to QAC. There is one new risk to report to the Committee: **Risk 148** Devon Doctors Service Provision – **Agreed** the revised **risk 148** Devon Doctors Service Provision and revised risk score. Two risks were presented to the Committee for removal from the Corporate risk register:- **Agreed** the removal of **risk 105** Devon Doctors Call Stacking (appendix 3) superseded by risk 148 **Agreed** the removal of **risk 126** Access to NHS 111 services (appendix 4) superseded by risk 148
Committee Decisions
• **Internal Incident Policy –** The policy was **approved** by the Committee.
Items of concern to be escalated to the Governing Body
• Significant reduction in elective care at UHP: the committee was concerned about the impact this was having on community services and primary care and the risk of increased inequality of service to patients on the waiting list.
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.