Devon Clinical Commissioning Group

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

MS Teams - refer to formal calendar invite for joining link

25 November 2021 11:30 - 25 November 2021 13:50

AGENDA

#	Description	Owner	Time
1	To note *Regular breaks will be taken during this meeting		
2	Patient Experience Verbal	Kristy Cooper, Living Options	11:30
3	Welcome and apologies and questions from members of the public Verbal	Chair	11:50
4	Register of Interests (ROI) Paper DOI NHS Devon CCG Governing Body 11 Nov 20... 5	Chair	
5	Minutes of the last meeting and action log Paper 1 Draft Public GB minutes 28.10.2021 v1.1.docx 9 Master Action Log - PUBLIC v3 nc.xlsx 19	Chair	
6	Clinical Chair's Report Paper 1 cover sheet chair's report.docx 20 2 Chairs Report Nov.docx 22	Clinical chair	12:00
7	Accountable Officer's Report Paper AO report Nov1.docx 24	Accountable Officer	12:10
8	PROGRAMME OF WORKS - items for recommendation, decision and assurance		12:20
8.1	Financial plan for 1st October 2021 to 31st March 2022 (H2 of 2021/22 Paper H2 Budget Setting Paper_GB.docx 33	Director of Finance	

#	Description	Owner	Time
8.2	Devon Integrated Performance and Quality Report Paper Cover sheet IQPR GB.docx 45 Devon IPQR report Final GB Version.pptx 48	Chief Nurse	
8.3	EPRR Core Assurance Standards Paper Appendix A - 2021 Core Standards amended (FINA... 104 GB - EPRR Assurance - NHSE Core Standards 20... 120 GB - EPRR Assurance - NHSE Core Standards 20... 126	Board Secretary/ Director of Communications, HR, IT and Governance	
8.4	Plymouth West End Wellbeing Hub Paper CCG Governing Body - Plymouth West End HWB C... 134 Ply West End wellbeing hub- 25 November 2021.do... 173	Director of Commissioning - out of hospital	
9	LOCAL CARE PARTNERSHIP (LCP) REPORTS Paper Governing Body Update - South LCP (October 202... 177 LCP Plymouth Report - November 2021.docx 181 Locality Update - Eastern Oct-Nov 2021.docx 185 Locality Update - Northern Locality October - Nove... 189 Plymouth-West Devon Locality Report for GB NOV... 192	Locality Directors	13:20
10	ASSURANCE COMMITTEE CHAIRS' REPORTS including items of escalation Paper	Assurance Committee Chairs'	13:40
10.1	Finance Finance Committee Chair Report November 2021 v... 195		

#	Description		Owner	Time
10.2	Audit			
	[P] 0. Audit Committee Chair Report 10.11.21.docx	198		
	[P] 1. Audit Commitee Risk Report 10 Nov 2021 v1.1.d...	201		
	[P] 2. Appendix 1 Risks Reporting to Audit Committee...	213		
	[P] 3. Appendix 2 Very High_Significant Risks @ 27 Oc...	219		
	[P] 4. Appendix 3 Board Assurance Framework .xlsx	231		
	[P] 5. Internal incidents report H1 Oct 2021 V0.2.docx	259		
10.3	Primary Care Commissioning			
	[P] PCCC Public Chair Report -November 21.docx	265		
10.4	Quality			
	To follow			
	[P] QAC Chair Report Part 1 18 November 2021.docx	267		
10.5	Commissioning			
	[P] Commissioning Committee Report 11.11.2021.docx	270		

Declaration of Interests Register - NHS Devon Governing Body
Register updated and generated by the Governance Team - 11 November 2021

Register last updated 09 November 2021

Title	Surname	First name	Role or Position held with the CCG	Committees attended	Interests	Interests - Partner or Family	Date Interest from	Date Interest to	Date interest updated	Type of Interest	Is the interest direct or indirect?	Action taken to mitigate risks	Employer Organisation
	Allcorn	Darryn	Chief Nurse Caldicott Guardian	Member of Governing Body Member of Quality Assurance Committee Senior Leadership Team (SLT) Joint Executive Team Meeting Commissioning Committee (CC DOI) Member of Audit Committee Member Devon Joint Clinical Effectiveness Group (JCEG)	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		27/08/2020	Direct	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Appleby	Gaynor	Non Executive Lay Member (Allied Health Professional)	Member of Governing Body Member of Quality Assurance Committee Member of Remuneration and Workforce Committee Primary Care Commissioning Committee (PCCC)	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 Planned Care Programme Board 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 Crediton Hub Project Group	CCG representative board member of Resound Health, Plymouth LIFT partner Member of ACRA (Advisory Committee on Resource Allocation) CCG representative shareholder for Delt School Governor for Tavistock Primary and Nursery School	Partner is employed by Livewell Southwest in position of influence	26/09/2017		17/09/2020	Non-Financial Personal Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Coles	Anna	Locality Director - Plymouth	Senior Leadership Team (SLT) Member of Governing Body (Deputy for Director of Commissioning) Strategic Commissioning Partnership	No interests declared		12/03/2019		22/10/2020				Plymouth City Council
	Coombes	Nikki	Senior Executive Assistant, Corporate Office	Member Vacancy Control Panel Attendee Governing Body Attendee Remuneration and Strategic Workforce		Close relative is Head of Implementation, Devon Doctors Group Clsoe Relative is Project Support Officer, NHS Devon CCG	12/08/2015		14/04/2021	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Davis	Alison	Associate Non-Executive Director	Attendee Governing Body Attendee Quality Assurance Committee	Plymouth City Council – Foster panel Chair Torbay Council- Foster panel Chair (ended 28 Feb 2021) Pathway Care Fostering- Ashburton- Independent Reviewing Officer University of Exeter – student mentor Somerset County Council- casual employee		19/10/2019		22/03/2021	Personal, Professional & Financial	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Doble	Clare	Head of Governance Deputy Senior Information Risk Owner (SIRO)	Attendee of Audit Committee Quality Assurance Committee Primary Care Commissioning Committee (PCCC) Governing Body (ad hoc) Health and Safety Group Joint Chair Staff Partnership Forum Data Protection Steering Group	Member of Taunton & Somerset NHS Foundation Trust Godmother to member of governance team's daughter Trustee for Lyme Disease Action Charity (an accredited charity that offers information and advice to the public, patients and healthcare professionals in relation to lyme disease) Charity registration number: 1100448	Partner employed by NHS Devon CCG Daughter is an apprentice at one of the Devon GP practices	22/08/2017		02/07/2021	Non-Financial, Financial and Personal Interests	Indirect/ Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

	Dowell	John	Chief Finance Officer	Member of Governing Body Member of Finance and Performance Committee Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Commissioning Committee (CC DOI) Primary Care Commissioning Committee (PCCC)	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015	20/10/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Finn	John	Interim Executive Director of in-hospital commissioning to 31 May 2021 Substantive post Associate Director of Commissioning, Northern, Planned Care and Cancer	Member of Governing Body Exec Meeting Commissioning Committee (CC DOI) Northern Integrated Delivery Meetings System Restoration and Transformation Group Planned Care Programme Board Senior Leadership Team (SLT)	No interests declared		19/01/2017	23/03/2021	Personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Fox	Matthew	Governing Body Locality GP NHS Devon CCG	Member of Governing Body A & E Delivery Board (SD&T)	GP principle, Barton Surgery, Dawlish. Director, Dawlish Medical Group Associate Medical Director TSDFT from 1 April 2019 Barton Surgery have rented a room to Chime. University of Exeter Medical School, Academic tutor and student teacher GP Locality Clinical Director Primary Care Network - The Coastal Network F2 academic tutor through the Deanery	Spouse is a co-owner of Barton Surgery Pharmacy Building	22/09/2016	17/04/2021	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay and South Devon NHS Foundation Trust
Dr	Greenwell	David	Governing Body Locality GP	Member of Governing Body Member of Finance and Performance Committee Remuneration and Workforce Committee(Non exec rem) Member Devon Joint Clinical Effectiveness Group (JCEG)	GP partner at Southover medical practice Member of an independent cooperative that provides out of hours medical cover to Devon Prisons Shareholder in Devon Doctors on Call Member of Upton Vale Baptist Church (personal interest) Member of Clinical Cabinet Primary Care Network - Torquay	Spouse is freehold owner of Southover Pharmacy	20/08/2015	22/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Hargadon	Judy	Non Executive Lay Member - Primary Care and Prevention Geographical remit - Southern	Member Governing Body Member Audit Committee Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee Equality, Diversity and Inclusion Group IUCS Procurement Oversight Group (Chair)	Member of Women's Equality Party New management board chair at PenARC, – the National Institute for Health Research (NIHR) Applied Research Collaborations (ARCs) South West Peninsula	Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019	25/05/2021	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be involved in decisions about the CCG funding academic research	NHS Devon CCG
Dr	Harrell	Ruth	Director of Public Health, Plymouth City Council	Devon STP Clinical & Professional cabinet NHS Devon CCG Governing Body Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Strategic Commissioning Partnership Primary Care Commissioning Committee (PCCC)	Director of Public Health for Local Authority		26/10/2016	18/08/2020	General	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Plymouth City Council
	Harris	Penny	Strategic Advisor - Long Term Plan	Attendee of Governing Body CCG Execs and Clinical Chairs Senior Leadership Team (SLT) Strategic Commissioning Partnership Joint Executive Team Meeting Finance and Performance Committee Strategic Commissioning Programme Board Commissioning Committee (CC DOI) System Restoration and Transformation Group Devon Urgent Care Board	Director of KERR Darnley Ltd Providing commissioning advice to variety of CCGs and Coaching/contract training Director of Kerr Mediation ltd - working alongside LMC law taking on primary care mediations commissioned by the LMC.		23/07/2019	29/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	KERR Darnley Ltd
Dr	Johnson	Paul	Clinical Chair NHS Devon CCG Interim Medical Director ICS Devon	Member of Governing Body (Chair) Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting Commissioning Committee (CC DOI) Strategic Commissioning Partnership Attendee Devon Joint Clinical Effectiveness Group (JCEG) Planned Care Programme Board	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) Non executive director role on the board for the South West Academic Health Science Network (SW AHSN)	Spouse works in emergency department at RDE and for Exeter Medical School	21/08/2015	15/09/2021	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.	NHS Devon CCG
Dr	Kennedy	Nick	NHS Devon CCG Governing Body Secondary Care Clinician	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) QEIA Panel Member of Audit Committee Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Devon Clinical Cabinet System Restoration and Transformation Group	Governing Body Independent Clinician BNSSG CCG Member South West Clinical Senate Council 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 Training 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		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	Deputy Chief Nursing officer	Quality Assurance Committee (QAC) Member of Audit Committee Member fo Governing Body (Deputy for CNO) Member of Primary Care Commissioning Committee (PCCC) Member Vacancy Control Panel Senior Leadership Team (SLT)	Trustee Director of HQIP (Health Quality Improvement Partnership)		01/03/2021	24/08/2021	General Interest	indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	McCormick	Shelagh	Lead Clinical Representative (Western) – CCG Governing Body Strategic Clinical lead - Maternity Clinical Lead - Western Locality Clinical lead - Mental Health	Member of Governing Body Member of Quality Assurance Committee Member of QEIA Panel Member of Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) Member of Individual Packages of Care Panel (IPOC) Member of Local Maternity System (LMS) Board and Operational Committee	Elected member (and Deputy Chair from September 2019), South West Regional Council of BMA GP Appraiser (NHS England) Shareholder GlaxoSmithKline Working at Church View Surgery as self-employed sessional GP Elected to the Medical managers Committee of the BMA from September 2019	Partner is: Medical Secretary and Board member of Devon LMC GP Partner, Church View Surgery, Plymstock Clinical Director of Mewstone Primary Care Network(PCN)	26/09/2017	20/10/2020	Financial, Professional & Personal Interests	Direct & Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Milligan	Jane	Chief Executive of the Integrated Care System for Devon (ISCD) and NHS Devon Clinical Commissioning Group (CCG)	Member of Governing Body Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee	Non Executive Peabody Housing Association House of St Barnabas Charity member	Partner Trustee for Action for Stammering	31/12/2020	29/04/2021	Personal	indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Millward	Andrew	Devon System Director of Communications and Engagement. Chief Communications, IT and People Officer, NHS Devon CCG Senior Information Risk Owner (SIRO)	Member of Governing Body Joint Executive Team Meeting Staff Partnership Forum Senior Leadership Team (SLT) Attendee Audit Committee Member of Remuneration and Workforce Committee Member of Vacancy Control Panel Equality, Diversity and Inclusion Group	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University DELT Board Member, CCG Devon nominated director		19/06/2018	14/04/2021	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Pearson	Nick	Chief of staff Office of the accountable officer for the ISCD and CCG	Senior Leadership Team (SLT) Commissioning Committee (CC DOI) Patient Engagement Group Primary Care Operational Group (PCOG) Attendee of Governing Body Joint Executive Team Meeting	Member of Exeter City Football Club Advisory Board Director, Centre for Health Communication Research, Buckinghamshire New University	Spouse is owner of Pearson Creative	13/01/2017	29/03/2021	Non-Financial Personal Interest	Direct & Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be commissioned by employee	NHS Devon CCG
	Roberts	Sheila	Interim Chief Operating Officer	Governing Body Finance and Performance Committee Urgent Care Board Western Urgent Care Board Joint Executive Team Meeting Senior Leadership Team (SLT) System Performance Group Dynamic Decision Making Group	No interests declared		23/06/2021	23/06/2021				NHS Devon CCG
	Sargeant	Lincoln	Co-opted member of Governing Body	Member of Governing Body Member of Strategic Commissioning Partnership Member of Primary Care Commissioning Committee (PCCC)	Director Public Health, Torbay Council		24/02/2021	24/02/2021			Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay Council
	Snaith	Ginny	Board Secretary	Attendee of Governing Body (non voting) Attendee of Quality Assurance Committee Attendee of Finance and Performance Committee Attendee of Audit Committee Attendee of Remuneration and Workforce Committee Attendee of Commissioning Committee (CC DOI) Attendee of Primary Care Commissioning Commitee (PCCC) Joint Executive Team Meeting Senior Leadership Team (SLT) Working with Industry and Sponsorship Group System Restoration and Transformation Group Member of Strategic Commissioning Partnership Attendee Devon Joint Clinical Effectiveness Group (JCEG)	No interests declared		22/03/2019	10/08/2020				NHS Devon CCG
	Tapley	Simon	Deputy CEO for ICS for Devon and NHS Devon CCG Strategic Lead Commissioner for NHS Devon CCG	Member of Governing Body Strategic Commissioning Partnership Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee (Audit Committee) Finance and Performance Committee Commissioning Committee (CC DOI) West LCP Executive Group Member Vacancy Control Panel		Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG Step-son has started working as a health-checker	01/11/2016	05/05/2021	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

	Tetley	Piers	Associate Director of HR and Organisational Development	Attendee of Remuneration and Workforce Committee Staff Partnership Forum Senior Leadership Team (SLT) Attendee of Governing Body/Member Governing Body (Deputy for Director of Communications) Member of Vacancy Control Panel CCG R&T Project Team meeting	No interests declared		16/10/2018	19/10/2020				NHS Devon CCG
	Turl	Jo	Executive Director of Commissioning - Out-Of-Hospital	A & E Delivery Board Senior Leadership Team (SLT) Mental Health Team Meeting Member of Strategic Commissioning Partnership Member of Governing Body Attendee Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) Joint Executive Team Meeting Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Quality Assurance Committee Crediton Hub Project Group	No interests declared		13/08/2015	19/10/2020	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Turner	Graham	Non Executive Lay Member-Finance	Member of Governing Body Member of Finance and Performance Committee (Chair) Member of Audit Committee Member of Remuneration and Workforce Committee (Chair)		Son employed by Care Quality Commission as an Information Analyst	16/10/2019	04/05/2021	Indirect interest		Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Walling	Alex	Director, Grant Thornton UK LLP – external auditor	Attendee of Audit Committee Governing Body	No interests declared		08/11/2018	08/09/2021				Grant Thornton
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 Group	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

NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
DRAFT minutes held in PUBLIC

Date: 28 October 2021 Time: 09:30 – 12:20Location: Via Microsoft Teams

Item	Discussion	*Action*
1	The chair welcomed everyone to the meeting and gave a warm welcome to the guest speakers Carole Parkin (CP) and Steve Seatherton (SS). Steve and Carole gave an overview the work of Belle's Place – the local Hub for Ilfracombe. SS explained that over the years Ilfracombe, which is a beautiful place had suffered a loss of tourism, rail and transport links which has impacted on the community including lack of facilities to support high complex needs. He referred to One Ilfracombe a limited company set up to support improving the lives of people living in Ilfracombe, who have supported partnership working of agencies, pooling of budgets, and putting in place social prescribers. Belles Place is a voluntary service offering a wide range of services including meals and operated during COVID, and relies on funding, and he noted that the CCG had provided £10k of funded support over the last two years. Funding of £18k per year is need for Belle's Place to continue to operate providing the vital services for Ilfracombe and there has been an increase in demand due to cuts in services and link centres closing across Devon. CP described her role in managing Belle's Place which she had done over the past seven years where the community hub has evolved to where they are now providing: - • Community hub support • Independent food bank • Drop in centre • Promotion and inclusion of varied support services • Offer for children to attend school holiday workshops and training • School uniform recycling services • Financial support for families Belle's place also hosts family support groups for families with additional needs alongside other services and receive many calls from a wide range of people and agencies and have seen an increase in demand for support since COVID restrictions have lifted around domestic violence. On average the local hub sees around 25 people per day and have around 200 people registered. CP noted the vital and biggest area of support provided is relationship building, listening, and talking to support bridging gaps with relationships.	

	Belle's place has also provided additional support working with vaccination teams, Hep C trust and finger prick testing and dental care insight. JH congratulated CP and SS for the amazing work they and voluntary services do to support keeping people at home and funding arrangements for these services are dependent on the system to support them GT asked what the one change would be now that would support Ilfracombe now and SS replied that it would be tackling the housing of multiple occupation (HMOs) and more focused and GT acknowledged the difficulties for long term funding which is crucial for such initiatives. CB felt that there was more work we could do in commissioning where we know services are and that it was vital in our thinking to effectively engage with the integrated health system and invest in organisations across our system to support the delivery of our priorities. JT explained the co- creation of a strategy which will have a focus on community working and how we will be commissioning in a strategic way with the voluntary sector giving a longer-term commitment of support. A framework is being developed to help us understand what we want to commission and she gave an example of the good work being undertaken around mental health. JW congratulated CP and SS and the fantastic work they are doing but pointed out that the needs and answers for every town is different and that we must empower local communities to tell us what is wrong and we listen and hear what is best for them and that we allocate and invest properly to these initiatives. NB thanked CP and SS for telling the Governing Body about their project. **The Governing Body received and noted this update.** *Carole Parking and Steve Seatherton left the meeting.*	
2	**Welcome and Apologies** NB welcomed everyone to the business section of the meeting, and the following apologies were recorded for: Jane Milligan Paul Johnson Darryn Allcorn Sheila Roberts – Alison Wilkinson deputising Dame Suzi Leather Steve Brown Glynis Atherton Ruth Hall There had been one question received in advance of the meeting and this was read out as follows: **Mr. Burrows question was:** At the moment the current Covid-19 crisis is causing Hospital admissions to be high and shows no sign of decreasing if indeed it ever will in the near future.	

	With the Care homes running at full capacity and no extra bed capacity for those people who are waiting to be released into the community, surely now is the time to look at reopening some Community Hospital to ease the pressure on admissions at General Hospitals. Bearing in mind it is a fact that people are more willing to work in hospitals than care homes. A response was not provided verbally at this meeting, but a formal response would be sent to Mr Burrows following this meeting. DG felt it was important to say that moving resources and investing in community hospitals would not be economic.	
3	**Register of Interest (ROI)** There were no amendments or new declarations made.	
4	**Minutes of the last meeting** NB led a page-by-page review of the minutes of the last meeting held on 30 September 2021, and these were approved as a true and accurate record of the meeting. Action Log 1. An update report on Children and Families Health was on the agenda for this meeting, and a further assurance report would be presented to the Governing Body at the meeting in January 2022. This has been added to the forward panner. 2. Health of ICS high level outcomes – the data sets continue to be refined and adjusted and it was hoped that any issues will be rectified in the next iteration of the quality and performance report. It was agreed for actions 1 and 2 to be formally closed.	
5	**Clinical Chair's report** There was nothing further to add to this report. **The Governing Body received and noted the contents of the Chair's report.**	
6	**Accountable officer's report** ST presented this report in the absence of JM. ST noted that the CCG, as well as trusts had received a letter from NHSE/I requesting actions plans in relation to urgent care across our system. He highlighted that we held an urgent care summit in early October which included all senior leaders from across our region, but that it was notable there were some absences due to an error and this would be rectified for the next summit. He added that following the summit there were a series of actions and there was the intention to present this at the Governing Body Development session next week. ST informed the members that a winter task force has been put in place including secured very senior leadership across the system. ST acknowledged the pressures that GP practices are under and he referred to a recent letter from NHS England with regards to the winter access fund and that we are working in partnership with our Local Medical Committee (LMC) as to the best approach to work for our GP practices and population.	

	GT acknowledged there was not a full quality and performance report included in the papers as a new integrated report was being developed but asked for assurance that it would be presented to the Finance and Performance Committee and Governing Body next month. ST assured GT this would be the case and he also agreed to share the minutes of the recovery support programme steering group with the Governing Body. **ACTION 1** **ST to circulate the minutes of the recovery support programme to the Governing Body.** CB asked about maternity services across Devon and asked for a system picture and the different approaches we are taking. ST could not answer in full but took a commitment to ask DA to contact CB to provide a more detailed report at the next Governing Body. **ACTION 2** **ST to ask DA to contact CB to discuss maternity services across Devon.** SK wondered when there would be a review of the primary care strategy and planned care as was concerned around the increase in waiting times. ST responded and confirmed that the primary care strategy will require a refresh to support us through the winter, but the aim would be for a longer-term plan and a small group will be convened to take this forward and asked for volunteers from the Governing Body. JF added that the CCG is involved as part of a national programme for non-clinical and clinical validation of waiting lists including high risk groups. LS highlighted the recent panel discussion during black history month with around 60 people joining live. Feedback was positive and the focus demonstrates that we are taking the Nous report seriously and implementing the recommendations. **The Governing Body received and noted the contents of the Accountable Officer's report.**	
7	**Finance Report – Month 6** JD presented this report which included the regular finance report first 6 months of the year, during covid the financial years have been split in two and this was the end of the first half of reporting. For this period a balanced plan was set and JD was pleased to report and confirm we have achieved a balanced position for H1 which were required to do so. JD was also able to confirm the CCG had now received confirmation of the financial envelope for the second half of the year – H2 and this would be presented to the Governing Body at the November meeting. JD referred to page 44 of the pack which confirmed the delivering of the balance position and that we have now received the final reimbursement for the faster hospital discharge programme. He guided the members to page 45 and 46 of the report which set out the information received across the Devon system and elective recovery fund source monies to support the returning of the elective treatment activity before the onset of the pandemic. £25m has been received into the system to support this for the first six months of the year.	

	SK was anxious about the hospital discharge monies and would that be available in the future. JD gave reassurance that this monies remains in place and there are secure arrangements in place for the second half of the year. Indeed, work has already started with our local authority colleagues to review what is currently in place. JD added that we don't have the funding package beyond the next six months but hoped that we would know soon. SMc queried the elective recovery fund and JD referred to page 45 and explained the metrics and money available for elective recovery. JF further explained the performance of the system earlier in the year and the impact demonstrated up to June this year. He noted that urgent care was a challenge due to the lack of beds. He described what work is being done to resolve issues and gave assurance that for those patients that have breached 104 weeks target will continue to be prioritised except for those patients, around 50-60 who are actively choosing to wait long. JWo asked whether we have sought learning from other healthcare services and CCGs in measuring cost effective and efficiencies they have gained against value for money (VFM) investment. JD thought this was a good suggestion and offered to do this as a group discussion with the system finance directors to support our collect aim in engaging with the voluntary sector. NK noted that extra elective recovery bed capacity is being protected against being used for urgent care. SK wondered for our plans for savings for H2 were over ambitious. JD replied that we had not set out a plan for H2 that was not deliverable. **The Governing Body received and noted month 6 financial position.**	
8	**CCG Objectives** AM presented this third report on the CCG objectives and he gave thanks to Nick Pearson, NB, and GT for their contribution in revising the objectives. He highlighted the following: • Adjusted and added new actions • 5 actions stay the same due to planning guidance 21-22 with six priorities reflected in our objectives • Adjustments have been made to improve service performance and financial sustainability • Confidence we are now reviewing the right things • RAG rated 5 objectives 4 are rated as amber 1 as red around service performance given the challenge around waiting times and restoration of services • Changes made: ○ Objective 2 page 64 kept original actions 1-6 but have added new one. Action 7 acceleration of elective and cancer care, managing increasing demand for Mental Health services. Actions 8 and 9 increase primary care capacity. Action 10 community and urgent and emergency care improving timely admission and reduce length of stay • Staff wellbeing – given a priority due to pressures and impact on staff wellbeing and we are actively looking at this.	

	JH drew attention to section 2, action 3 and was nervous around the language used in describing the delivery of the winter plan, and AM agreed the wording could be refined. JH also referred to page 5, action 6 developing Local Care Partnerships (LCPs) and the risk and lack of commissioning resource to support delivery. ST responded to confirm there has been agreement on the apportion of the task and resources as well as matrix working to support primary care and Primary Care Networks (PCSNs) and he described some of the actions that are being progressed. LS highlighted service performance and new actions and asked for assurance that recovery of pathways would not worsen inequalities and that outcomes will be improved. ST confirmed that always apply a quality, equality impact assessment (QEIA) tool to our process. SK was interested in the financial sustainability objective and JD explained the challenge and targeted impact and ST described vertical integration and the benefits that go with this. **The Governing Body received and noted the contents of the CCGs objectives report.**	
9	**Plymouth West End Health & Wellbeing Centre – project overview** JT introduced this item and talked through a slide deck. She reminded the board of the background and developing proposal and described the models of care driven by the population health needs. JT explained the design of the building which was designed in collaboration with the local authority as part of the city of Plymouth regeneration. She walked the Governing Body through the priorities and timeline in detail and following the presented she offered questions. NK asked about the economic regeneration and was there more to do in this area. CS confirmed that conversations and engagement was happening with organisations and the public and that we are keen to make this a community facility and not to displace and existing community services around this area and that it was important to get the consultation right. AD though this was a great initiative but felt that it was adult orientated and asked what we are doing to encourage families and young children to use. JT acknowledge that the focus was on long term conditions, but the inclusion of the voluntary sector support will open the space as a way of bringing families together. CS confirmed that a booking system will be put in place with core space being set aside for tenant use but there would also be guaranteed sessional space available for evening and weekends. JH asked about revenue consequences of national funding if accepted. JT confirmed that financial plan sits behind the model of care but there was more financial analysis to be undertaken. JT assured the governing body that regular weekly calls with the national teams are in place and they are testing models of care scenarios against funding and signs are encouraging although this has not been confirmed in writing at this time.	

	SMc queried whether the building would be tested and future proofed if it required to be converted to respond to the next pandemic, and would the lift have sufficient capacity to support the footfall. AM also wondered about the green specifications of the building and was there more we could do in this area. JT was not able to confirm at this meeting but took an action to get the detail and share with the Governing Body. **ACTION 3** **JT to check the detail as to whether the Plymouth West End Health and Wellbeing Centre building would be future proofed and tested and meet our green specifications.** **The Governing Body received and noted the Plymouth West End Health and Wellbeing project update.**	
10	**Children and Family Health Devon Transformation and Performance Update** JT referred to this report in the pack which had also been presented to the Quality Assurance Committee. She acknowledged that there was more work to be done to clear trajectories and improvement plans are in place to support autism and speech and language therapy AD was still concerned around the length of waiting lists for speech and language therapy especially for children under 5 who waiting over 6 months for an assessment. AD did note that there was a shortage of therapists. JT assured AD that there was a full discussion on speech and language therapy at the recent Quality Assurance Committee and she would articulate those discussions back to AD for further assurance. DG queried the types of waiting list data and what proportion of referrals are rejected or refused without assessment. JT did not have this information to hand but took and action for this waiting list information to be validated. SK asked whether we are confident trajectories will be met given growth and demand in going forward. JT responded and was confident that our providers have a better understanding of assumptions made and levels of growth assumed against trajectories. **The Governing Body received and noted the contents of the Children and Family Health Devon Transformation and Performance update.**	
11	**Local Care Partnership (LCP) Reports** <u>Southern</u> DG was pleased to report that the Southern LCP was functioning well with executive, delivery, and performance groups in place. He acknowledged that challenges continue with hospital admissions, discharges and ambulance waits. He noted that the Newton Abbot treatment centre was being brought up to national standards which will allow an increased capacity for this unit. DG referred to the urgent community response and social care response in emergencies, where ambulance crews can act if social intervention can be put in place. SMC mentioned that there continues to be problems with the blocks in the system for Western who are serviced by the same ambulance trust. ST responded to say that there was been good collaborative work with the leadership at South Western Ambulance Trust (SWAST) and that there is more work to in the University Hospitals Plymouth (UHP) footprint.	

	There has been improved discharge coordination to unblock hospital and it has bee agreed for Primary Care Network based spirometry. AD asked about whether it was possible to speed up the procurement process for domiciliary care. DG recognised that it was difficult to procure workforce and JH hoped that some posts would be filled sooner and was conscious of the timescale problem. ST informed the members that part of the urgent care summit there was agreement to produce a workforce strategy. <u>Eastern update</u> SK felt that there is learning from each of the LCP and that it would be useful to circulate these around to delivery groups in each LCP. An LCP conference has been arranged for the 26 November on prevention which will be a helpful way in getting people together and he was pleased to report that the 3 groups in Eastern continue to interface to get the best out of each other. <u>Northern</u> JWo highlighted that all localities are facing the same challenges and are taking a universal approach on how to deal with things. Workforce remains a significant challenge and the Northern locality continue communicating with different parts of system to be more effective. <u>Plymouth</u> SMc noted there was an overlap in the two reports for Western and Plymouth. The top priority was support for the community following the Keyham murders and that the community response has been impressive which is being led by Plymouth City Council. SMc added that at an appropriate time in the future she would like to ask Anna Coles to come to talk to the Governing Body about the learning in the wake of this tragedy. A firm focus on the integrating care work continues especially around the challenges with urgent care. SMC identified that workforce capacity seemed to be the flavour of most reports and the pressure of working under some initiatives is restrained not only relating to funding but capacity. **The Governing Body received and noted the contents of the LCP reports.**	
12	**Assurance committee chair's reports** <u>Finance</u> GT did not propose to go through the report in detail but highlighted that the finance and performance committee decided on non-emergency patient transport and he thanked Moses Warburton for his contribution and excellent work in this area. <u>Audit</u> There was nothing to add to this report. SMc drew attention to risk 38 - Lack of clarity and visibility regarding ICS and its governance. ST confirmed he was the owner of this risk and is working with GS in shaping the ICS governance structure and noted that the CCG will continue with its statutory duties. He added that it is proposed that the Integrated Care Board (ICB) will be operating in shadow form from January 2022 and that we will make sure that we have robust governance in place during the transition period. <u>Primary Care</u>	

	There was nothing to add to the report, but it was noted that Plymouth young GPs want to work with both JH and SMC agreeing it is a fantastic place to work. They acknowledged that the environment for primary care estates was not good state, but with a brand-new building (Plymouth and West Devon Health and Wellbeing Hub) combining options available for patients will be a positive move forward. JT confirmed that the staff social spaces at the hub will be mixed. <u>Quality</u> There was nothing to add to this report. <u>Commissioning</u> Nothing to add to the report. There was a request for the commissioning committee minutes to be circulated to the Governing Body for assurance JT gave confidence that risk 149 is progressing well and she took an action for a briefing to be developed for the Governing Body outside of this meeting setting out what primary care will look like following the investment for the Plymouth and West Devon Wellbeing Hub. A**CTION 4** **JT to circulate the Commissioning Committee minutes to Governing Body.** **ACTION 5** **JT to develop a briefing for the Governing Body setting out what primary care will look like following the investment for the Plymouth and West Devon Wellbeing Hub.** **The Governing Body received and noted the contents of the Assurance Committee Chairs' Reports.**	
13	**Reflections** This item was not discussed	
14	**Any other business** None	
15	**The meeting closed at 13:20**	

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) **	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Darryn Allcorn (DA) A	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) [A]	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
Jane Milligan (JM) [A]	Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG)
John Dowell (JD) **	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]	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) **Clinical Chair** [A]	Clinical Chair, Devon CCG
Penny Harris – (PH) [A]	Director, 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	
Nikki Coombes (NC) ** **Minute Taker**	Executive Assistant, Devon CCG
Dame Suzi Leather (DSL) [A]	Chair of the Integrated Care System for Devon (ICSD)
Carol Parkin (CP)** **item 1**	Manager, Belle's Place, Ilfracombe
Steve Seatherton (SS) ** **item 1**	North Devon District Council
Clive Shore (CS) ** **item 9**	Estates Advisor, Devon CCG
Minutes approved | Date:	Signed by chair:

NHS Devon Clinical Commissioning Group

GOVERNING BODY - PUBLIC ACTION LOG										
Action Number	**Date of Meeting**		**Target Date**	**Lead**	**Progress on action**	**Assurance required to close action**	**Date Closed**	**By whom**	**Reported to Committee**	**OPEN/CLOSED**
Actions should be listed in sequential order	State the date of the meeting	Set out the actions needed in order to deal with the issue identified by the group and be narrate so that if minutes are not available the action is very clear to the owner and the committee members	State the expected date for completing the action	Name of person responsible for completing the action	The most up to date information to be provided to the group on the actions undertaken Yes/No confirmation if all actions	The most up to date information to be provided for assurance that all elements of the action have been completed.	Date action formally closed	This will be the lead or person to whom the action was designated	Confirmation that committee that raised the action is content the action has been completed	Confirmation if action complete
1	28-Oct-21	ST to circulate the minutes of the recovery support programme to the Governing Body.	25-Nov-21	Simon Tapley						**OPEN**
2	28-Oct-21	ST to ask DA to contact CB to discuss maternity services across Devon.	25-Nov-21	Simon Tapley						**OPEN**
3	28-Oct-21	JT to check the detail as to whether the Plymouth West End Health and Wellbeing Centre building would be future proofed and tested and meet our green specifications.	25-Nov-21	Jo Turl						**OPEN**
4	28-Oct-21	JT to circulate the Commissioning Committee minutes to Governing Body.	25-Nov-21	Jo Turl	17.11.2021 - the minutes of the meeting held in October were circualted to the GB for information. Recommendation for this action to be closed.					**FOR CLOSURE**
5	28-Oct-21	JT to develop a briefing for the Governing Body setting out what primary care will look like following the investment for the Plymouth and West Devon Wellbeing Hub.	25-Nov-21	Jo Turl						**OPEN**

NHS
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GOVERNING BODY

Report title: Chair's Report				
Date of committee: 25 November 2021 **Date report produced: 16 November 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: N/A** **Name and Title:** **Dr Paul Johnson, Clinical Chair** **Date: 17 November 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 report contains updates on:

- Introduction
- Staff Awards – 2 November
- Practice Managers Conference – 3 November
- Integrated Care Board

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

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

N/A

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

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

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

NHS
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GOVERNING BODY – Clinical Chairs Report

1. Introduction

As our transition to an Integration Care System continues I am pleased that this month we have made a significant step forward with both our Chair and Chief Executive appointments being confirmed. Jane Milligan has led our system and been Accountable Officer of the CCG since April and I am really pleased that it has been confirmed she will be continuing in that leadership role. Jane has in a relatively short time demonstrated the leadership, collaboration and obvious experience needed to help us meet the challenges we face and has done so in a way that demonstrates the values that are core to us as a CCG.

Dr Sarah Wollaston has been appointed chair of the Integrated Care System for Devon (ICSD) for the next 12 months. Sarah, a practising GP in Devon, was MP for Totnes from 2010 to 2019, during which time she served as chair of the Health and Social Care Select Committee in the Commons for five years. She has worked in hospital and primary care settings and returned to clinical practice during the pandemic as a GP and to help with the COVID vaccination programme. She was recently awarded an honorary fellowship with the Royal Society of Medicine in recognition of her work in public health and scrutiny of health policy. We will surely benefit from Sarah's wealth of experience both clinical and political.

My thanks to Dame Suzi Leather who has been Independent Chair of Devon since 2018 – she has been passionate, inspirational and driven in her desire to see the best possible care for our communities and ensuring we remained focused on tackling inequalities and preventing ill health. It has been a pleasure to work with Suzi and I wish her well in her next adventure!

2. Staff Awards – 2 November

Both Jane and I were privileged to recognize the great work of our staff at the annual awards. We were joined virtually by Justin Leigh of BBC Spotlight fame and through a number of categories were able to celebrate the individuals and teams who have achieved so much in this last year and done so in a determined, caring and supportive spirit. Those recognized are too numerous to mention here but my thanks goes to all our staff members, winners or otherwise, who have provided leadership and support to our NHS during such a crucial time.

3. Practice Managers Conference – 3 November

Simon Tapley and I were invited to attend the Primary Care Practice Managers. Primary Care remains a key part of our system and opportunities like this are vital in building the relationships necessary for collaboration and to gain mutual understanding of the pressures and challenges we face. We have a strong, engaged team of Practice Managers in Devon who we need to continue to support.

4. Integrated Care Board

The Integrated Care System (ICS) Governance Task and Finish Group has continued to meet and the proposed structure of the Integrated Care Board is near complete. I am pleased that we are now in the process of appointing the Non-Executive members and having seen the quality and valuable contribution of non-executives within the CCG I am pleased that the appointment of these key posts is underway. We have a wealth of experienced people in Devon and I look forward to working with some of the best in these new roles.

As a GP and clinical lead of the CCG I am keen that the valued perspective of Primary Care remains a key component of the ICS Board and will be working with our GP colleagues over the next few weeks to ensure that we appoint successfully to the Primary Care post on the Board and ensure that individual has the resource and support to continue the work that both I and the Governing Body GPs have been able to do in the CCG.

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GOVERNING BODY

Report title: Accountable officer report				
Date of committee: 25 November, 2021 **Date report produced:** 16 November, 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:** 16 November, 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. **Appointments to the Integrated Care System for Devon**
2. **Integrated Care System development and transition**
3. **Vaccination and COVID-19 latest**
4. **Vaccination for healthcare workers**
5. **Mental health developments**
6. **Winter operations room**
7. **Recovery Support Programme**
8. **Celebrating staff**

Management of Conflict of interests: Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.
Committees that have previously discussed/agreed the report and outcomes:
N/A
Key recommendations and actions requested:
This report is for information only.
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		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. Appointments to the Integrated Care System for Devon

I am delighted to report that Sarah Wollaston has been appointed chair of the Integrated Care System for Devon (ICSD) for the next 12 months.

You will be aware that Dr Wollaston, a practising GP in Devon, was MP for Totnes from 2010 to 2019, during which time she served as chair of the Health and Social Care Select Committee in the Commons for five years.

Dr Wollaston lives in South Devon and has worked in hospital and primary care settings during her NHS career. She returned to clinical practice during the pandemic as a GP and to help with the COVID vaccination programme.

She was recently awarded an honorary fellowship with the Royal Society of Medicine in recognition of her work in public health and scrutiny of health policy.

Dr Wollaston will take up her role on 1 December 2021.

She succeeds Dame Suzi Leather, who has chaired the Devon health and care system since 2018.

I'd like to take this opportunity to thank Dame Suzi for her hard work and dedication to the Devon system since taking up office.

She has always been a tireless champion for the health and care of people in Devon - and has established solid foundations on which we will now build.

The ICS will be fundamental in helping Devon to recover from the impact of the pandemic and sharing our collective expertise and resources put us in a much better position to succeed.

I should also report that I am excited and proud to have been formally appointed to the role of Chief Executive Officer for the new Integrated Care System for Devon, when it officially comes into being from 1 April 2022.

I have really enjoyed my return to Devon and am very much looking forward to continuing in my role.

By working together, health and care partners across Devon, Plymouth and Torbay have already made good progress in many important areas in recent years.

This puts us in a good position to tackle the very real challenges we face in Devon to improve services, financial efficiency and enhance the health and wellbeing of people in Devon.

2. Integrated care system developments

There have also been some important submissions to NHS England/Improvement over the last month or so.

The first of these is the latest system development plan, submitted at the end of October. This sets out the roadmap for ICS development.

The plan is refreshed as new guidance emerges, and there is a further submission due in December.

We also recently submitted a proposal for the name of the new organisation.

We are required to give it a legal name but also one that will be used in public. Our proposal is that it will be legally referred to as NHS Devon Integrated Care Board – shortened to NHS Devon when in public.

In other related developments, the CCG communications team is involving stakeholders in what the integrated system should be known as – and hope to have this work complete soon. A proposal will then be made on this also.

Work continues on transition with the usual checks and balances in place and we are keeping affected staff up-to-date through all staff briefings and specific team meetings where requested. Non-executive roles within the ICB are expected to be advertised in the very near future.

Of course, we await the passage of the health and social care bill but all in all, it’s fantastic to see the new organisation – and system, slowly but steadily coming to life.

I will continue to provide updates on ICS development in the run up to April 2022.

3. Vaccination and COVID-19 latest

The vaccination programme in Devon, as elsewhere, has been a successful one.

Since the programme started 956,073 first doses have been administered with a total of 886,529 second doses given. This makes a total of 1,843,192 first and second doses with nearly 9 in 10 over-16s now fully vaccinated.

I never tire of thanking the people who have helped to deliver this amazing total; the nurses, GPs, healthcare assistants, administrative teams, volunteers and others working so hard to do so. Great work.

Further good news came last week with the announcement that the booster dose offers 90 per cent protection against symptomatic Covid-19 in the over 50s.

We know that the vaccine effectiveness against symptomatic diseases appears to wear off over time but having the booster will help to protect people with winter approaching.

If you are reading this and thinking, I'm not sure about the booster; think again.

Booster doses can now be booked one month in advance of people becoming eligible so please think about yourself and others and do the right thing.

Details of walk-in clinics are being regularly shared on NHS Devon CCG's social media pages. You can find your nearest walk-in clinic on NHS England's site finder. Appointments can be booked via the National Booking System

Cases of Covid-19 are still very much with us in our communities. Last week there were 4, 541 cases identified with the case per 100,000 people at 560 – above the national average. Please wear a mask when in enclosed spaces, allow distance between you and others and keep washing those hands.

Finally, in this section, a new public information campaign has launched demonstrating the importance of simple ventilation to reduce the risks of catching COVID-19 this winter.

It shows how COVID-19 levels indoors reduce simply by opening a window for just 10 minutes every hour when socialising with others.

It's worth a watch but more importantly perhaps is the key message – "Stop COVID-19 hanging around".

4. Vaccination for healthcare workers

The Department of Health and Social Care (DHSC) announced on 9 November that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care.

The government regulations are expected to come into effect from 1 April 2022, subject to parliamentary process.

This means that unvaccinated individuals will need to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline.

Obviously, we have informing staff of this requirement and will continue to monitor the uptake as usual.

5. Mental health developments

Devon Partnership NHS Trust (DPT) has had its fair share of good news of late and fresh from improvements noted by the CQC and a national spotlight for some of its award-winning services, the trust has scooped more awards.

It had an impressive nine teams shortlisted in the National Positive Practice in Mental Health Awards, winning in six categories and attaining highly commended in three others.

In other developments, DPT has commissioned an additional eight beds at a new inpatient unit in Exeter.

The purpose-built Pinhoe View facility specialises in the psychiatric assessment and treatment of women. This is an important part of wider inpatient care developments in mental health across the county.

This month, the system has also been working together to provide an updated 5-year plan in relation NHS mental health investment and performance, covering the period from 2018/19 to 2023/24 and aligned to the LTP.

Partners across the system continue to work hard to deliver exciting changes through the implementation of the Community Mental Health Framework (CMHF) and recently had the opportunity to share their experiences in working across primary and secondary care in community mental health on a national webinar, which colleagues in Live Well South West supported.

6. Winter operations room

Due to the demands of Covid-19, and increased pressure on Emergency departments and beds in the system this year we have put in place a system winter operations room.

It provides system co-ordination for winter pressures, the response to the pandemic and any other emergency incidents in the community.

The programme is overseen by a virtual team of directors and senior managers from across the system.

It operates from 8am to 6pm during the week and 9am to 5pm at weekends.

It has been up and running for a few weeks now and already it is starting to pay dividends, helping our hospitals, discharge teams and others to coordinate activity.

The programme is an excellent example of how we achieve more as a system for patients than we do as its constituent parts.

I'd like to thank all staff and clinicians that have been involved and also the administrative staff within the CCG who have volunteered to help out.

We are just at the beginning of winter but this kind of joint initiative will make sure that we respond as efficiently as possible to the challenges we are likely to face.

7. Recovery Support Programme (RSP)

As reported previously, a RSP group is now regularly meeting to provide input into the programme.

We continue to work on the system oversight framework exit criteria with NHS England and Improvement.

We are also working on the governance of the programme. When there is more detail on all of these I will of course provide further updates.

8. Celebrating staff

One of the privileges of also being the Chief Executive of the CCG, is that I get to host the Celebrating You award ceremony. And it was great fun to do this with Dr Paul Johnson earlier this month.

A total of 33 people, teams and projects picked up awards, including Karen Barry who won the Staff Choice Award – as voted for live at the event by colleagues across our organisation.

Given the challenging year we've had, it was great to be able to come together and celebrate all our successes. Paul and I found it hugely uplifting. It was also brilliant to see how many staff dressed up for the occasion and shared their photos on social media.

We are also grateful to the former-BBC presenter, Justin Leigh, for his heartfelt speech thanking you for all the work you've done over the past year.

And of course, a big thank you to my co-host and other presenters, not to mention the fantastic communications team who made it all possible.

Once again, thank you to everyone who attended the ceremony and congratulations to those who received an award.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: H2 Planning and Budget Setting				
Date of committee: 25th November 2021 **Date report produced: 11th November 2021**				
Author (s) Name and Title: Ben Chilcott, Deputy DoF		**Supporting Executive:** **Name and Title:** John Dowell, DoF **Contact Details:**		
		Report Approved by: **Name and Title:** John Dowell, DoF **Date**		
Public or Private (Governing Body only):	**Public**	**Y**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				
Executive Summary: This report sets out the H2 Planning and CCG Budget Setting for H2 of 2021/2022. These were scrutinised through the CCG Finance Committee on 18th November, where the Committee agreed to recommend to Governing Body that the budget for H2 should be approved.				
Management of Conflict of interests: Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.				
Committees that have previously discussed/agreed the report and outcomes:				

Key recommendations and actions requested:
Recommendations: **The Governing Body are asked to:** **1) Approve the budgets set for the CCG for H2 of 21/22** **2) Approve the level of efficiency requirements as set out** **3) Note the risks and mitigations that have been identified**
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	Yes	
Health Inequalities	Yes	
Equality (staff or public)	Yes	
Resource and Finance	Yes	
Legal	Yes	
Engagement and Consultation	Yes	
Risk	Yes	

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

NHS Devon CCG – H2 Planning

Introduction

Allocations, financial envelopes and planning guidance setting out the financial framework for the second half of 2021/2022 were issued at the beginning of October 2021.

This report takes the wider system position and shows how the system plan has been reflected into the partner organisations with the system. It goes on the set out what impact the allocations have for the CCG and budget setting, including efficiency requirements, contract values and risks.

The ICS summary plan has been submitted to NHS England as required on 21st October, demonstrating overall financial balance as required for the ICS.

Detailed submissions at organisation level are now being completed for final submission on 16th November. An initial plan feedback meeting with NHSE is scheduled for Friday 29th October, and any additional information or refinements will be incorporated into those final submissions.

This report sets out the detail for the CCG that will underpin the return due on the 16th November 2021.

Headline changes to allocations

In broad terms the financial envelope was based on a repetition of that provided for the first half of the year (H1). This envelope was then adjusted for a number of factors including:

- The impact of the Agenda for Change pay award at 3%, both retrospective and prospective, so covering the whole financial year.
- A capacity fund to recognise the non elective pressures
- A 6% reduction in the Covid funding
- A reduction to the support for lost income
- An increased efficiency target for all commissioned services of 0.82%, which when aggregated to the 0.28% in original baselines, brings the overall target for H2 to 1.1%.
- For systems that are not delivering against their Financial Improvement Target, a further stretch efficiency requirement.

In addition to these, further changes were announced to the financial framework that did not have an immediate impact on the financial envelope and contract values, but will have an impact over time. These included:

Transformation Investment Fund (TIF).
Elective Recovery Fund (ERF) extension and update
Hospital Discharge Programme (HDP) extension

The overall resources are set out in Table 1 below:

Table 1: H2 System Allocations

			Allocation Uplifts				
	H1		H1	H2	H1	H2	Total
	£k		£k	£k	£k	£k	£k
Baseline	975,278				975,278	975,278	1,950,556
Funding Changes							
Allocations	50,569		12,663	11,944	63,232	62,513	125,745
Topup Funding	72,079		2,277	-13,580	74,356	58,499	132,855
Covid Funding	61,740		860	-3,772	62,600	57,968	120,568
Growth	4,845		72	7,169	4,917	12,014	16,931
Total Resources	**1,164,511**		**15,872**	**1,761**	**1,180,383**	**1,166,272**	**2,346,655**

The **Baseline** in Table 1 above represents the originally notified opening allocation for the Devon CCG based on the Long Term Planning allocations, but prior to the growth uplift notified for that period. This growth uplift has been replaced by the temporary funding regime changes detailed in Table 1.

Allocations generally includes standard CCG allocations, including inflationary uplifts, but also includes the current topup for the CCG to cover existing levels of expenditure – ie top up funding to enable breakeven at current level of spend, not additional resource.

Top up funding includes the pass through top ups to our NHS provider partners to cover their existing levels of baseline expenditure. This includes CNST funding and top ups for lost income. This section also covers the stretch targets applied to systems that were not delivering the Financial Improvement Trajectories in 2019/2020. For the Devon system this additional stretch target was £3m in H1, and £17.8m in H2.

Covid funding includes funding to cover covid costs. Where this was previously managed on a claims basis, allocations for 2021/2022 were made to systems based on 2020/2021 levels of expenditure, and systems required to manage within that level of resource. Approximately £11m is allocated within the CCG, and the balance £153m is passed on to Devon system NHS providers.

Growth funding is a small sum allocated to cover activity and population growth. For H2, this includes £7.1m of additional Urgent and Emergency Care capacity funding.

The detail is included at Table 2 below.

Table 2: Detailed Analysis of Uplifts for 2021/2022

	£k			£k
Allocations		**Covid**		
Deficit Funding	39,937	Providers		109,328
Independent Sector	23,112	CCG		11,240
Inflationary Growth	62,696			
	125,745			**120,568**
Topup Funding		**Growth**		
Pass through to providers	153,465	General Growth		9,830
Stretch Targets	-20,609	UEC Capacity Fund		7,101
	132,856			**16,931**

System Plan

The Devon system has been working to pull together the wider system plan for H2 based on these allocations. When added to H1 allocations this results in a system wide annual plan as set out in Table 3 below.

Table 3: 2021/2022 Annual Plan for Devon Allocation distribution

	CCG	NDH	RDE	TSD	UHP	DPT	LSW/ICP	System	Total
	£k	£k	£k	£k	£k	£k	£k	£k	£k
Baselines	670,698	152,796	329,414	337,930	222,322	139,494	97,902		1,950,556
Allocations	92,753	1,766	16,768	16,233	8,724	17,803	10,198	-38,500	125,745
Topups	-201	17,676	29,440	26,219	63,552	-172		-3,658	132,856
Covid	11,053	9,817	18,713	16,805	16,983	12,780		34,417	120,568
Growth	224	1,030	2,190	1,794	2,087			9,606	16,931
	774,527	183,085	396,525	398,981	313,668	169,905	108,100	1,865	2,346,656
SDF	60,221	2,288	3,726	4,132	4,830		634		75,831
	834,748	**185,373**	**400,251**	**403,113**	**318,498**	**169,905**	**108,734**	**1,865**	**2,422,487**

Each organisation has worked through their individual plans at local level to set out what their delivery against income will be to feed into the system plan. The requirement for the system to deliver over breakeven against resources is delivered by this plan, with organisational deficits and surpluses offsetting to overall balance. The individual organisational balances are summarised below in Table 4 below:

Table 4: 2021/2022 Annual Plan Outturn Surplus and Deficit Balances

	CCG	NDH	RDE	TSD	UHP	DPT	LSW/ICP	System	Total
	£k	£k	£k	£k	£k	£k	£k	£k	£k
H1 Outturn	0	0	0	0	0	0	0	0	0
H2 Outturn	1,600	-2,900	-6,300	1,800	2,100	0	0	3,700	0
Surplus/(Deficit)	**1,600**	**-2,900**	**-6,300**	**1,800**	**2,100**	**0**	**0**	**3,700**	**0**

This includes a surplus contribution from the CCG of £1.6m, which is described in the next section on H2 budget setting.

CCG Budget Setting for H2

Budgets have been set and delivered for H1, as reported to the Finance and Performance Committee in the month 6 finance report. The CCG position is reported as breakeven. In doing so there is some non recurrent flexibility carried into H2, and this is what will enable the CCG to deliver a small non recurrent surplus to contribute to overall system balance.

There is no hard close for H1, and the whole of H1 and H2 will be treated as a single accounting period for the purpose of overall financial delivery.

The methodology for setting the CCG budgets has been to work through the system plans on an organisational basis. In this methodology, we treat the system provider partner contracts individually and to ensure consistency and fairness, treat the remainder of the CCG as

"operational CCG". System issues and benefits are run through a corporate system reserve. This ensures that the operational CCG (which includes primary care, community and continuing healthcare, independent sector acute) does not bear the whole impact of system wide pressures or benefits.

Step one therefore is to split the resources on a high level basis. As set out in the "Headline Changes to Allocations" section above, the start point is a simple replication of H1 allocations, and therefore for the CCG a repeat of the normalised H1 budgets.

The normalising is to remove non recurrent allocations, such as SDF, that relate only to the H1 period.

Then a methodology for each element of allocation adjustment as follows:

- Inflation (both retrospective and prospective) allocated per national methodology
- Specialised adjustments passed through to specific providers
- Covid reductions – pro rata to covid allocations in H1
- Stretch Efficiency – pro rata to contract baselines excluding Mental Health and other contracts that have not received topup and covid alocations
- Capacity Fund – allocated on a population basis to the 4 acute providers in recognition of the UEC investment made

Table 5: 2021/2022 System Wide H2 Plan

	CCG	NDH	RDE	TSD	UHP	DPT	LSW/ICP	System	Total
	£k	£k	£k	£k	£k	£k	£k	£k	£k
H2 Baseline (H1 norm'd)	391,121	90,397	196,298	197,736	155,195	80,426	52,409	930	1,164,512
Inflation	8,288	3,342	7,242	7,103	5,714	1,315	1,465	2,420	36,889
	-2,085	-700	-1,532	-1,490	-1,202	-69	-268		-7,346
Specialised			-263		-394				-657
Covid	-348	-309	-590	-530	-535	-403		-865	-3,580
Stretch Efficiancy	-4,366	-1,374	-3,003	-2,809	-2,357	-172		-690	-14,771
Capacity Fund		1,030	2,190	1,794	2,087				7,101
H2 Budgets	392,610	92,386	200,342	201,804	158,508	81,097	53,606	1,795	1,182,148
SDF	16,664					2,800	1,055		20,519
	409,274	**92,386**	**200,342**	**201,804**	**158,508**	**83,897**	**54,661**	**1,795**	**1,202,667**

The CCG has then set budgets based on the uplifts identified in the H2 allocations and planning guidance. These are set out in Table 6 below.

Table 6: Percentage Uplifts included in H2 Allocations

	Price	Activity	Efficiency	H2 Total	H1 Retro
NHS provider blocks	1.98%		-0.82%	1.16%	1.75%
Healthcare - Non & IS	2.72%		-0.82%	1.90%	
Prescribing	1.32%		-0.82%	0.50%	
Continuing Healthcare	2.80%	1.40%	-0.82%	3.38%	Weighted
Funded Nursing Care		1.40%		1.40%	Average
Primary Care (CCG)				0.00%	0.93%
Other Programme	2.72%		-0.82%	1.90%	
CCG Community		0.70%		0.70%	
Total Uplifts				**1.40%**	**1.49%**

The resultant budgets are set out in Table 7 below. These show the calculated uplifts, efficiencies and other adjustment required from the H2 replication of H1. H1 budgets also included an efficiency target, but these are embedded in the baseline figures in Table 7.

The overall efficiency requirement for the Operational CCG is described in the next section.

These budgets show a planned surplus of £1.6m, as set out in Table 4 earlier in the report.

In addition to the surplus delivered in the Operational CCG position, the CCG will also deliver a further planned surplus of £3.7m, which is delivered from the wider strategic system position but which runs through a CCG reserve.

The overall CCG planned surplus is therefore £5.3m.

Table 7: 21/22 H2 Operational CCG Budgets

	Baseline	Uplift	Efficiency	Other	Total
Operational CCG	£k	£k	£k	£k	£k
Primary Care Prescribing	106,838	2,286	-769		108,355
Primary Care Other	19,145	154	0		19,299
Placements	49,470	1,903	-309		51,064
SWASFT	26,079	973	-210		26,842
Other Acute	11,637	454	-95		11,996
Independent SeBor	16,275	594	-133		16,736
Mental Health	16,765	210	0		16,975
Better Care Fund	23,670	616	-194		24,092
Discharge to Assess	3,354	110	-28		3,436
Reserves	-3,333	79	-3	11,373	8,116
Community	17,645	654	-182		18,117
	287,545	8,034	-1,924	11,373	305,028
Ringfenced					
Delegated Primary Care	91,440				91,440
CCG Running Cost	11,206				11,206
	102,646	0	0	0	102,646
21/22 Budgets	**390,191**	**8,034**	**-1,924**	**11,373**	**407,674**
Resources Allocated from System Plan					409,274
CCG Operational Surplus (Deficit)					**1,600**
System Surplus					3,700
CCG (System) Surplus (Deficit)					**5,300**

H2 Efficiency Requirement

The overall CCG efficiency target for H2 of 21/22 is £14,368k. This is built up from a number of factors as described in Table 8 below.

The baseline allocation incorporated a 0.28% efficiency requirement, which was increased in H2 by 0.82% to an overall 1.1% in H2. Reductions to covid funding, and the CCG share of the stretch financial improvement trajectory target make up the balance.

Table 8: 21/22 H2 Efficiency Target for the CCG

	CCG	System	Total
Target Made up of:	£k	£k	£k
As per H1			
H2 Baseline CIP (0.28%)	2,076		2,076
H2 System Stretch Target		2,919	2,919
Additional For H2			
H2 Increased Target (0.82%)	2,085		2,085
H2 System Top Up Growth		18	18
H2 Income Loss Reduction		1,000	1,000
H2 CCG share of Covid reduction	348		348
H2 System Share of Covid Reduction		865	865
H2 CCG share of £14,771k	4,366		4,366
H2 System share of £14,771k		691	691
Total CCG Efficiency Target	**8,875**	**5,493**	**14,368**

A number of these efficiency targets will be met technically through the way in which we have set the system plan and the CCG budgets. These are highlighted green.

The yellow highlighted plans are where a plan exists, but the savings are not yet delivered. Red highlighted savings identify areas where we do not yet have plans.

Those areas with zero are where the CCG has chosen not to apply savings requirement as expenditure is increasing for a good reason, or where it is inappropriate to reduce spend (such as Mental Health).

The savings requirements are split between what needs to be delivered by the operational CCG, and those by the wider system. The wider system savings are already delivered due to way in which we have set the plan.

Table 9: 21/22 H2 Efficiency Plans for the CCG

System Efficiencies		£k	
System Stretch	N	2,919	Delivered through System Plan and Budget Setting
Income Loss	N	1,000	
Stretch Efficiency (System)	N	691	
Covid Reduction	N	865	
		5,475	
CCG Efficiencies			
Elective Care	R	666	Delivered through technical tariff uplifts to non system contracts
Emergency Care	R	0	
Mental Health	R	0	
Continuing Healthcare	R	0	
Discharge Programme	R	126	WPVC in Plymouth, planned commencement date Jan 22, FYE £507k savings
Medicines Optimisation	R	1,218	1.1% as applied to £1.2m budgets, plan in place, not yet delivered
Non NHS Procurement	R	21	Windsor House, assumed £80k saving, starting Jan 22
Covid Reduction	N	348	Already spending less than allocation
Commissioning System Admin	R	480	No inflation funding for CCG pay award, forecast delivery based on current run rates
		2,859	
Unidentified Efficiecnies			
Primary Care (CCG funded)	R	210	1.1% as applied to £19.6m non delegated CCG funded primary care
Stretch Efficiency (CCG)	N	4,368	No plans in place yet
Unidentified Efficiecnies	R	1,458	No plans in place yet
		6,036	
Total Efficiency Programme		**14,370**	

Financial Position to the 31st October 2021 (Month 07)

We have not produced a detailed finance report for October while the budget for H2 is still is unapproved. NHSE also did not require the H2 budget to be included in their October reporting. We have however completed the normal month end reviews of actual spend and compared that to the September position. This has not highlighted any specific material movements in expenditure patterns and we are confident that we can deliver the required financial position for the year ending 31st March 2022.

The position continues to be reliant on the CCG being reimbursed with regard to the costs of the Hospital Discharge Programme. This has been capped at £14.2m for H2 and we are closely monitoring the spend and commitments against this sum in conjunction with our Local Authorities.

Risks and Mitigations

At this stage in setting the budgets a few risks have been identified.
ERF / Accelerator £5,000k
CIP Shortfall £5,500k
HDP cap £2,000k

Prescribing £3,000k

The potential mitigations to these would require us to limit additional activity levels, renegotiate with Local Authorities, or seek other non recurrent mitigations.

Recommendations:

The Governing Body are asked to:

1) Approve the budgets set for the CCG for H2 of 21/22, as recommended by Finance Committee.
2) Approve the level of efficiency requirements as set out
3) Note the risks and mitigations that have been identified

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Devon Integrated Performance & Quality (ICS) Report				
Date of committee: 25 November 2021 **Date report produced: 16 November 2021**				
Author (s) Name and Title: **BI content: Karen Helliwell** **Performance summary: Lisa Heard** **Quality summary: Sara Wright** **Finance section: Suzanne Pollard**		**Supporting Executive: Darryn Allcorn** **Name and Title:** **Chief Nurse** **Contact Details:** **darryn.allcorn@nhs.net** **Report Approved by: Darryn Allcorn** **Name and Title:** **Chief Nurse** **Date: 16/011/21**		
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 provides a consolidated update on key measures of outcomes, performance, quality, finance and activity to provide the necessary assurance to the Governing Body. The report includes escalation of key issues from LCPs and system groups, highlights any significant risks and includes further detail on any areas requested by the Board.

Outcomes
The outcomes report looks at indicators of the health of the population (the health status of the population and whether equitable outcomes are being achieved) and the health of the ICS (whether people are being appropriately and equitably supported by the ICS).
Whilst the ICS compares well to the national position for the majority on indicators there are a number where performance is lower or where there is significant variance across the system. These will be subject to quarterly exception reporting providing further context and detail around the headline indicator, key actions and timescales for improvement and any issues for escalation.

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:

- **Finance & Performance Committee**

Key recommendations and actions requested:

Members of the Governing Body are asked to:

- **Receive and note the contents of the report**
- **Note issues highlighted and actions undertaken**

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	Includes details of areas where there are quality concerns	
Health Inequalities	Outcomes framework includes comparators on data	
Equality (staff or public)		N
Resource and Finance	Report includes System finance summary	
Legal		N
Engagement and Consultation		N
Risk	Report highlights risks in performance & quality	

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.

Together for Devon

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

Integrated Performance, Quality & Finance Report

Date of issue:16/11/2021

Executive Summary

This report provides a consolidated update on key measures of outcomes, performance, quality, finance, recovery and activity to provide the necessary assurance to the ICS, at both place and system level.

The Devon System remains extremely challenged, in urgent, elective, community and primary care. Multiple factors have contributed to this position of increased risk, including sustained urgent care activity leading to pressures in Emergency Departments (EDs) and cancelled planned procedures, including cancer cases. There is significant pressure and impact on all parts of the health and social care pathways

And this workforce face immense pressure when trying to meet the needs of these patients in community settings. Patient flow through the whole health and social care system remains difficult.

The risks above are captured on the CCG risk register (updated monthly), but also on CCG team provider risk registers. Partners continue to collaborate to address these pressures at the System Performance (SPG) and the Quality Surveillance (QSG) Groups.

Covid cases in Devon have reduced in early November following increases in October related primarily to secondary school age children. Covid hospitalisations remain volatile but have begun to flatten in late October/early November. Covid patients in ICU remain relatively low.

The system is finalising the H2 Operating Plan submission and focussing on the key priorities in this plan (see slide 4). The Devon Winter Taskforce was established at the beginning of November and will become fully operational by the start of December (see slide 6).

Together for Devon

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

ICS: Performance & Quality Context

2021/22 H2 Operating Plan

H2 operating plan – submission on Tuesday 16th November 2021:

- Activity and performance template (final)
- Workforce: acute, community, mental health and ambulance
- Narrative template (workforce; cancer; primary care; community services and UEC)
- Narrative template (elective recovery/winter)
- System Finance template

Performance priorities:

- Eliminate waits of over 104 weeks by March 2022, except where patients choose to wait longer
- Hold or where possible reduce the number of patients waiting over 52 weeks
- Stabilise the waiting list to the level seen at September 2021
- Return the number of people waiting for cancer treatment for longer than 62 days to the level we saw in February 2020
- Improve performance against cancer waiting times standards to a minimum of 70%
- Meet the Faster Diagnosis Standard from Q3

2021/22 H2 Operating Plan

Community and Urgent and Emergency Care priorities:

- Hospital Discharge Programme (HDP) continues during H2 but systems should plan to implement sustainable and affordable arrangements from April 22
- 2-hour community crisis response teams to be proving consistent national cover (8-8 7 days per week) by April 22
- Embed actions in the recent UEC 10 point action plan to reduce the number of handover delays in the system, eliminate 12 hour waits within Emergency departments and ensure the safe and timely discharge of patients without a criteria to reside, especially patients on pathway 0.
- Meet the minimum level of staff influenza vaccination rates

Mental Health priorities:

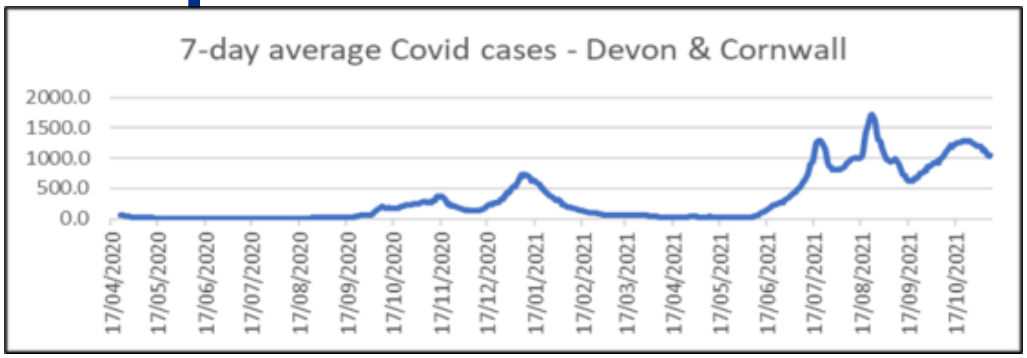
- Continuing to meet the Mental Health Investment Standard
- Delivering against in-year ICS workforce plans, making full use of new roles
- Accelerating the recovery of face to face care in community mental health services
- Reducing Out of Area Placements, long lengths of stay and long waits in ED for Mental Health patients.
- Increase access to Children and young people's NHS funded community mental health services (including eating disorders, crisis and school based mental health services) and NHS funded talking therapies, individual placement support and specialist perinatal mental health services.
- Advancing equalities, including physical health checks for people with severe mental illness and recovering the dementia diagnosis rate

Winter Taskforce

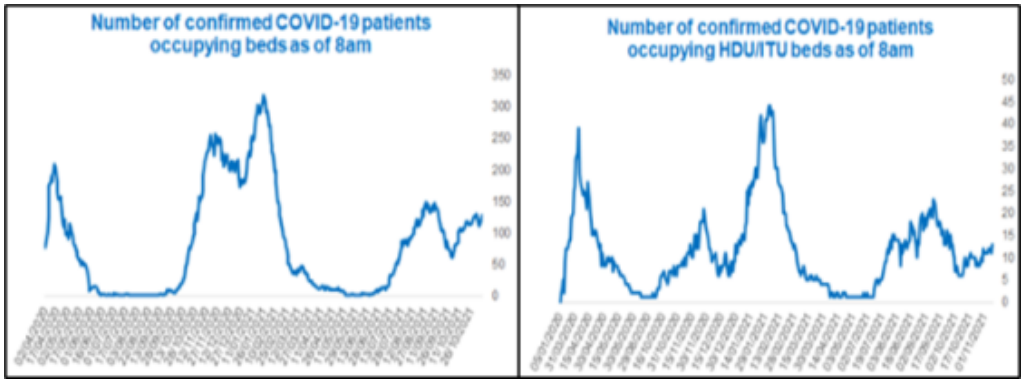
- The system has agreed to the establishment of a Winter Taskforce, to focus on the effective flow of emergency and COVID patients through the Devon Health and Care system. In the initial phase, the Winter Taskforce will:
  - Complete a **patient flow diagnostic** for Devon to fully understand System patient flow across all sectors;
  - Establish the **membership of the Taskforce** from across the System at Executive and Sub Executive level so that the weekly leadership construct can be put in place;
  - Commission a **Devon level ICS operational support arrangement** so that daily System grip and coordination can be provided through an expansion of the day to day call infrastructure that builds on and improves the current infrastructure;
  - Commission a very short term activity to see if it is at all possible to draw together a **real time unscheduled care dashboard** for Winter that could support the establishment of day to day System operational capability (through EPIC or any other available provider already present in the System) and support SWAST in its vital System support role during Winter;
  - Commission a **Devon level Clinical and Professional Service Multi-Agency leadership cell** to identify, proof and recommend immediate strategic interventions to the Winter Taskforce for full implementation before Christmas (to include local and Devon level vaccination and booster programmes).
  - **Prepare for full running of the Taskforce programme from the beginning of December.**

Covid Update

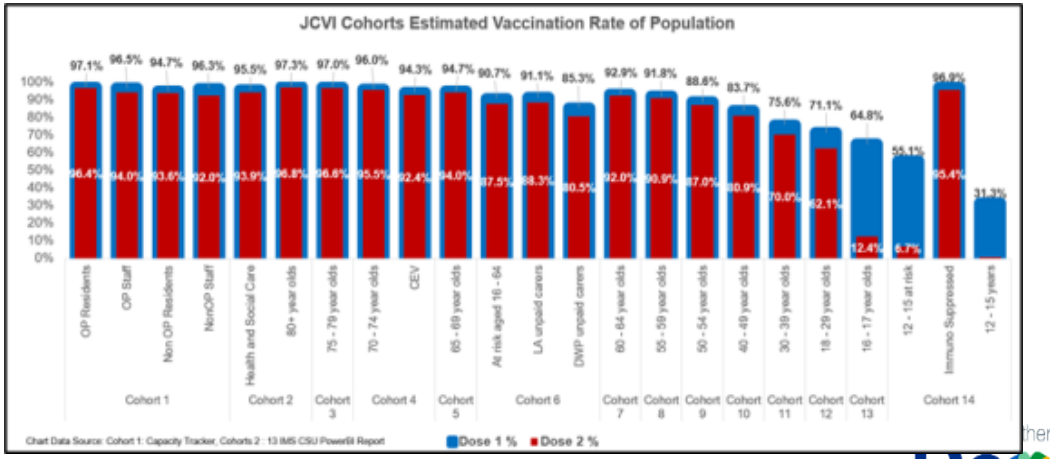
Covid cases in Devon have reduced in early November following increases in October related primarily to secondary school age children



Covid hospitalisations remain volatile but have begun to flatten in late October/early November. Covid patients in ICU remain relatively low



85% of the eligible Devon population have received one vaccination dose and 85% both doses. 31.3% of 12-15 year olds have received a vaccination



Infection Prevention & Control

- Devon MRSA rates benchmark as the 29th highest of 106 CCGs nationally (second quintile). Devon MSSA rates benchmark as the 36th highest of 106 CCGs nationally (second quintile).

- The CCG gains assurance on the investigation of MRSA and MSSA cases through attendance at provider infection control committees and targeted follow-up. There is no longer a requirement to perform post infection reviews, or to investigate within a short timescale

- The CCG receives assurance that root cause analyses of these cases are routinely being undertaken; reports of these at the provider infection prevention committee meetings.

- If there are clusters or outliers, the CCG would seek further information on likely cause, learning and control plans. For example, there was recently an increase in MRSA bacteraemia cases reported by RD&E. This was noted by the CCG's routine monitoring of cases uploaded to the UK HSA data collection system as part of mandatory surveillance and an investigation revealed a reasonable explanation for the increase.

- Devon *E. coli* rates benchmark as the 19th highest of 106 CCGs nationally (first quintile). Current reduction work includes the monitoring of community-associated cases, hydration education in care homes, and a project to reduce inappropriate urine specimen collection.

- Devon *C. difficile* rates benchmark as the 34th highest of 106 CCGs nationally (second quintile). The CCG are in the process of ensuring investigations of all community-associated *C. difficile* cases are undertaken and thematic analysis performed. This process may reveal avoidable themes. The CCG and other system partners are stakeholders in an NHS England led *C. difficile* collaborative, aiming to deliver improvement in *C. difficile* rates across the South-West.

Infection Prevention & Control

- The national influenza immunisation programme is under way, although vaccine delivery delays have resulted in primary care clinic delays.

- Healthcare worker flu vaccination programmes are ongoing. There has been a national change to staff flu vaccination reporting for the 2021-22 season, with all vaccination data being input into a national system.

- Flu vaccine uptake among care home staff is less than 20% according to capacity tracker data, at this stage in the programme; this is a pattern repeated across the South West.

- Norovirus has begun to circulate within Devon, raising the risk of ward closure in Trusts as well as care home closures.

- During the third wave of COVID-19 the Devon community infection management service have prioritised reactive support to care homes in outbreak, supporting the system response.

Primary Care

- Ongoing CQC compliance meetings continue with practices who have recently been inspected. The CCG works closely with CQC to gain assurance of the safety of these practices through oversight and scrutiny of the CQC improvement plans. Additionally, those areas of most concern which relate to CQC compliance are discussed at PCCC and have executive oversight.

- The CCG continues to work with a number of practices to improve their incident reporting processes. Ongoing long-term quality improvement work leading into PSIRF will be required to ensure that primary care is adequately prepared for these national changes to incident reporting.

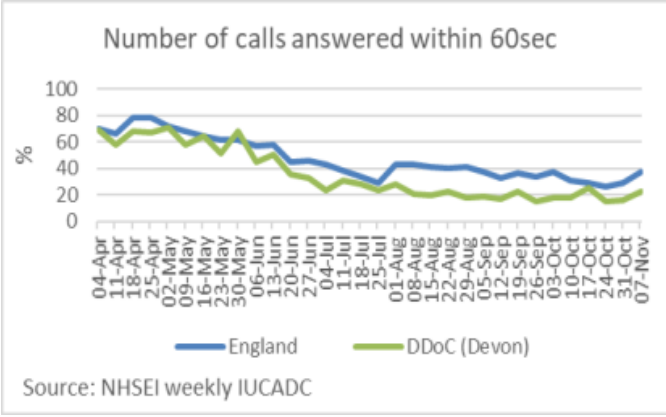
- This month saw NHSE/I announce plans for a new £250m Winter Access Fund, available from November through to March, which is intended to address improving access to primary medical services and provide support for general practice.

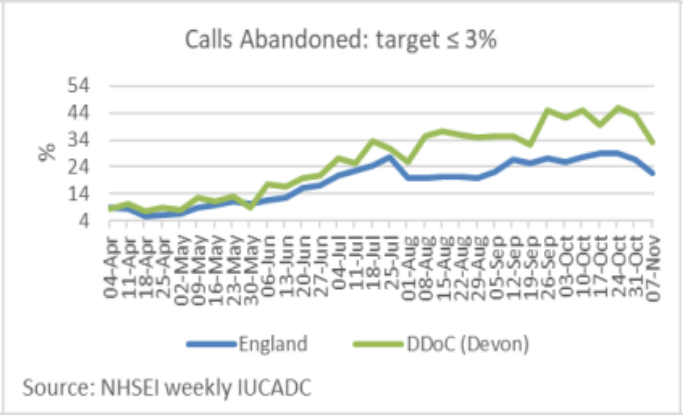
- NHSE/I has produced a guide outlining a package of assistance and includes steps to (a) increase and optimise capacity, (b) address variation and encourage good practice and (c) improve communication with the public, including tackling abuse and violence against NHS staff.

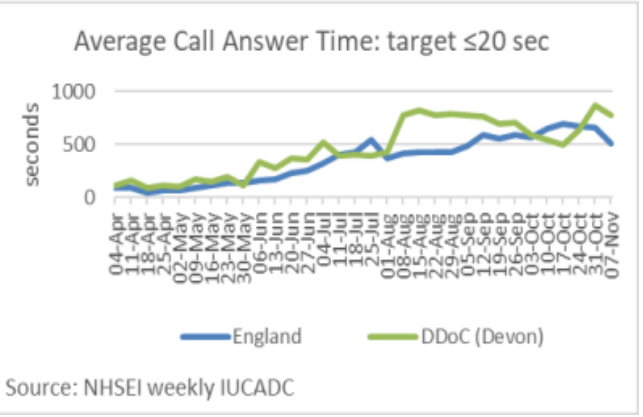
Urgent & Emergency Care: Integrated Urgent Care Service (IUCS)

(including NHS 111, Clinical Assessment Service & Primary Care Out of Hours)

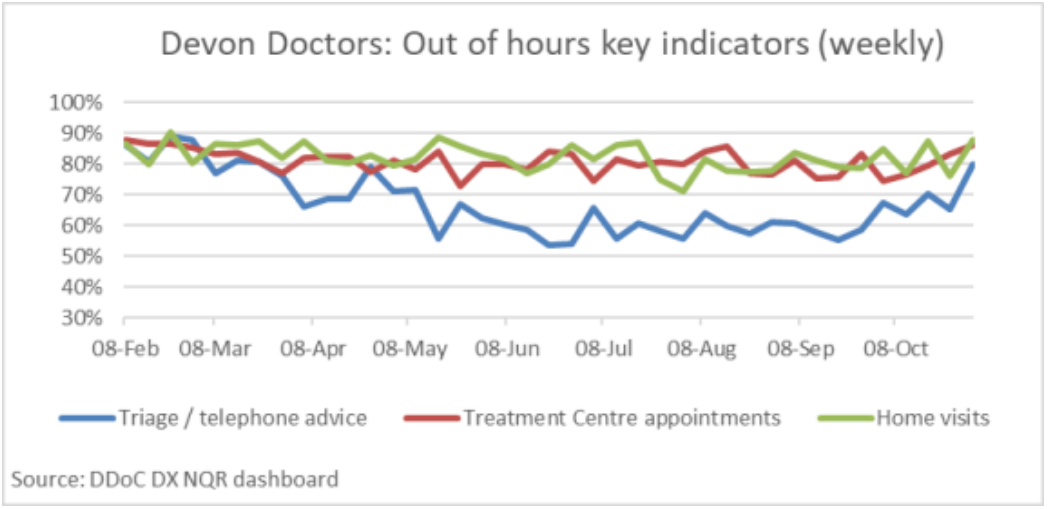
- Challenging performance in the 111 service relating to high call abandonment rates and poor average times to answering calls continue; delays in triaging, assessing, advice, referrals and treatments of patients remain. The underlying causes continues to be the trend of a high demand and a poor level of staffing.







Urgent & Emergency Care: Integrated Urgent Care Service



- Similar concerns remain in the out of hours (OOH) work field; with an increased demand picture wand a challenged workforce.

- The provider reports Primary Care clinicians are in high demand, making fulfilling the out of hours shifts challenging. The clinical workforce strategy is being implemented, aiming at increasing the allied health professionals.

- The high numbers of 999 call validation and thus being able to stand down many ambulances following clinical review remains a positive within DDoc performance.

Urgent & Emergency Care: Integrated Urgent Care Service

A number of service improvement initiatives are underway:

- Implementation of Enhanced Clinical Validation whereby patients who received an initial 111 outcome of go to ED or transfer to 999 are reviewed by a senior clinician to identify whether this is actually the most appropriate response to their issue
- DCG working with a partner organisation in order to increase the availability of clinical advice within the service
- Increasing the size of the workforce by facilitating people to effectively work from home or their own GP practice
- Ongoing recruitment by DDG to improve shift fill on the service's rotas
- Working in partnership across the ICS to continue to deliver the national 111 First initiative, whereby patients are encouraged to call 111 and be directed to the right service for their needs, securing an appointment for them wherever appropriate
- Developing new roles to support staff and prioritise patients according to their needs
- Broadening the range of different staff types working within the service in line with DDG's workforce strategy
- Facilitating the direction of patients calling 111 who have mental health issues into appropriate mental health services
- Increasing the use of video consultation
- Working to improve retention of staff within the service

DDG maintain detailed improvement plans that are reviewed by the CCG through biweekly monitoring / assurance meetings.

Urgent & Emergency Care: Urgent Care

- EDs continue to be impacted by urgent care pressures, with patients often waiting long periods for review and treatments. 12 hour waits and ambulance queues continue to be reported by all providers.

- SWASFT remained in critical incident, REAP 4 status throughout October. The mean time to answer 999 calls was the second slowest in England at 89 seconds during September. This has significantly grown in length since June 2021.

- The call stack (the number of patients that have called 999, have been triaged, and are waiting for an ambulance / clinical advice) has continued to grow. A new record number of over 500 patients were in this call stack at a peak period in October. This figure is for the whole SWASFT footprint (7 counties).

- Slow call-answering and response times increases the risk that patients will suffer unnecessary harm. Given the emergency nature of ambulance work, it is not always possible to identify whether harm would or would not have occurred irrespective of the delay.

- In attempts to tackle these challenges there has been a Devon wide risk summit on Urgent Care; each locality is driving forward changes within their systems to reduce delays in ED, improve hospital flow and reduce demand on 999. Examples of this include, a Primary Care focus on resource, communication and process issues.

- The CCG will present updates on changes and plans to improve the situation at an enhanced QSG in November 2021.

Urgent & Emergency Care: Ambulance Handovers

- Delays in ambulance handovers at all Trusts remain a focus locally, in the region and at a national level. All Trusts and Systems were required to respond to a request for information on how they will reduce the time lost through delays and this will be followed up closely, particularly in relation to UHP and Torbay. Much of the actions are based on the work already taking place between UHP and the CCG and recommended by NHSE/I to roll out to other providers for learning.

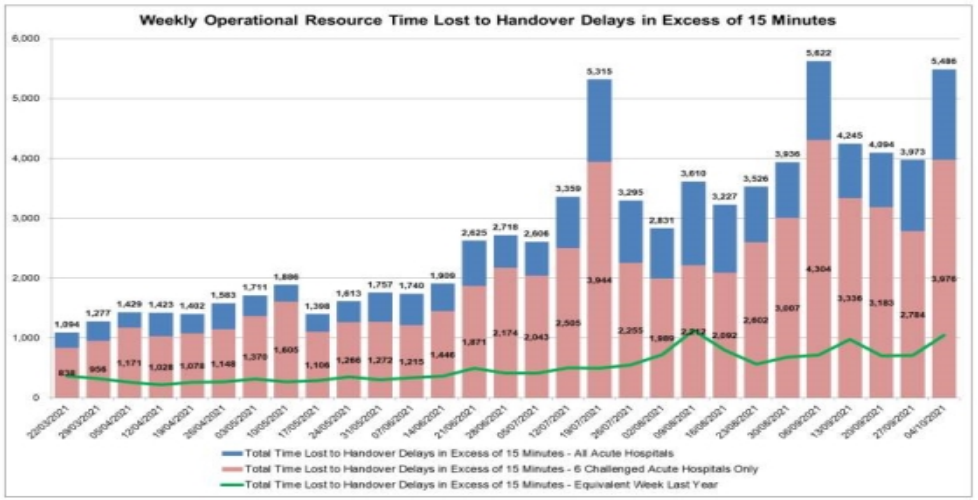
- There is a comprehensive improvement plan at UHP, with weekly meetings and every three weeks with NHSE/I. One example of an initiative is improved communication at local level through the “Big Wall” (clinical lead educating paramedics, etc).

- Currently the impact of actions taken to date has been hard to measure as the benefit has been offset by high demand, covid attendances continuing and delayed discharges which creates an issue of flow within the hospital. Further work is now being done to measure the overall impact.

Click to add text

Urgent & Emergency Care: Ambulance Handovers

Handover Delays



National Handover Delays September

National Handover Data for September 2021

	Average Handover Time	Hours Lost to Handovers Over 15 Minutes
IOW	0:16:12	25
SECAMB	0:22:12	3,910
NEAS	0:25:48	2,368
SCAS	0:26:24	4,584
LAS	0:27:00	8,934
NWAS	0:27:00	7,158
YAS	0:29:24	5,934
EEAST	0:33:36	10,958
WMAS	0:37:12	17,190
SWAS	0:45:00	18,684
EMAS	0:46:48	18,313
NATIONAL	**0:33:00**	**98,058**

- Alongside the work on ambulance handover delays SWAST carried out an internal reset day on Monday 8th November. The primary objective was to reduce the patient call queue, significantly reducing the numbers waiting and improving response times as an outcome. The Clinical Hubs were provided with significant increases in Clinical and Admin support on the 8th. The benefits are being quantified, but early analysis shows the reduction in the call stack was very significant. With numbers at least half the normal number that we would expect on a Monday in recent weeks.

Planned Care

- The Cancer and Diagnostic targets remain challenging (see slide 45) with RTT performance declining and 52 week waiters increasing in all 4 acute providers. Performance improvement in Planned Care has been significantly hampered by the ongoing emergency demands seen across the system resulting in less capacity to carry out elective work and some cancelled procedures.

- Diagnostic performance is expected to improve over the coming months as more diagnostic capacity comes on stream.

Week Ending : 31 October 2021

		Elective											
		RTT				Diag				Cancellations		Cancer	
		%>52 week	No over 78 weeks	No. of 104 weeks	Total Incomplete	All Diag %>6 week	Endoscopy % >6 weeks	Imaging % >6 weeks	Physiological Measurement % >6 weeks	Cancelled OPs P1-2	Cancelled OPs P3-4	%>62days	No. of 104 days*
Devon	Northern Devon	7.01%	190	3	17765	60.5%	43.7%	65.3%	47.7%	0	0	10.6%	26
	Royal Devon & Exeter	10.30%	2099	334	68560	38.5%	33.3%	43.2%	21.1%	6	20	8.8%	51
	Torbay & S Devon	6.54%	561	116	31787	34.7%	56.2%	30.5%	17.2%	19	23	7.4%	30
	Plymouth	7.48%	1111	316	38363	26.1%	14.3%	22.4%	55.1%	29	77	13.8%	46
		Weekly RTT PTL				Weekly Activty Return				UEC Daily Sitrep		Weekly Cancer PTL	

Where data is reported weekly the actuals for the week ending in C2 are reported.They are then compared with the average of the previous 6 weeks (not including the current reported week).

Weekly Performance is below that of the average of the previous 6 weeks
Weekly Performance is below that of the average of the previous 6 weeks but within 10%
Weekly Performance is above that of the average of the previous 6 weeks

- The system Planned Care Programme Board continues to focus on H2 elective recovery priorities (see slide 1).

Planned Care

- The planned care risk is now on the CCG corporate risk register and the score is high, 25.

- The Surgical Group continue to meet weekly, to offer system solutions to the risks faced in relation to planned care and long waits. Mutual aid and effective prioritisation of patients are examples of actions that have gone some way to reducing risk and improving patient experience; patients at most need are then prioritised more consistently across Devon and their waiting times reduced when localities work together to meet their needs.

- Other system-wide mitigation plans, in addition to mutual aid, continue, but have variable impact. For example, NHS provider access to Independent Sector (IS) capacity; there are many patients that are not appropriate for the IS, a low-risk setting, so waiting for care in one of the NHS sites remains their only option.

- The system 'Clinical Risk and Long Waits Assurance Group' group, accountable to the Planned Care Programme Board, continues to meet, with providers across the system now embedded in the group. The purpose of the Clinical Risk and Long Waits Assurance Group is to support the mitigation of risk for long waiting patients, by working collaboratively across the system with Primary and Secondary care colleagues. Although a newly formed group and process, there is expectation that the group will now share and develop ways to mitigate some of the risk whilst solutions to improve performance are developed and embedded.

Planned Care: Cancer Performance

- 2ww referral levels continue to be around 125% of pre covid levels.
- Cancer services are competing with front door demand for the available resources which is adding delays into the pathways particularly for out patient capacity and diagnostics.
- Continuity of cancer services remains a priority although performance remains challenged, chiefly as a result of increases in referrals for suspected breast and skin cancer coupled with reductions in capacity due to covid and staffing pressures.
- Cancer surgeries are being prioritised & Trusts are adding additional capacity where possible to manage the situation. A system wide Cancer Clinical Prioritisation Group meet weekly to monitor the situation and provide mutual support where possible. Mutual aid requests are in progress for urological oncology , 2ww skin from TSDFT and RALP surgery from UHP.
- A key element of the H2 planning guidance is to reduce Cancer 62 day waiters to be back to February 2020 numbers by March 2022. Providers have completed trajectories and recovery action plans which include a supporting diagnostic recovery plan.

Discharges

Additional System level support and oversight is being offered with a targeted focus on acute discharge as follows:

- Daily Data Collation – capturing numbers of delayed patients with no identified package of care/placement across Pathways 1 – 3, care home outbreaks and reopening dates, mental health discharge delays and Hospice Capacity

- Daily Discharge Huddle including commissioning representatives from each locality – overview of daily data, central point of escalation for system support

- Weekly System Flow meeting – providing senior system oversight of key priority activities and actions to support improved flow. This includes representatives from commissioning and senior leadership teams across the Devon Acute System.

A range of activity is currently underway and overseen by the above groups to support system flow:

- Immediate support to improve the discharge pathway and interface with the Care Home market through named contact for homes following discharge and planned follow-up calls 24 hours post transfer

- A QI approach to improving confidence in the discharge pathway into Care Homes ensuring continued acceptance and increased rate of transfer into care homes

Discharges

- Development of Dementia step-down units to support individuals on step down from acute beds enabling a short period of holistic assessment to determine long term care needs
- Increasing capacity (focused on beds currently closed to referrals) through targeted workforce support (funding staffing and direct agency provision)
- Development of an agency provision to deliver staffing support to homes accepting admissions from hospital with additional 1:1 needs (during a period of settling) and/or infection control isolation periods
- Development of a capital investment programme for equipment and minor adaptations to both increase capacity and capability to support individuals with more complex needs
- Sharing areas of good practice e.g. redesigned approached to brokerage enabling greater collaboration between discharge teams and care providers, review of transfer documentation
- Bids are going in on a number of fronts against a regional allocation, aimed at increasing support to care homes to expand their capacity physically and staffing with extra agency, care hotel capacity and work with DPT to increase MDT support for complex dementia care.

Community & Social Care

- Community urgent response services commenced in all localities from 1 November 2021 with agreed referral pathways from 111 and 999 services from the end of November. This aims to enhance the community offer for reducing hospital attendances and unscheduled admissions through a multi-disciplinary crisis response team assessing the individual within 2 hours and providing immediate interventions to support the person at home.

- A number of improvement actions were agreed through the system flow group to improve the quality of patient discharges to care homes across Devon. These actions were implemented within 7 days to provide rapid improvement and increase care home confidence in accepting hospital discharges:

  - All discharges to care homes will be coordinated by a Senior Hospital Discharge Team member
  - The Discharge Team member will be responsible for ensuring accurate discharge information and will be a named contact for care homes to pick up any immediate hospital discharge enquiries from the Registered Manager.
  - A follow up call from the hospital within 24hrs of discharge.

- Care sector staffing & workforce concerns have intensified as a result of staff absence/isolation and legislated mandatory Covid vaccination requirements within the care home workforce from 11 November 2021. Each Local Authority has undertaken an assessment of risk and liaised with those care providers that are likely to be most affected to establish their business continuity planning. A joint business case for the development of a central system care workforce pool and a plan for a tactical response team to support care services where business continuity is severely compromised is in development.

- Increasing both domiciliary and care home capacity to enable discharges remains a priority due to limited care home and personal care capacity. Patients waiting in pathway 2 and 3 require onward care placement or personal care package at home but there is no current availability to support discharge date. Actions are being progressed at pace to identify and support the reopening of closed beds, development of step down MH placements and provision of services to support the high numbers of individuals with dementia and/or challenging behaviour. In addition a new offer of Personal Health Budget Discharge Grants has been developed and work is progressing to link this into the local discharge offer. The table below details the number of patients in hospital on 11 November 2021 who are medically fit for discharge but requiring care home or personal care support:

Community & Social Care

The table below details the number of patients in Devon hospitals on Thursday 11 November 2021 who are medically fit for discharge but have no onward care plan in place.

Pathway 0 – no additional support, return to usual place of residence
Pathway 1 – additional support at home/usual residence
Pathway 2 – rehabilitation/reablement in a temporary bedded setting
Pathway 3 – complex requiring longer term bed placement or complex support in usual residence

		Thursday 11 Nov 2021		
		Total number of pts.	Average length of delay (days)	Length of longest delay(days)
Totals and averages (N, E, S, W (inc Plymouth) and Cornwall)	Total number of pts medically fit for discharge P1-3 (aka complex discharges)	300	-	-
	Number of pts medically fit for discharge P1-3 **planned for discharge today**	33	-	-
	Number of pts medically fit for discharge P1-3 **with future planned discharge date**	22	-	-
	Number of patients discharged yesterday	53		
	Patients medically fit for discharge P1-3 with no planned discharge - **Pathway 1**	71	9.128	72
	Patients medically fit for discharge P1-3 with no planned discharge - **Pathway 2**	112	9.27	26
	Patients medically fit for discharge P1-3 with no planned discharge - **Pathway 3**	60	18.77	85

Mental Health

- Like their system partners, mental health providers identify pressure over the last two months; DPT reported an OPEL 4 position, with 100% bed occupancy.

- The national response to Covid and recovery in mental health has been to accelerate achievement of the existing Long-Term Plan deliverables. The original Long-Term Plan identified 31 deliverables for mental health; the MHLDA Care Partnership is accountable for the achievement of the Long-Term Plan deliverables in ICS Devon and works collaboratively to progress with delivery. In Devon this means we are expanding access to a range of mental health services, working towards improving timely access to support, care and treatment, and; transforming community mental health provision.

- In terms of the Devon ICS Strategic Outcomes Framework, Mental Health is directly responsible for 6 of the 17 measures and contributes to a further 7 measures; this illustrates the importance and wider impact of mental health upon the system.

- The impact of Covid upon the mental health and wellbeing of the population is predicted to result in a long-term increase in the volume of demand across a broad range of services.

- **Please also see deep dive slide 32**

Women, Children & Young People

Autism Spectrum Disorder (ASD)

- The fortnightly monitoring call between CFHD and NHS Devon CCG on 21 October 2021 showed the current number of children waiting is 1976 in the DCC area (Over 5's). This includes all children that have been received into the single point of access (SPA) and are having additional information sourced that will allow an accurate triage of the referral. The average number of referrals per month has continued at a significantly lower rate over the last 4 months to 77 per month from a previous average of 145 per month. Sustained reduction in referral rates may be an indication of early pathway support improving. This is a generally improving picture but not at the rate originally forecast.

Maternity Pressures

- Operational pressures in maternity services across Devon continue due to workforce shortages partly as a result of Covid. In some cases this is impacting on women waiting for induction of labour. A new escalation protocol is being developed to mitigate this risk across the peninsular. Newly qualified midwives are joining the units this month but will remain super nummary for the next 6 months. A corporate risk has been formulated highlighting the potential impact on clinical services and the maternity transformation agenda. Findings from the national evaluation of the Ockenden submissions have now been received. There is a right of challenge and the LMNS team is working with regional and the maternity units to develop the Devon position.

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·**Specialist Children's Therapies including Speech & Language Therapy and Occupational Therapy**

- Since COVID there has been pressure in the speech and language services. This is leading to long waits for services and is caused by both the pause in SLT during wave 1 of the pandemic and an increase in referrals since the schools have returned . Pathway changes and increased resources have been made available and recovery trajectories are being worked through. Change in demand and an analysis of capacity will be included in the Children's Services Review, due to report to Governing Body in January 2022.

Safeguarding

- RDEFT are not demonstrating an ability to complete their investigations and reporting to the local authority against Section 42 investigations in a timely way. RDEFT have mitigated against this risk is that all new cases are risk assessed and immediate actions needed to protect patients are being taken. Progress is monitored through attendance at the monthly provider meetings.

- There is an ongoing trend of slowed compliance with safeguarding adult level 3 training as previously reported. Action is being taken to ensure access to training is equitable across the system, and internal platforms are being updated to reflect these changes.

- There is limited guidance available to Primary Care in relation to their responsibilities for children in care. Guidance has been produced and is being reviewed by GP safeguarding leads. An update will be provided to the next Safeguarding Steering Group.

Serious Incidents & Patient Experience

- 3 Never Events were reported 1-31 October 2021. One was reported in November that occurred in October (total 4).

- 3 of the 4 Never Events were reported by RDEFT.

- As RDEFT also reported 2 Never Events in July, they have confirmed a high-level review of all Never Events in the last 12 months is being undertaken, to identify any trends/themes and additional actions.

- The CCG continues to monitor the 60 day performance target of all providers, ensuring the balance remains between patient care and timely, proportionate investigations.

- The Patient Safety COVID-19 update from NHSEI in May 2020 highlighted that staff shortages may make it more difficult to undertake SI investigations and that organisations do not have to meet the 60-day timeframe for investigations during this period. Clarity around the 'period' is being sought by NHSEI, as to how much longer it remains in place. Once confirmed communication will be shared to ensure expectations of providers in Devon are aligned.

Workforce

The Devon ICS People Programme Board meet monthly to address Devon wide challenges:

Vacancies

- During November & December the System is conducting a review of consultant long standing vacancies and to consider if a different approach to recruitment /model of service delivery is required.

- DPT (19%) and NDHT (12.9%) continue to proportionally have the highest vacancy rate for the consultant roles, so specific discussions will take place with those Trusts to review plans and agree further actions to improve the vacancy situation. The system medical recruitment campaign aims to launch in January.

- DPT have a high rate (17%) of vacancies for Nursing compared to the rest of the system that has an average of 6.8%. The DPT and the overall system level of nursing vacancies is slowly improving. Average Healthcare Assistant (HCA) vacancies across 3 Trusts have all increased this month. We are pushing international recruitment as fast as we can to fill vacancies

- Livewell /Social care recruitment pilot to commence in December for social care vacancies.

Workforce

Bank and agency spend

- Agency spend has decreased slightly this month but remain high. The rolling year on year spend in Sept totalling £3.1m compared to £2.1m in Sept 2020. Staffing continues to be challenging across the whole healthcare sector.

- Off framework nursing spend year on year for Sept was c£375k compared to £85k the previous year. Resourcing leads will be meeting in December to compare practices and learn firm each other.

Other

- Turnover shows a small increase again this month (10.7%) and is higher than this time last year. (9.4%)

- ICS Sickness for the month (all and COVID related) is on an upward trajectory – across all Trusts. Deep dive reviews are taking place at UHP, TSD and RDE and will report back late November on whether or not there are improvements that can be made.

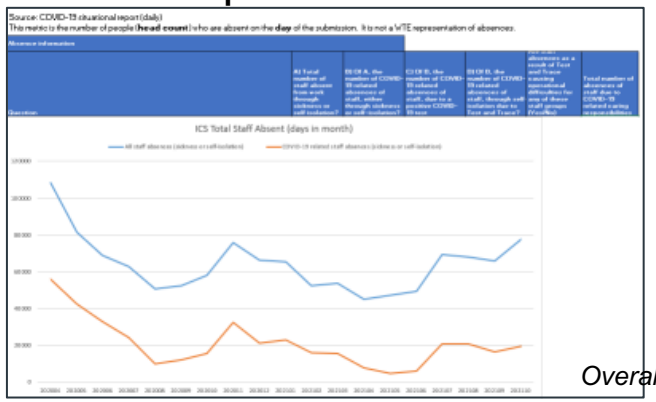
Workforce

Information for September 2021

	Consultant vacancies	Nursing vacancies	HCA vacancies	AHP vacancies
	ICS	ICS	ICS	ICS
	vacancies	vacancies	vacancies	vacancies
	79.5 ↓	495.2 ↓	230.0 ↑	126.2 ↓
	substantive workforce	substantive workforce	substantive workforce	substantive workforce
	1,261.8	7,096.8	5,936.5	2,049.5
	vacancy as % of Establishment (31/03/2021)	vacancy as % of Establishment (31/03/2021)	vacancy as % of substantive workforce (proxy)	vacancy as % of Establishment (31/03/2021)
	6.0%	6.8%	3.7%	6.4%
	NDHT / RD&E	NDHT / RD&E	NDHT / RD&E	NDHT / RD&E
vacancies	15.9 ↓ / 11.8 ↓	81.3 ↓ / 47.9 ↓	46.0 ↓ / 39.2 ↑	61.5 ↓ / 23.5 ↑
substantive workforce	106.4 / 381.3	780.0 / 2,108.1	1,187.3 / 1,187.3	236.4 / 626.2
vacancy rate	12.9% / 2.9%	9.4% / 2.3%	3.7% / 3.2%	20.6% / 4.3%
	TSDFT / UHP	TSDFT / UHP	TSDFT / UHP	TSDFT / UHP
vacancies	3.3 ↓ / 32.5 ↓	75.7 ↑ / 129.1 ↓	78.8 ↑ / 136.1 ↑	33.2 ↓ / 25.5 ↓
substantive workforce	236.2 / 455.4	1,267.3 / 2,157.7	1,187.3 / 1,187.3	538.3 / 436.5
vacancy rate	1.4% / 7.0%	5.7% / 6.1%	6.2% / 10.3%	6.8% / 5.9%
	DPT / LSW	DPT / LSW	DPT / LSW	DPT / LSW
vacancies	15.9 ↑ / N/A	161.2 ↓ / N/A	-70.0 ↓ / N/A	-17.5 ↑ / N/A
substantive workforce	82.6 / N/A	783.6 / N/A	1,187.3 / N/A	212.2 / N/A
vacancy rate	16.5%	17.6%	-6.3%	-9.1%

In each case the percentages are calculated from the reported vacancies in the cells immediately above

Sub group	Description	Unit	Current month	Previous month	This month-last year
1.Temporary Staffing	a)Total agency spend	£'000	3153	3226	2193
	b)Off-framework nursing agency spend[1]	£'000	375	423	85
	c)Bank as share of temporary workforce	%wte	80%	78%	81%
2. Best Place to Work	a)Average turnover rate[2]	%	10.7%	10.5%	9.4%
	b)Average sickness absence rate[2]	%	4.9%	4.8%	4.4%



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Performance Deep Dive: Mental Health

Mental Health

Overview

- Nationally and locally providers report that the volume and acuity of demand has increased across a range of mental health services resulting in pressure in:
  - Bed based provision where high occupancy and increased acuity of need being reported. Covid continues to directly impact provision with a ward being closed to new admissions.
  - Timely access to some community- based provision including CYP ED services.
  - Conversely, nationally and locally the volume of demand remains reduced in some services and is below the pre-Covid levels. This results in access levels in some mental health services being lower than the target volumes, for example, IAPT access rates are not achieving the expansion trajectory.

Mental Health

Children & Young People's Mental Health

- ICS Devon continues to exceed the target for increasing the number of Children and Young People (CYP) accessing NHS funded mental health care meaning more children and young people are able to access help.

- Research has shown that CYP are presenting with a high level of acuity and greater deterioration in need (both physical and mental presentations). The presenting level of need impacts both on mental health services and acute paediatric provision. This pattern of presentation has occurred during the pandemic and is reflected locally. We are not achieving the urgent or routine wait time standards required for CYP Eating Disorder Services; currently there is 66% achievement of the urgent access target for CYP Eating Disorder services against 95% target; and 68% achievement of the routine access target for CYP Eating Disorder services against 95% target. Trajectories are in place to achieve the urgent access target by Q4 2021/22 and the routine access target in 2022/23.

- Additional investment is being used to expand service capacity. Mutual support arrangements are being explored. One provider is undertaking internal redesign to enable wider workforce to support to this specialist team. It should be noted that current recovery plans are based on successful recruitment; however, there are already known workforce challenges in these services, and CAMHS providers across the South West are recruiting.

Mental Health

Perinatal Mental Health

- ICS Devon continues to be a strong national performer, supporting higher volumes of women and families than other areas of the SW. Our specialist services are well established, and we are also a successful early adopter of MMHS. However, at present, the impact of Covid-19 means that referrals are still recovering from supressed demand, the current performance is 7.4% access against a national access target of 7.9%.

Improving Access to Psychological Therapies

- ICS Devon continues to exceed the wait times for IAPT. In terms of the 18-week wait time target there is 99% achievement against a 95% national target; and in terms of the 6-week wait time target there is 97% achievement against 75% national target. In regard to the recovery target there is 55% achievement against 50% target. At present, access is lower than expected, due to decreased referrals (observed regionally and nationally) and we are not achieving the access volumes required.
- ICS Devon has retained capacity and exceeded planned workforce expansion through diversifying routes to recruitment of trainees. We are actively promoting the IAPT offer, with additional communications and marketing efforts; we are maintaining prioritised access for key workers, and targeting promotion of the service to job sectors impacted by COVID and other major incidents.

Mental Health

Community Mental Health Services

- **Community Mental Health Framework:** The roll out of the Community Mental Health Framework transformation is progressing well and the procurement of a voluntary sector alliance is progressing in line with the planned timescales. This transformation will be linked with changes in the way we understand performance and outcomes in these services, the development of the outcomes approach is underway. In areas where the new model is being implemented people are beginning to benefit from the transformation as additional resource and increased integration between primary and secondary care become operationalised.

- **Early Intervention in Psychosis Services:** This is a specialist aspect of community mental health provision; these services are required to achieve 2 week wait time targets. In ICS Devon performance against the wait time standard was incorrectly reported, the data issue has been isolated and corrected; performance is now showing achievement of the standard.

Mental Health

Community Mental Health Services

- **Physical Health Checks for Adults with Severe Mental Illness:** Adults with severe mental illness have much worse health outcomes than other adults in the population. To address this inequality adults with severe mental illness can access an annual physical health check through primary or secondary care. In ICS Devon significantly fewer people with severe mental illness have had a complete physical health check than the national target. In August 22.5% of people with severe mental illness had received a complete physical health check against our plan of 41.0% by the end of 21/22. This means that the inequity in outcomes may not be improved. Nationally this is an area which most systems are struggling to improve. We have commissioned an independent sector partner to supplement the work of existing providers in completing these important physical health checks; and we are currently working with them to support mobilisation.

Mental Health

Crisis & Urgent Mental Health Care Services

- The CCG commissions a range of Crisis & Urgent Mental Health Care service which work together to help people in mental health crisis get the help they need to keep them safe and as close to home as possible. This includes Crisis Response Home Treatment Teams; CYP Crisis Teams; 24/7 First Response Telephone; Crisis Café's; the Crisis House; Joint Response Units (with NHS and Police). When people do need to attend A&E psychiatric liaison teams work with other professionals to support.
- A review of the First Response Service is currently being undertaken to understand demand and capacity; and how this service can be used to support 999 and 111. This review will set out recommendations regarding how to optimise the First Response Service offer, delivery will be overseen by the Mental Health Urgent Care Programme Area, within the MHLDA Care Partnership and will also continue to report into the Urgent Care Board.

Inappropriate Out of Area Placements

- NHSE targeted the elimination of inappropriate out of area placements for the end of Q2 21/22. Significant progress has been realised in reducing inappropriate out of area placements and we are continuing to work towards this objective by Q3 21/22. There were 27 people place out of area inappropriately in July, this reduced to 18 in August but increased to 29 in September. Meeting this ambition continues to be reliant on delivery of the plans to increase local capacity currently in place.

Dementia Diagnosis Rate

- In ICS Devon the dementia diagnosis rate has been consistent, but below the target level for most of the year, 56.5% (September) against a national target of 75%; this is in line with national experience. It is recognised that current approach has not increased performance further so more focus and resource is being put into this area.

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ICS Performance & Quality Outcomes

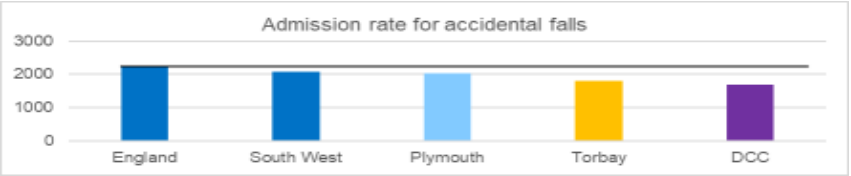
Performance Outcomes

Devon ICS Strategic Outcomes Framework

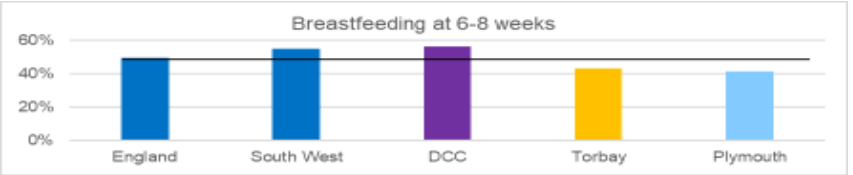
	Domain		Measure	latest period	England Latest	England trend	STP latest	STP Trend	SW Region Latest	SW region trend	Devon County Council Latest	Devon County Council Trend	Plymouth County council Latest	Plymouth County Council Trend	Torbay County council Latest	Torbay County Council Trend
Health of the Population	1. Early Years	d.	Breast feeding prevalence at 6-8 weeks after birth	2020/21 Q4	50%		#VALUE!		#VALUE!		57%		41%		N/A	
	2. Young people	d.	Admission episodes for alcohol-specific conditions - Under 18s	2019/20	30.7		0.504		45.4		51.4		47.5		72	
	4. Older Adults	c.	Admissions Following Accidental Fall	2019/20	2222		#VALUE!		2067.00		1689		2029		1792	
Health of the ICS Are people being appropriately and equitably support by the	Overarching	a.	ICS Spend vs Allocation		#VALUE!		#VALUE!				#VALUE!		#VALUE!		#VALUE!	
	1. Early Years		Take-up of health visitor checks	2019/20 Q4	86%				80.20%		41%		82%		89%	
	2. Younger people	b.	Children and young people accessing mental health services	2021/22 Q1	41%		45%				#VALUE!		#VALUE!		#VALUE!	
		c.	Service users with crisis plans % of people in contact with mental health services	2019/20 Q2	12%		3%				#VALUE!		#VALUE!		#VALUE!	
		d.	Hospital admissions as a result of self harm (10-24 years)	2019/20	439		600.10		659.9		635.00		668.80		700.70	
	3. Working Age	a.	Out of area placements (mental health and learning disability)	2021/22 Q1			595				255		300		#VALUE!	
		b.	Proportion of eligible adults with a learning disability having a health check (%)	2021/22 Aug	0.44%		0.40%		0.39%							
		e.	Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiet/depression	2021/22 May			1.4%				1.8%		0.2%		#VALUE!	
		f.	Admission episodes for alcohol-specific conditions (Persons)	2019/20	644				651		484		611		948	
	4. Older Adults	c.	Bed Occupancy Rates (Acute Hospitals)	2021-22 Q1	84%		59%				#VALUE!		#VALUE!		#VALUE!	
		d.	Dementia: Recorded prevalence (aged 65 years and over)	2021-22 Sep			57%									
		e.	Delayed Transfers of Care	01/02/2020	#VALUE!		231.77				233.38		285.01		117.27	
		g.	Emergency admissions (rate per 1000 population) <1	2019/20	372.9		502.0				#VALUE!		#VALUE!		#VALUE!	
		h	Avoidable admissions for ambulatory care-sensitive conditions	2021-22 Jun			2.0									

Outcomes – commentary by exception

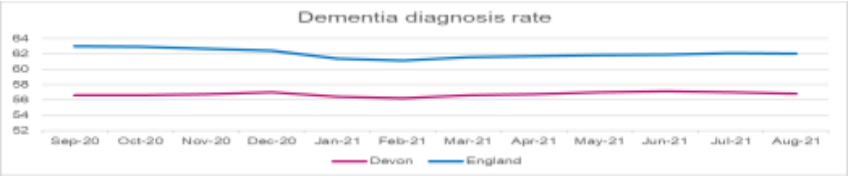
The ICS continues to perform well in **falls prevention**, with all areas under the National and SW rate



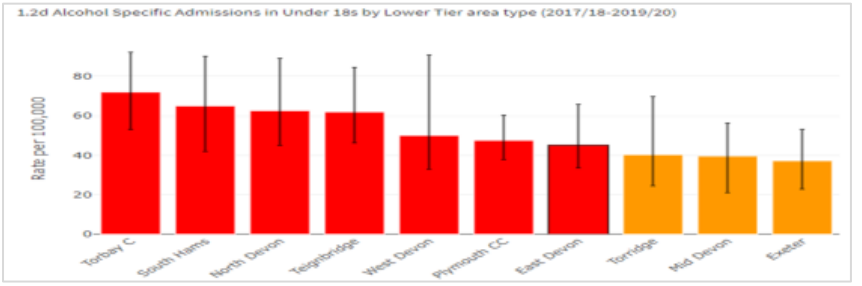
Torbay and Plymouth remain below the national, regional and Devon average for **breastfeeding at 6-8 weeks**



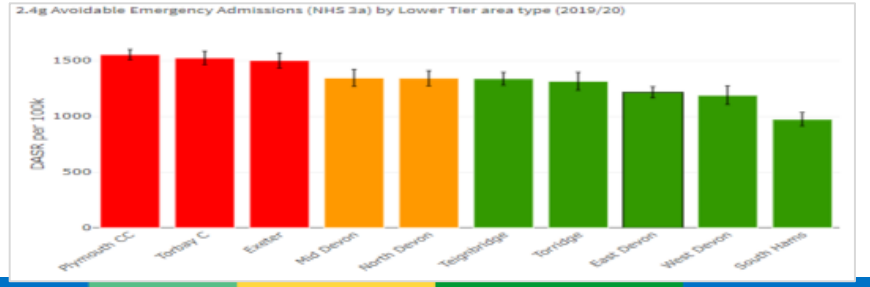
The **dementia diagnosis rate** for the ICS fell slightly at the start of the pandemic and remains well below the national rate



Alcohol admissions for under 18s are highest in Torbay with South Hams, North Devon and Teignbridge also higher than the national average. Around 2% of all hospital admissions are alcohol related (all ages)



Ambulatory Care Sensitive (ACS) conditions are those that are amenable to non-acute care. The major urban centres (Plymouth, Torbay and Exeter) see the highest rates of ACS admissions in the ICS



Quality Outcomes*

*Data collection in development for new metrics

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS/CCG		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
CHC	Continuing Healthcare assessment are completed within 28 days	Number of referrals concluded within 28 Days	80%	Q2	69%													
	Continuing Healthcare assessments take place within an acute hospital	Less than 15% of Continuing Healthcare assessments take place within an acute hospital	15%	Q2	0%													
	Assessment for Continuing Healthcare determination over 12 weeks	Number of assessment for Continuing Healthcare determination over 12 weeks	0	October	7													
Primary care	Asthma RCP assessment	Proportion of GP assesment including Asthma RCP assessment	Higher is Better	2018/19			0.778		0.785		0.729		0.768					
	Mental Health comprehensive care plan	Proportion of GP assesment including Mental health care plan	Higher is Better	2018/19			0.926		0.906		0.837		0.926					
	Diabetes BP reading 140/80 mmHg or less	Proportion of GP assesment including Diabetes BP reading	Higher is Better	2018/19			0.783		0.781		0.759		0.796					
	Needs met at last GP appointment	Proportion of GP assesment including Needs met	Higher is Better	2020/21			0.965		0.968		0.948		0.956					
	Cancer review within 6 months of diagnosis	Proportion of GP assesment including Cancer reviews	Higher is Better	2018/19			0.673		0.659		0.584		0.683					
	Females, 25-64, attending cervical screening within target period	Proportion of GP assesment including Cervical screening	Higher is Better	2018/19			0.770		0.779		0.756		0.769					
	Persons, 60-69, screened for bowel cancer in last 30 months	Proportion of GP assesment including bowl cancer	Higher is Better	2018/19			0.634		0.624		0.623		0.623					
	Child Imms DTaP/IPV/Hib/HepB (age 1 year)	Proportion of GP assesment including immunisations	Higher is Better	2018/19			0.944		0.955		0.960		0.952					
	CQC rating	Latest Care Quality Commission rating	Higher is Better					Good (Apr 2019)		Requires improvement (Sep 2019)		Requires improvement (May 2021)		Requires improvement (Jul 2020)		Good (Sep 2021)		Good (Jan 2020)
ICS	C-Diff	Healthcare onset – healthcare associated	Lower is Better	October	15		5		1		10		2					
		Community onset – healthcare associated	Lower is Better	October	4		1		1		1		1					
		Community onset- indeterminate association	Lower is Better	October	5		2		0		3		1					
		Community onset-community association	Lower is Better	October	9		2		0		4		4					
	MRSA	Community onset – healthcare associated	Lower is Better	October	0		0		0		0		0					
		Community onset-community associated	Lower is Better	October	0		0		0		0		0					
	MSSA	Healthcare Associated	Lower is Better	October	12		6		2		3		1					
		Community onset-community associated	Lower is Better	October	21		2		1		11		5					
	E.coli	Healthcare associated	Lower is Better	October	24		11		5		4		6					
		Community onset-community associated	Lower is Better	October	45		14		7		22		8					
	Klebsiella	Healthcare associated	Lower is Better	October	13		3		2		6		2					
		Community onset-community associated	Lower is Better	October	12		2		4		5		3					
	Pseudomonas	Healthcare associated	Lower is Better	October	2		1		0		0		1					
		Community onset-community associated	Lower is Better	October	2		1		0		2		0					
	Hospital COVID 19 outbreaks	Snap shot of Definite Hospital acquired cases Transferred from another ward on the 1st on the month	Lower is Better	September			1		1		2		1					
		Staff cases snapshot as at 1st of the month	Lower is Better	November			25.3%		29.9%		31.7%		10.2%					
		Council Snap shot of Care Homes Reporting COVID Cases	Lower is Better	November							6		4		33			

Quality Outcomes

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS/CCG		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
Mental Health	inappropriate Out of Area placements	Number of inappropriate Out of Area placements across specialities (Adults) (numbers of patients requiring adult acute mental health inpatient care	Lower is Better	June	595										255		300	
	Annual Physical Health Checks for those with SMI	% of completed comprehensive annual Physical Health Checks for those with SMI	Higher is Better	Q1 2021	24%													
	Dementia Diagnosis rate	Proportion of patients with dementia, ages 65+	66.70%	August	57.1%													
	% of people discharged from in-patient units who receive follow up at 48hrs	% of people discharged from in-patient units who receive follow up at 72hrs	Higher is Better	Jul-2021											78%		89%	
	% of people discharged from in-patient units who receive follow up within 7 days	% of people discharged from in-patient units who receive follow up within 7 days	Higher is Better	Oct 21													100%	
Childrens	Autism Ax	Mean wait from referral to assessment Childerns number of Weeks data from Children and family Health Devon	Lower is Better	Sep-21	85													
	Eating Disorders:- routine	Children and Young people Eating disorders waiting times (routine 4 weeks)	Lower is Better	Q4 2021	68%										74%		46%	
	Eating Disorders:- urgent	Children and Young people Eating disorders waiting times (urgent 1 week)	Lower is Better	Q4 2021	66%										66%		27%	
	CAMHS: - Routine	CAMHS waiting over 18 weeks	Lower is Better	Jul-21											523		325	
	CAMHS: - Urgent	Urgent CAMHS referrals seen within 1 week DPT (local target) Livwell 24hr	Lower is Better	August											95%		100%	
	Mean wait for SALT	Mean wait from referral to assessment	Lower is Better	Sep-21													24	
	EHCP requests responded to within 6 weeks	Proportion of EHCP requests responded to within 6 weeks	Higher is Better	September													100%	

Quality Outcomes

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS/CCG		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
Safety systems	Number of open SI's	Total number of Open Incidents	Lower is Better	October			20		12		39		20		86		21	
	Number of open SI's	Total number of Open Serious Incidents (Severe +Death)	Lower is Better	July			0		0				10		0		0	
	Number of SI's that are overdue	Total number of Serious Incidents that are overdue	Lower is Better	October			8		6		5		3		46		11	
	Number of Never events in last twelve months	Total number of Never events withina roling 12 month period	Lower is Better	October			2		0		1		0		0		0	
Maternity	Breast feeding rates	Proportion First feed breast milk	Higher is Better	July			60%		72%		65%		72%					
	Homebirth rate	Proportion of home births	Higher is Better	July					4%				3%					
	Midwife to Birth ratio		Higher is Better	September					72%		40%		48%					
	Still births/ Neonatal deaths	Number of still Births	Lower is Better	September					0		2		1					
	C/S rates	Proportion of Elective and emergency Caesarean section births	Lower is Better	July			28%		36.0%		31.8%		36.1%					
People	Sickness rate	Average sickness absence rate	Lower is Better	July			4.5%		3.6%		5.0%		4.1%		5.5%			
	Turnover rate	Average staff turnover rate rate	Lower is Better	July			10%		11%		9%		11%		12%			
	Bank as share of temporary workforce		Lower is Better	July			71%		85%		99%		69%					
	Consultant vacancies	Total number of vacancies	Lower is Better	July			9.08		20.81		43.77		4.15					
	Nursing vacancies	Total number of vacancies	Lower is Better	July			11.39		81.76		130.91		82.70		6.2%			
	HCA vacancies	Total number of vacancies	Lower is Better	July			20.09		55.04		112.84		51.43					
	AHP vacancies	Total number of vacancies	Lower is Better	July			44.97		61.45		28.31		34.00					

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Recovery & Activity

Performance Key Targets

Performance Key Targets

			RDEFT			NDHT			UHP			TSDFT		
Indicator	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
AE type 1&2	OCTOBER 2021-22	95%	62%	63%	π	74%	71%	θ	[illegible]	[illegible]	[illegible]	47%	45%	θ
AE All	OCTOBER 2021-22	95%	74%	73%	θ	74%	71%	θ	[illegible]	[illegible]	[illegible]	65%	63%	θ
AE 12 hour	OCTOBER 2021-22	0	9	11	π	1	3	π				85	130	π
RTT - Incompletes	SEPTEMBER 2020-21	92%	54%	51%	θ	62%	61%	θ	65%	64%	θ	59%	57%	θ
RTT 52+ week waiters	SEPTEMBER 2020-21	0	5673	6278	π	1166	1173	π	2615	2748	π	1802	1941	π
Diagnostics	SEPTEMBER 2020-21	99%	59.4%	59.0%	θ	39.1%	42.7%	π	67.0%	68.8%	π	67.8%	67.4%	θ
Cancer 28 day faster diagnostic	SEPTEMBER 2020-21	75%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Cancer 2 Weeks	SEPTEMBER 2020-21	93%	69%	63%	()	82%	79%	()	84%	81%	()	54%	56%	π
Cancer breast symptomatic	SEPTEMBER 2020-21	93%	30%	8%	()	0%	2%	π	26%	25%	()	77%	92%	π
Cancer 31 Day First	SEPTEMBER 2020-21	96%	93%	91%	()	89%	86%	()	96%	93%	()	99%	99%	π
Cancer 31 Day Follow-up Drug	SEPTEMBER 2020-21	98%	100%	100%	() π	92%	96%	π	100%	99%	()	100%	100%	() π
Cancer 31 Day Follow-up Surgery	SEPTEMBER 2020-21	94%	79%	88%	π	64%	60%	()	89%	74%	()	97%	100%	π
Cancer 31 Day Follow-up Radiotherapy	SEPTEMBER 2020-21	94%	98%	99%	π	[illegible]	[illegible]	[illegible]	99%	97%	()	97%	99%	π
Cancer 62 Day Urgent	SEPTEMBER 2020-21	85%	63%	66%	π	66%	67%	π	78%	66%	()	74%	75%	π
Cancer 62 Day screening	SEPTEMBER 2020-21	90%	14%	33%	π	50%	50%	() π	77%	76%	()	92%	67%	()
Cancer 62 Day upgrade	SEPTEMBER 2020-21	85%	72%	70%	()	81%	87%	π	53%	52%	()	100%	100%	() π

Performance composite measures

			RDEFT (Eastern)			NDHT (northern)			UHP(western)			TSDFT(Southern)		
	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
Reduced acute admissions (per 1,000 population) for ACS conditions (COPD and diabetes)	July 2020/21	Lower is better	1.15	0.10	()	0.01	0.01	() π	0.02	0.00	()	0.02	0.00	()
A&E rate per 1000 population	July 2020/21	Lower is better	9.02	9.52	π	7.42	6.94	()	5.24	5.60	π	7.68	7.95	π
E-consult appointments	Oct 2021/22	Higher is Better	1119	538	θ	329	160	θ	2171	1170	θ	699	342	θ

			111		
			Previous	Latest	Change
111 data on % referred to primary care	September 2020/21	Higher is Better	20.8%	19.3%	θ

			Livewell SW		
			Previous	Latest	Change
Increased number of people discharged to Home First	Oct 2021/22	Higher is Better	4527	3852	θ

Performance Key targets

			Devon Partnership trust			Livewell Southwest			STP		
	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
Improve access rate to Children and Young Peoples Mental Health services	July								11850	11845	0
People with severe mental illness receiving a full annual physical health check	August	41%							23.7%	22.5%	0
Children and Young people ED waiting times (urgent)	Q1 2021-22	95%	91%	84%	0	67%	27%	0	77%	66%	0
Children and Young people ED waiting times (Routine)	Q1 2021-22	95%	87%	74%	0	45%	46%	π	75%	68%	0
Perinatal Mental Health (women accessing services)	August	7%							8.3%	7.4%	0
IAPT Roll out (access)	July	7.1% (quarter)	3.8%	3.8%	0 π	3.9%	3.9%	0	3.5%	3.5%	π
Out of area placements	July	0	0	0	0 π	0	0	0 π	595	2,135	π
Percentage of people on CPA who were followed up with in 7 days of discharge	July	95%	80%	67%	0				80%	67%	0
Percentage of MH Delayed transfers of care	July	8%	7.0%	7.5%	π				7.0%	7.5%	π
Proportion of adults in settled accommodation in contact with secondary mental health services	July	60%	80.0%	74.3%	θ						
Proportion of adults in contact with secondary mental health services in paid employment	July	10%	8.0%	8.0%	π						
Adults CPA review within 12 months	July	95%	90.0%	87.9%	θ	96.5%	97.2%	π	91.1%	89.4%	θ
Percentage of discharges followed up within 48 hours	July	95%	80.0%	73.5%	θ	93.8%	100.0%	π	84.0%	79.3%	θ
IAPT - The percentage of people who are "moving to recovery"	July	50%	55.0%	56.0%	π	51.0%	49.0%	θ	54.0%	55.0%	π
% of IAPT clients who started treatment within 6 weeks of referral	July	75%	97.0%	98.0%	π	92.0%	94.0%	π	97.0%	97.0%	θ π
Dementia diagnostic rate	September	75%							56.8%	56.5%	θ

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Finance Report M6

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Financial Framework

- The NHS financial framework has provided a fixed settlement for the first half (H1) of financial year 2021/22 which is very much in line with the temporary financial framework in place through 20/21. This funding is assumed to deliver the published elective activity trajectories of 70% (April), 75% (May), 80% (June), 85% (July onwards) of 19/20 activity.
- All systems were required to submit a breakeven position.
- Devon ICS submitted a plan as at 6th May for months 1-6 which showed breakeven after £12.8m ERF adjustment. A further plan submission was made on 3rd June so month 3 report will reflect updated planning figures.
- Elective Recovery Fund (ERF) income can be earned by each system if the activity is greater than the trajectories, Devon ICS's plan included £34m of ERF income at first submission. This has been revised to £47m for the updated submission in June. A letter dated 9th July stated that ERF trajectories would change to 95% from July onwards, forecasts in this report have been updated for the new ERF trajectories.
- Some COVID funding will be reimbursed on top of the system envelope, this includes spend on testing, vaccinations and hospital discharge.

System surplus / deficit position

Organisation	Measure £'m	Year to date		
		Plan	Actual	Variance fav / (adv)
Devon CCG	Surplus/(Deficit)	0.0	(0.0)	(0.0)
Royal Devon & Exeter NHS FT	Surplus/(Deficit)	0.0	2.4	2.3
University Hospitals Plymouth Trust	Surplus/(Deficit)	0.0	0.0	0.0
Northern Devon Healthcare NHS Trust	Surplus/(Deficit)	0.0	0.0	0.0
Torbay and South Devon NHS FT	Surplus/(Deficit)	0.0	0.0	0.0
Devon Partnership Trust	Surplus/(Deficit)	0.0	0.0	(0.0)
Livewell South West	Surplus/(Deficit)	0.0	0.0	0.0
Total	**Surplus/(Deficit**	**0.0**	**2.4**	**2.4**

- As at month 6 the Devon ICS had a surplus of £2.4m which is £2.4m favourable variance to plan. (M5 £3.3m)

In envelope COVID spend M1-6

COVID spend category	Royal Devon & Exeter NHS FT	University Hospitals Plymouth Trust	Northern Devon Healthcare NHS Trust	Torbay and South Devon NHS FT	Devon Partnership Trust	Total
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	379	42	211	-	1,092	1,724
Additional Sick pay at full pay for all staff policy - full pay for COVID-related staff absence (for those not normally entitled to sick pay)	-	-	157	1,350	-	1,507
Existing workforce additional shifts to meet increased demand	2,488	135	478	1,242	25	4,368
Backfill for higher sickness absence	181	662	120	-	260	1,223
Total Testing - In Envelope	409	196	42	-	-	647
PPE associated costs	83	283	18	-	26	410
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	965	-	3	-	-	968
Remote management of patients	-	79	14	-	721	814
Support for stay at home models	-	102	-	-	-	102
Segregation of patient pathways	565	3,240	25	596	137	4,563
Decontamination	50	564	796	5	15	1,430
Additional PTS costs	-	-	-	37	-	37
After care and support costs (community, mental health, primary care)	-	-	-	-	72	72
Remote working for non-patient activities	25	252	31	-	129	437
Long COVID	34	-	-	-	-	34
Total	**5,179**	**5,555**	**1,895**	**3,230**	**2,477**	**18,336**

- As at month 6 the Devon ICS had spent £18.3m on in envelope COVID areas.

Out of envelope COVID spend M1-6

Organisation	£'000					
	Testing	Vaccination	Workforce	Hospital discharge	Nightingale	Total out of envelope
Devon CCG		50		15,982		16,032
Royal Devon & Exeter NHS FT	2,112	2,727	9		265	5,113
University Hospitals Plymouth Trust	1,033	2,765	196		-	3,994
Northern Devon Healthcare NHS Trust	923	463	22		-	1,408
Torbay and South Devon NHS FT	1,551	199	5		-	1,755
Devon Partnership Trust	31	-	-		-	31
Total	**5,650**	**6,204**	**232**	**15,982**	**265**	**28,333**

- As at month 6 the Devon ICS had spent £28.3m on out of envelope COVID areas. (M5 £22.0m)

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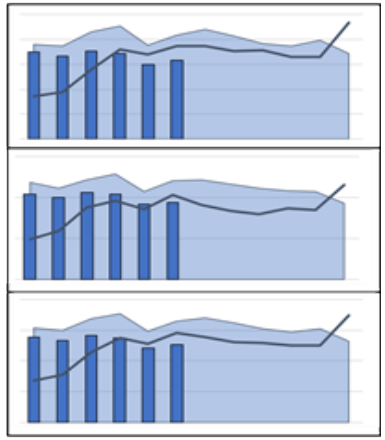
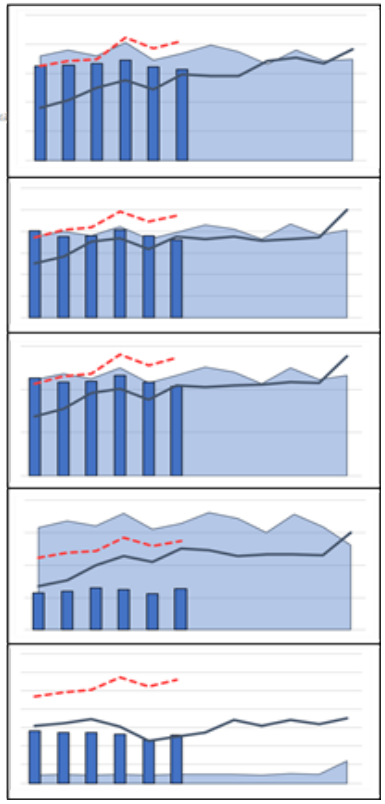
Activity vs Plan

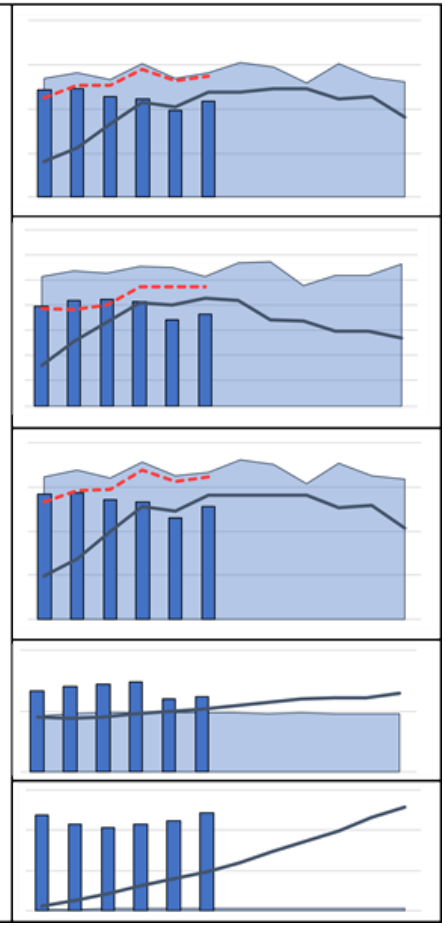
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DEMAND	GP REFERRALS	2019/20	18,912	18,664	21,395	22,588	18,834	20,849	21,945	20,686	19,160	18,555	19,719	17,129
		2020/21	8,601	9,461	13,879	17,890	16,960	18,685	18,689	17,602	17,731	16,405	16,512	23,269
		2021/22	17,396	16,536	17,690	17,035	14,930	15,782						
		Growth vs 19/20	-8%	-11%	-17%	-25%	-21%	-24%						
	OTHER REFERRALS	2019/20	11,851	11,172	12,178	12,844	10,780	12,059	12,151	11,643	11,148	10,818	10,753	9,333
		2020/21	4,920	5,951	8,843	9,644	8,592	10,298	9,104	8,352	7,947	8,696	8,456	11,508
		2021/22	10,421	10,026	10,623	10,402	9,171	9,420						
		Growth vs 19/20	-12%	-10%	-13%	-19%	-15%	-22%						
	TOTAL REFERRALS	2019/20	30,763	29,836	33,573	35,432	29,614	32,908	34,096	32,329	30,308	29,374	30,472	26,462
		2020/21	13,521	15,412	22,722	27,534	25,552	28,983	27,793	25,954	25,678	25,101	24,968	34,777
		2021/22	27,817	26,562	28,313	27,437	24,101	25,202						
		Growth vs 19/20	-10%	-11%	-16%	-23%	-19%	-23%						



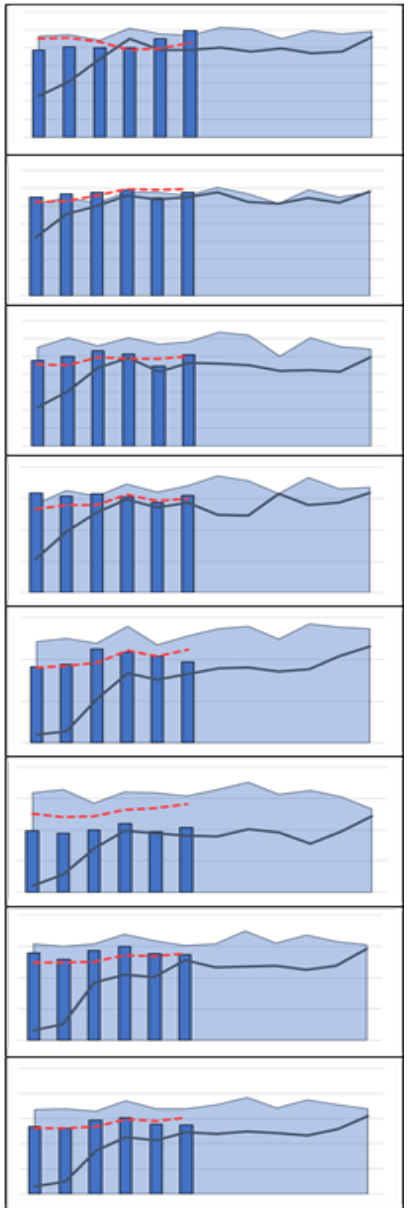
OUTPATIENTS	Consultant led first outpatient attendances	2019/20	36,047	37,903	35,832	40,596	34,665	36,709	39,826	37,519	33,033	38,045	34,127	34,791
		2020/21	17,965	20,544	25,081	27,533	24,492	29,621	29,107	29,134	34,145	35,346	33,318	38,322
		Plan	32,569	34,175	34,903	42,460	38,601	41,152						
		2021/22	32,601	32,866	33,359	34,542	32,299	31,241						
		Plan vs 19/20	90%	90%	97%	105%	111%	112%						
		Actual vs 19/20	90%	87%	93%	85%	93%	85%						
	Consultant-led follow-up outpatient attendances	2019/20	74,917	79,688	76,240	84,618	73,046	79,254	86,105	82,389	73,141	87,013	76,991	81,548
		2020/21	50,368	56,401	70,669	73,249	63,795	75,207	73,048	75,411	71,489	72,741	74,331	99,976
		Plan	74,250	81,349	83,464	98,044	88,909	94,829						
		2021/22	80,505	75,468	76,052	81,390	75,961	72,264						
		Plan vs 19/20	99%	102%	109%	116%	122%	120%						
		Actual vs 19/20	107%	95%	100%	96%	104%	91%						
	Total Outpatient attendance	2019/20	110,964	117,591	112,072	125,214	107,711	115,963	125,931	119,908	106,174	125,058	111,118	116,339
		2020/21	68,333	76,945	95,750	100,782	88,287	104,828	102,155	104,545	105,634	108,087	107,649	138,298
		Plan	106,819	115,524	118,367	140,504	127,510	135,981						
		2021/22	113,106	108,334	109,411	115,932	108,260	103,505						
		Plan vs 19/20	96%	98%	106%	112%	118%	117%						
		Actual vs 19/20	102%	92%	98%	93%	101%	89%						
	Total outpatient attendances - Face to face	2019/20	158,653	168,235	160,210	179,794	155,885	164,882	180,844	171,837	150,710	178,111	158,845	131,239
		2020/21	67,109	76,713	99,542	114,575	104,735	125,517	123,298	114,651	116,161	116,498	115,504	150,877
		Plan	111,454	118,714	122,417	142,331	129,383	137,122						
		2021/22	57,882	59,637	65,145	61,930	56,487	64,130						
		Plan vs 19/20	70%	71%	76%	79%	83%	83%						
		Actual vs 19/20	36%	35%	41%	34%	36%	39%						
	Total outpatient attendances - Telephone/Virtual	2019/20	4,466	4,888	4,450	5,026	4,492	4,588	5,000	4,882	4,441	5,342	4,982	11,853
		2020/21	30,793	32,160	34,512	30,537	23,029	25,126	27,518	34,272	30,773	34,146	31,745	35,177
		Plan	47,017	49,130	50,537	57,143	52,266	55,832						
		2021/22	28,373	27,188	27,326	26,440	23,315	25,914						
		Plan vs 19/20	1053%	1005%	1136%	1137%	1164%	1217%						
		Actual vs 19/20	635%	556%	614%	526%	519%	565%						



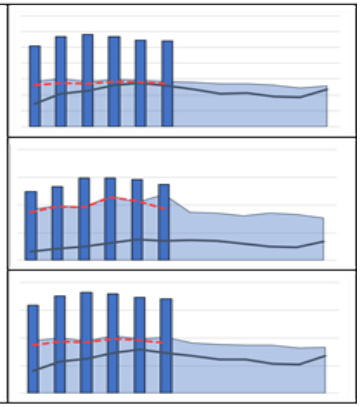
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ELECTIVES	Total Elective Admissions - Day Case	2019/20	13,510	14,183	13,382	15,103	13,542	14,106	15,270	14,716	12,966	15,130	13,647	13,031
		2020/21	4,124	5,595	8,287	10,711	10,264	11,933	11,970	12,349	12,330	11,117	11,449	9,035
		Plan	11,343	12,681	12,746	14,571	13,208	13,769						
		2021/22	12,254	12,278	11,453	11,180	9,815	10,938	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	84%	89%	95%	96%	98%	98%						
		Actual vs 19/20	91%	87%	86%	74%	72%	78%						
	Total Elective Admissions - Ordinary	2019/20	2,571	2,685	2,624	2,775	2,754	2,568	2,848	2,870	2,379	2,579	2,583	2,803
		2020/21	801	1,289	1,665	2,055	2,005	2,127	2,087	1,697	1,683	1,474	1,482	1,352
		Plan	1,927	1,907	2,002	2,369	2,373	2,369						
		2021/22	1,990	2,090	2,110	2,071	1,715	1,822	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	75%	71%	76%	85%	86%	92%						
		Actual vs 19/20	77%	78%	80%	75%	62%	71%						
	Total Elective Admissions	2019/20	16,081	16,868	16,006	17,878	16,296	16,674	18,118	17,586	15,345	17,709	16,230	15,834
		2020/21	4,925	6,884	9,952	12,766	12,269	14,060	14,057	14,046	14,013	12,591	12,931	10,387
		Plan	13,270	14,588	14,748	16,940	15,581	16,138						
		2021/22	14,244	14,368	13,563	13,251	11,530	12,760	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	83%	86%	92%	95%	96%	97%						
		Actual vs 19/20	89%	85%	85%	74%	71%	77%						
	RTT Incomplete pathways	2019/20	92,215	95,238	96,319	96,979	98,176	97,636	97,368	96,283	96,899	95,777	96,157	94,760
		2020/21	90,579	88,030	90,090	94,617	99,428	103,521	108,999	114,168	120,683	121,377	122,332	128,734
		2021/22	133,890	139,801	143,499	147,480	120,377	122,741						
		Growth vs 19/20	45%	47%	49%	52%	23%	26%						
	RTT 52 Week wait	2019/20	203	188	234	268	361	356	338	328	286	294	237	293
		2020/21	618	1,228	2,166	3,124	3,942	4,796	5,972	7,413	8,626	9,856	11,665	12,916
		2021/22	11,918	10,809	10,378	10,705	11,256	12,140						
		Growth vs 19/20	5771%	5642%	4329%	3894%	3018%	3310%						

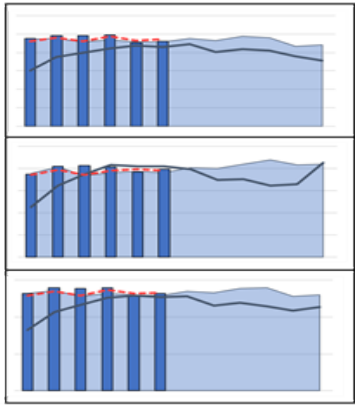


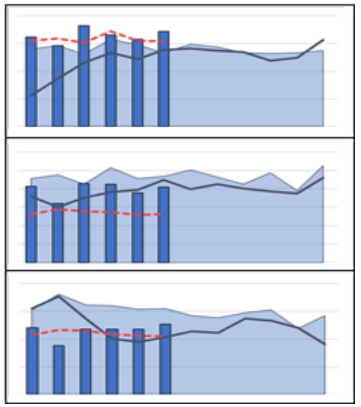
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	2019/20	5,655	5,705	5,423	6,099	5,773	5,682	6,128	6,040	5,517	5,939	5,755	5,887
		2020/21	2,281	3,112	4,389	5,491	4,864	4,848	4,982	4,784	4,947	4,701	4,794	5,607
		Plan	5,481	5,524	5,304	4,866	4,948	5,271						
		2021/22	4,856	5,069	5,006	5,010	5,498	5,959	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	97%	97%	98%	80%	86%	93%						
		Actual vs 19/20	86%	89%	92%	82%	95%	105%						
	COMPUTED TOMOGRAPHY	2019/20	10,297	10,870	10,368	11,555	11,583	11,179	12,081	11,368	10,281	11,782	10,974	11,501
		2020/21	6,511	9,060	10,047	11,175	10,729	11,008	11,533	10,498	10,238	10,930	10,398	11,643
		Plan	10,421	10,565	11,215	11,887	11,793	11,861						
		2021/22	10,996	11,366	11,526	11,794	10,868	11,528	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	101%	97%	108%	103%	102%	106%						
		Actual vs 19/20	107%	105%	111%	102%	94%	103%						
	NON-OBSTETRIC ULTRASOUND	2019/20	11,040	12,078	11,148	12,063	11,398	11,659	12,760	12,334	10,009	12,071	11,095	10,855
		2020/21	4,357	6,111	8,783	9,794	8,249	9,271	9,153	9,005	8,414	8,458	8,314	9,906
		Plan	9,122	9,056	9,892	9,755	9,759	9,966						
		2021/22	9,521	10,006	10,662	10,274	8,883	10,196	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	83%	75%	89%	81%	86%	85%						
		Actual vs 19/20	86%	83%	96%	85%	78%	87%						
	ECHOCARDIOGRAPHY	2019/20	2,818	3,264	3,079	3,480	3,220	3,421	3,727	3,562	3,150	3,675	3,314	3,371
		2020/21	1,075	1,949	2,565	2,987	2,716	2,890	2,482	2,454	3,159	2,810	2,889	3,180
		Plan	2,658	2,795	2,796	3,136	2,930	3,005						
		2021/22	3,181	3,090	3,156	3,057	2,884	3,116	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	94%	86%	91%	90%	91%	88%						
		Actual vs 19/20	113%	95%	103%	88%	90%	91%						
	COLONOSCOPY	2019/20	1,215	1,253	1,191	1,400	1,172	1,281	1,372	1,402	1,243	1,423	1,387	1,365
		2020/21	100	138	524	838	757	826	892	903	854	888	1,036	1,158
		Plan	905	920	959	1,107	1,038	1,122						
		2021/22	917	945	1,128	1,093	1,037	975	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	74%	73%	81%	79%	89%	88%						
		Actual vs 19/20	75%	75%	95%	78%	88%	76%						
	FLEXI SIGMOIDOSCOPY	2019/20	635	656	570	642	634	615	656	703	626	653	609	530
		2020/21	42	116	281	391	379	361	356	404	381	308	386	483
		Plan	499	480	487	527	538	561						
		2021/22	395	377	396	439	386	413	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	79%	73%	85%	82%	85%	91%						
		Actual vs 19/20	62%	57%	69%	68%	61%	67%						
	GASTROSCOPY	2019/20	1,534	1,503	1,536	1,688	1,588	1,507	1,539	1,746	1,555	1,680	1,583	1,519
		2020/21	156	257	915	1,044	1,010	1,277	1,166	1,178	1,185	1,129	1,188	1,465
		Plan	1,240	1,243	1,258	1,359	1,339	1,379						
		2021/22	1,394	1,298	1,436	1,503	1,383	1,376	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	81%	83%	82%	81%	84%	92%						
		Actual vs 19/20	91%	86%	93%	89%	87%	91%						
	TOTAL SCOPES	2019/20	3,384	3,412	3,297	3,730	3,394	3,403	3,567	3,851	3,424	3,756	3,579	3,414
		2020/21	298	511	1,720	2,273	2,146	2,464	2,414	2,485	2,420	2,325	2,610	3,106
		Plan	2,644	2,643	2,704	2,993	2,915	3,062						
		2021/22	2,706	2,620	2,960	3,035	2,806	2,764	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	78%	77%	82%	80%	86%	90%						
		Actual vs 19/20	80%	77%	90%	81%	83%	81%						



			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A&E	TYPE 1 & 2	2019/20	28,522	30,086	28,559	29,922	29,139	28,329	27,862	26,878	26,935	26,021	24,551	25,560
		2020/21	14,502	20,922	22,659	26,096	27,714	25,599	23,449	20,964	21,154	18,866	18,367	23,657
		Plan	25,957	27,701	27,111	28,227	27,782	26,972						
		2021/22	51,190	56,892	58,252	56,888	54,708	54,378	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	91%	92%	95%	94%	95%	95%						
		Actual vs 19/20	179%	189%	204%	190%	188%	192%						
	TYPE 3 & 4	2019/20	9,256	9,832	9,552	11,599	10,485	11,978	8,681	8,554	8,041	8,524	8,265	7,684
		2020/21	1,538	2,052	2,469	3,175	3,753	3,502	3,719	3,489	3,044	2,479	2,431	3,431
		Plan	8,727	9,710	9,577	11,417	10,765	9,352						
		2021/22	12,368	13,372	14,896	14,922	14,660	13,732	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	94%	99%	100%	98%	103%	78%						
		Actual vs 19/20	134%	136%	156%	129%	140%	115%						
	TOTAL A&E ATTENDANCES	2019/20	37,778	39,918	38,111	41,521	39,624	40,307	36,543	35,432	34,976	34,545	32,816	33,244
		2020/21	16,040	22,974	25,128	29,271	31,467	29,101	27,168	24,453	24,198	21,345	20,798	27,088
		Plan	34,684	37,411	36,688	39,644	38,547	36,324						
		2021/22	63,558	70,264	73,148	71,810	69,368	68,110	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	92%	94%	96%	95%	97%	90%						
		Actual vs 19/20	168%	176%	192%	173%	175%	169%						
NON ELECTIVE	+1 LENGTH OF STAY	2019/20	9,470	9,536	9,128	9,384	9,156	9,095	9,484	9,271	9,726	9,606	8,668	8,852
		2020/21	6,010	7,482	7,935	8,411	8,778	8,619	8,892	8,080	8,380	8,212	7,589	7,087
		Plan	9,217	9,584	9,216	9,781	9,294	9,403						
		2021/22	9,520	9,858	9,795	9,916	9,061	9,215	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	97%	101%	101%	104%	102%	103%						
		Actual vs 19/20	101%	103%	107%	106%	99%	101%						
	ZERO DAY LENGTH OF STAY	2019/20	3,766	4,057	3,690	3,806	3,880	3,819	4,050	4,017	4,195	4,392	4,154	4,203
		2020/21	2,266	3,237	3,748	4,171	4,099	4,095	3,971	3,495	3,533	3,222	3,288	4,275
		Plan	3,710	3,940	3,716	3,921	3,960	3,896						
		2021/22	3,728	4,106	4,135	4,058	3,850	3,958	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	99%	97%	101%	103%	102%	102%						
		Actual vs 19/20	99%	101%	112%	107%	99%	104%						
	TOTAL NON ELECTIVES	2019/20	13,236	13,593	12,818	13,190	13,036	12,914	13,534	13,288	13,921	13,998	12,822	13,055
		2020/21	8,276	10,719	11,683	12,582	12,877	12,714	12,863	11,575	11,913	11,434	10,877	11,362
		Plan	12,927	13,524	12,932	13,702	13,254	13,299						
		2021/22	13,248	13,964	13,930	13,974	12,911	13,173	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	98%	99%	101%	104%	102%	103%						
		Actual vs 19/20	100%	103%	109%	106%	99%	102%						
CANCER	URGENT CANCER REFERRALS (2 WEEKS)	2019/20	5,579	5,835	5,252	6,301	5,932	5,345	5,960	5,758	5,344	5,309	5,326	5,495
		2020/21	2,256	3,480	4,609	5,362	4,890	5,522	5,629	5,477	5,401	4,757	4,967	6,295
		Plan	6,228	6,398	6,052	6,866	6,237	6,179						
		2021/22	6,483	5,835	7,280	6,646	6,322	6,894	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	112%	110%	115%	109%	105%	116%						
		Actual vs 19/20	116%	100%	139%	105%	107%	129%						
	CANCER TREATEMENT VOLUMES (31 DAY FIRST)	2019/20	911	953	852	1,029	912	933	1,002	930	849	973	778	1,049
		2020/21	715	604	705	761	786	895	794	846	801	772	750	918
		Plan	524	577	555	549	520	526						
		2021/22	828	638	859	849	758	818	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	58%	61%	65%	53%	57%	56%						
		Actual vs 19/20	91%	67%	101%	83%	83%	88%						
	PATIENTS WAITING 63+DAYS AFTER REFERRAL (62 DAY URGENT)	2019/20	611	726	646	641	618	623	570	552	589	609	475	569
		2020/21	621	708	549	404	381	413	458	448	549	533	483	366
		Plan	428	467	461	436	426	421						
		2021/22	484	353	470	472	472	508	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
		Plan vs 19/20	70%	64%	71%	68%	69%	68%						
		Actual vs 19/20	79%	49%	73%	74%	76%	82%						







Ref	Domain	Standard	Detail	CCG	Evidence - examples listed below	Organisational Evidence	RAG	Action to be taken	Lead	Timescale	Comments
Domain 1 - Governance											
1	Governance	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Y	• Name and role of appointed individual	AEO is: Andrew Millward Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR, governance and IT NED is: Charlotte Burrows	Fully compliant				
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.	Y	Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	01 - Devon CCG EPRR Policy v1.1 2020-11-16	Fully compliant				
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process.	Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	02 - EPRR Core Assurance on Governing Body Forward Planner for November 2021 03a - EPRR Core Assurance Report at Governing Body Oct 2020 03b - Approved Public GB Minutes 26.11.20 v1 nc	Fully compliant				
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	• EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff • Organisation structure chart • Internal Governance process chart including EPRR group	05 - EPRR Lead Job Description EPRR Lead (0.8WTE) in place with part-time support from Band 4 and Head of Governance	Fully compliant				
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	• Process explicitly described within the EPRR policy statement	04 - Incident Response Plan v1.2 2021-10-27	Fully compliant				
Domain 2 - Duty to risk assess											
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register	08a - EPRR Risks on the Governance Team Risk Register 08b - Governance Team CRR risks @ 27 Oct 2021	Fully compliant				
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	• EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document	06 - Risk Management Framework (approved 29 July 2021)	Fully compliant				
Domain 3 - Duty to maintain plans											
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	04 - Incident Response Plan v1.2 2021-10-27	Fully compliant				
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	04 - Incident Response Plan v1.2 2021-10-27	Fully compliant				

13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	07 - NHS DCCG Severe Weather Plan v3.1 2021-10-27	Fully compliant				
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	07 - NHS DCCG Severe Weather Plan v3.1 2021-10-27	Fully compliant				
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	04 - Incident Response Plan v1.2 2021-10-27	Fully compliant				
19	Duty to maintain plans	Mass Casualty - patient identification	The organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass casualty incident. This system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.		Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required						
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	As we do not have patients, evacuation is the statutory fire evecuation requirements, which for most of our sites are the responsibility of other organisations (e.g. Devon County Council, Plymouth City Council, etc.)	Fully compliant				
21	Duty to maintain plans	Lockdown	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.		Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required						
22	Duty to maintain plans	Protected individuals	In line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage 'protected individuals'; Very Important Persons (VIPs), high profile patients and visitors to the site.		Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required						
Domain 4 - Command and control											
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	Y	• Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Include 24 hour arrangements for alerting managers and other key staff.	01 - Devon CCG EPRR Policy v1.1 2020-11-16 04 - Incident Response Plan v1.2 2021-10-27 11 - Incident Leadership & On-call Rota v1.0 20210812	Fully compliant				
Domain 5 - Training and exercising											
Domain 6 - Response											
30	Response	Incident Co-ordination Centre (ICC)	The organisation has Incident Co-ordination Centre (ICC) arrangements	Y		04 - Incident Response Plan v1.2 2021-10-27	Fully compliant				
32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	• Business Continuity Response plans	09 - Devon CCG Business Continuity Plan v2.0 2021-10-29 10 - Example BCP - Clinical Effectiveness	Fully compliant				
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	• Documented processes for completing, signing off and submitting SitReps	04 - Incident Response Plan v1.2 2021-10-27 Currently also have several mechanisms in place: • electronic SITREP reporting via CCG Strategic Intelligence • ad hoc & regular via Incident Inbox for pandemic & Escalation incidents	Fully compliant				
35	Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook.		• Guidance is available to appropriate staff either electronically or hard copies						

36	Response	Access to 'CBRN incident: Clinical Management and health protection'	Clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance.		• Guidance is available to appropriate staff either electronically or hard copies						
Domain 7 - Warning and informing											
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	• Have emergency communications response arrangements in place • Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response • Using lessons identified from previous major incidents to inform the development of future incident response communications • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work	04 - Incident Response Plan v1.2 2021-10-27 (Appendix 5) 14 - NHS Devon CCG Business Continuity Comms Plan 15 - CCG Emergency Contacts List 16a & b - NEW Devon CCG and SD&T CCG Social Media Policies in use - awaiting merger	Fully compliant				
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	• Have emergency communications response arrangements in place • Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing	14 - NHS Devon CCG Business Continuity Comms Plan	Fully compliant				
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a media spokespeople able to represent the organisation to the media at all times.	Y	• Have emergency communications response arrangements in place • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing • Having an agreed media strategy	14 - NHS Devon CCG Business Continuity Comms Plan	Fully compliant				
Domain 8 - Cooperation											
42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	• Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate	04 - Incident Response Plan v1.2 2021-10-27	Fully compliant				
43	Cooperation	Arrangements for multi-region response	Arrangements outlining the process for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.		• Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs						
44	Cooperation	Health tripartite working	Arrangements are in place defining how NHS England, the Department of Health and Social Care and Public Health England will communicate and work together, including how information relating to national emergencies will be cascaded.		• Detailed documentation on the process for managing the national health aspects of an emergency						
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	• Documented and signed information sharing protocol • Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.	FOI processes in place. Clear privacy notice and information sharing agreements in place with stakeholder organisations - CCG is a signatory to the Tier 1 Peninsula Information Sharing Agreement. 17 - v5.2 Peninsula overarching agreement	Fully compliant				
Domain 9 - Business Continuity											
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continutiy Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	09 - Devon CCG Business Continuity Plan v2.0 2021-10-29	Fully compliant				
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	BCMS should detail: • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities. • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process • Resource requirements • Communications strategy with all staff to ensure they are aware of their roles • Stakeholders	09 - Devon CCG Business Continuity Plan v2.0 2021-10-29	Fully compliant				
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	18 - NHSD Screenshot - DCCG_IGT_Assessment report_2020/21	Fully compliant				

51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Y	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	09 - Devon CCG Business Continuity Plan v2.0 2021-10-29 10 - Example BCP - Clinical Effectiveness	Fully compliant				
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Audit reports	21 - DCCG0521 - Business Continuity - Final Report	Fully compliant				
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectivness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Action plans	09 - Devon CCG Business Continuity Plan v2.0 2021-10-29	Fully compliant				
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Y	• EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements	Key supplier is DELT - IT Provider 20a-g - DELT BCP's	Fully compliant				
Domain 10: CBRN												
56	CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.		Staff are aware of the number / process to gain access to advice through appropriate planning arrangements						
57	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT/ CBRN response arrangements.		Evidence of: • command and control structures • procedures for activating staff and equipment • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • interoperability with other relevant agencies • plan to maintain a cordon / access control • arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies					
58	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.		• Impact assessment of CBRN decontamination on other key facilities						
59	CBRN	Decontamination capability availability 24 /7	The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.		• Rotas of appropriately trained staff availability 24 /7						
60	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. • Acute providers - see Equipment checklist: https://www.england.nhs.uk/wp-content/uploads/2018/07/eprr-decontamination-equipment-check-list.xlsx • Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprr-chemical-incidents.pdf • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/		• Completed equipment inventories; including completion date						
62	CBRN	Equipment checks	There are routine checks carried out on the decontamination equipment including: • PRPS Suits • Decontamination structures • Disrobe and rerobe structures • Shower tray pump • RAM GENE (radiation monitor) • Other decontamination equipment. There is a named individual responsible for completing these checks		• Record of equipment checks, including date completed and by whom. • Report of any missing equipment						
63	CBRN	Equipment Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: • PRPS Suits • Decontamination structures • Disrobe and rerobe structures • Shower tray pump • RAM GENE (radiation monitor) • Other equipment		• Completed PPM, including date completed, and by whom						

64	CBRN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.		• Organisational policy						
65	CBRN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		• Maintenance of CPD records						
67	CBRN	HAZMAT / CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.		• Maintenance of CPD records						
68	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.		• Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • All service providers - see Guidance for the initial management of self presenters from incidents involving hazardous materials - https://www.england.nhs.uk/publication/eprr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/ • All service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprr-chemical-incidents.pdf • A range of staff roles are trained in decontamination technique						
69	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.								

Total no. of Core Standards that apply	29	No. Fully compliant	29
Percentage Fully Compliant	100.0	No. Partially compliant	0
Percentage Partially Compliant	0.0	No. Non compliant	0
Percentage Non Compliant	0.0		

Ref	Domain	Standard	Detail	NHS Ambulance Service Providers	Organisational Evidence	Self assessment RAG **Red (non compliant) =** Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
HART **Domain: Capability**										
H1	**HART**	**HART tactical capabilities**	Organisations must maintain the following HART tactical capabilities: • Hazardous Materials • Chemical, Biological Radiological, Nuclear, Explosives (CBRNe) • Marauding Terrorist Firearms Attack • Safe Working at Height • Confined Space • Unstable Terrain • Water Operations • Support to Security Operations	Y						
H2	**HART**	**National Capability Matrices for HART**	Organisations must maintain HART tactical capabilities to the interoperable standards specified in the National Capability Matrices for HART.	Y						
H3	**HART**	**Compliance with National Standard Operating Procedures**	Organisations must ensure that HART units and their personnel remain compliant with the National Standard Operating Procedures (SOPs) during local and national deployments.	Y						
Domain: Human Resources										
H4	**HART**	**Staff competence**	Organisations must ensure that operational HART personnel maintain the minimum levels of competence defined in the National Training Information Sheets for HART.	Y						
H5	**HART**	**Protected training hours**	Organisations must ensure that all operational HART personnel are provided with no less than 37.5 hours of protected training time every seven weeks. If designated training staff are used to augment the live HART team, they must receive the equivalent protected training hours within the seven week period i.e. training hours can be converted to live hours providing they are rescheduled as protected training hours within the seven-week period.	Y						
H6	**HART**	**Training records**	Organisations must ensure that comprehensive training records are maintained for all HART personnel in their establishment. These records must include: • mandated training completed • date completed • any outstanding training or training due • indication of the individual's level of competence across the HART skill sets • any restrictions in practice and corresponding action plans.	Y						
H7	**HART**	**Registration as Paramedics**	All operational HART personnel must be professionally registered Paramedics.	Y						
H8	**HART**	**Six operational HART staff on duty**	Organisations must maintain a minimum of six operational HART staff on duty, per unit, at all times.	Y						
H9	**HART**	**Completion of Physical Competency Assessment**	All HART applicants must pass an initial Physical Competency Assessment (PCA) to the nationally specified standard.	Y						
H10	**HART**	**Mandatory six month completion of Physical Competency Assessment**	All operational HART staff must undertake an ongoing physical competency assessment (PCA) to the nationally specified standard every 6 months. Failure to achieve the required standard during these assessments must result in the individual being placed on restricted practice until they achieve the required standard.	Y						
H11	**HART**	**Returned to duty Physical Competency Assessment**	Any operational HART personnel returning to work after a period exceeding one month (where they have not been engaged in HART operational activity) must undertake an ongoing physical competency assessment (PCA) to the nationally specified standard. Failure to achieve the required standard during these assessments must result in the individual being placed on restricted practice until they achieve the required standard.	Y						
H12	**HART**	**Commander competence**	Organisations must ensure their Commanders (Tactical and Operational) are sufficiently competent to manage and deploy HART resources at any live incident.	Y						
Domain: Administration										

H13	**HART**	**Effective deployment policy**	Organisations maintain a local policy or procedure to ensure the effective prioritisation and deployment (or redeployment) of HART staff to an incident requiring the HART capabilities.	Y						
H14	**HART**	**Identification appropriate incidents / patients**	Organisations maintain an effective process to identify incidents or patients that may benefit from the deployment of HART capabilities at the point of receiving an emergency call.	Y						
H15	**HART**	**Notification of changes to capability delivery**	In any event that the provider is unable to maintain the HART capabilities safely or if a decision is taken locally to reconfigure HART to support wider Ambulance operations, the provider must notify the NARU On-Call Duty Officer as soon as possible (and within 24 hours). Written notification of any default of these standards must also be provided to their Lead Commissioner within 14 days and NARU must be copied into any such correspondence.	Y						
H16	**HART**	**Recording resource levels**	Organisations must record HART resource levels and deployments on the nationally specified system.	Y						
H17	**HART**	**Record of compliance with response time standards**	Organisations must maintain accurate records of their level of compliance with the HART response time standards. This must include an internal system to monitor and record the relevant response times for every HART deployment. These records must be collated into a report and made available to Lead Commissioners, external regulators and NHS England / NARU on request.	Y						
H18	**HART**	**Local risk assessments**	Organisations must maintain a set of local HART risk assessments which compliment the national HART risk assessments. These must cover specific local training venues or activity and pre-identified local high-risk sites. The provider must also ensure there is a local process to regulate how HART staff conduct a joint dynamic hazards assessment (JDHA) or a dynamic risk assessment at any live deployment. This should be consistent with the JESIP approach to risk assessment.	Y						
H19	**HART**	**Lessons identified reporting**	Organisations must have a robust and timely process to report any lessons identified following a HART deployment or training activity that may affect the interoperable service to NARU within 12 weeks using a nationally approved lessons database.	Y						
H20	**HART**	**Safety reporting**	Organisations have a robust and timely process to report to NARU any safety risks related to equipment, training or operational practice which may have an impact on the national interoperability of the HART service as soon as is practicable and no later than 7 days of the risk being identified.	Y						
H21	**HART**	**Receipt and confirmation of safety notifications**	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for HART by NARU within 7 days.	Y						
H22	**HART**	**Change Request Process**	Organisations must use the NARU coordinated Change Request Process before reconfiguring (or changing) any HART procedures, equipment or training that has been specified as nationally interoperable.	Y						
Domain: Response time standards										
H23	**HART**	**Initial deployment requirement**	Four HART personnel must be released and available to respond locally to any incident identified as potentially requiring HART capabilities within 15 minutes of the call being accepted by the provider. This standard does not apply to pre-planned operations.	Y						
H24	**HART**	**Additional deployment requirement**	Once a HART capability is confirmed as being required at the scene (with a corresponding safe system of work) organisations must ensure that six HART personnel are released and available to respond to scene within 10 minutes of that confirmation. The six includes the four already mobilised.	Y						
H25	**HART**	**Attendance at strategic sites of interest**	Organisations maintain a HART service capable of placing six HART personnel on-scene at strategic sites of interest within 45 minutes. These sites are currently defined within the Home Office Model Response Plan (by region). A delayed response is acceptable if the live HART team is already deploying HART capabilities at other incident in the region.	Y						
H26	**HART**	**Mutual aid**	Organisations must ensure that their 'on duty' HART personnel and HART assets maintain a 30 minute notice to move anywhere in the United Kingdom following a mutual aid request endorsed by NARU. An exception to this standard may be claimed if the 'on duty' HART team is already deployed at a local incident requiring HART capabilities.	Y						
Domain: Logistics										
H27	**HART**	**Capital depreciation and revenue replacement schemes**	Organisations must ensure appropriate capital depreciation and revenue replacement schemes are maintained locally to replace nationally specified HART equipment.	Y						
H28	**HART**	**Interoperable equipment**	Organisations must procure and maintain interoperable equipment specified in the National Capability Matrices and National Equipment Data Sheets.	Y						

H29	**HART**	**Equipment procurement via national buying frameworks**	Organisations must procure interoperable equipment using the national buying frameworks coordinated by NARU unless they can provide assurance that the local procurement is interoperable, and they subsequently receive approval from NARU for that local procurement.	Y						
H30	**HART**	**Fleet compliance with national specification**	Organisations ensure that the HART fleet and associated incident technology remain compliant with the national specification.	Y						
H31	**HART**	**Equipment maintenance**	Organisations ensure that all HART equipment is maintained according to applicable British or EN standards and in line with manufacturers recommendations.	Y						
H32	**HART**	**Equipment asset register**	Organisations maintain an asset register of all HART equipment. Such assets are defined by their reference or inclusion within the Capability Matrix and National Equipment Data Sheets. This register must include; individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).	Y						
H33	**HART**	**Capital estate provision**	Organisations ensure that a capital estate is provided for HART that meets the standards set out in the National HART Estate Specification.	Y						
MTFA										
Domain: Capability										
M1	**MTFA**	**Maintenance of national specified MTFA capability**	Organisations must maintain the nationally specified MTFA capability at all times in their respective service areas.	Y						
M2	**MTFA**	**Compliance with safe system of work**	Organisations must ensure that their MTFA capability remains compliant with the nationally specified safe system of work.	Y						
M3	**MTFA**	**Interoperability**	Organisations must ensure that their MTFA capability remains interoperable with other Ambulance MTFA teams around the country.	Y						
M4	**MTFA**	**Compliance with Standard Operating Procedures**	Organisations must ensure that their MTFA capability and responders remain compliant with the National Standard Operating Procedures (SOPs) during local and national deployments.	Y						
Domain: Human Resources										
M5	**MTFA**	**Ten competent MTFA staff on duty**	Organisations must maintain a minimum of ten competent MTFA staff on duty at all times. Competence is denoted by the mandatory minimum training requirements identified in the MTFA Capability Matrix. Note: this ten is in addition to MTFA qualified HART staff.	Y						
M6	**MTFA**	**Completion of a Physical Competency Assessment**	Organisations must ensure that all MTFA staff have successfully completed a physical competency assessment to the national standard.	Y						
M7	**MTFA**	**Staff competency**	Organisations must ensure that all operational MTFA staff maintain their training competency to the standards articulated in the National Training Information Sheet for MTFA.	Y						
M8	**MTFA**	**Training records**	Organisations must ensure that comprehensive training records are maintained for all MTFA personnel in their establishment. These records must include: • mandated training completed • date completed • outstanding training or training due • indication of the individual's level of competence across the MTFA skill sets • any restrictions in practice and corresponding action plans.	Y						
M9	**MTFA**	**Commander competence**	Organisations ensure their on-duty Commanders are competent in the deployment and management of NHS MTFA resources at any live incident.	Y						
M10	**MTFA**	**Provision of clinical training**	The organisation must provide, or facilitate access to, MTFA clinical training to any Fire and Rescue Service in their geographical service area that has a declared MTFA capability and requests such training.	Y						
M11	**MTFA**	**Staff training requirements**	Organisations must ensure that the following percentage of staff groups receive nationally recognised MTFA familiarisation training / briefing: • 100% Strategic Commanders • 100% designated MTFA Commanders • 80% all operational frontline staff	Y						
Domain: Administration										
M12	**MTFA**	**Effective deployment policy**	Organisations must maintain a local policy or procedure to ensure the effective identification of incidents or patients that may benefit from deployment of the MTFA capability. These procedures must be aligned to the MTFA Joint Operating Principles (produced by JESIP).	Y						
M13	**MTFA**	**Identification appropriate incidents / patients**	Organisations must have a local policy or procedure to ensure the effective prioritisation and deployment (or redeployment) of MTFA staff to an incident requiring the MTFA capability. These procedures must be aligned to the MTFA Joint Operating Principles (produced by JESIP).	Y						

M14	**MTFA**	**Change Management Process**	Organisations must use the NARU Change Management Process before reconfiguring (or changing) any MTFA procedures, equipment or training that has been specified as nationally interoperable.	Y						
M15	**MTFA**	**Record of compliance with response time standards**	Organisations must maintain accurate records of their compliance with the national MTFA response time standards and make them available to their local lead commissioner, external regulators (including both NHS and the Health & Safety Executive) and NHS England (including NARU).	Y						
M16	**MTFA**	**Notification of changes to capability delivery**	In any event that the organisation is unable to maintain the MTFA capability to the these standards, the organisation must have a robust and timely mechanism to make a notification to the National Ambulance Resilience Unit (NARU) on-call system. The provider must then also provide notification of the default in writing to their lead commissioners.	Y						
M17	**MTFA**	**Recording resource levels**	Organisations must record MTFA resource levels and any deployments on the nationally specified system in accordance with reporting requirements set by NARU.	Y						
M18	**MTFA**	**Local risk assessments**	Organisations must maintain a set of local MTFA risk assessments which compliment the national MTFA risk assessments (maintained by NARU). Local assessments should cover specific training venues or activity and pre-identified local high-risk sites. The provider must also ensure there is a local process to regulate how MTFA staff conduct a joint dynamic hazards assessment (JDHA) or a dynamic risk assessment at any live deployment. This should be consistent with the JESIP approach to risk assessment.	Y						
M19	**MTFA**	**Lessons identified reporting**	Organisations must have a robust and timely process to report any lessons identified following a MTFA deployment or training activity that may affect the interoperable service to NARU within 12 weeks using a nationally approved lessons database.	Y						
M20	**MTFA**	**Safety reporting**	Organisations have a robust and timely process to report to NARU any safety risks related to equipment, training or operational practice which may have an impact on the national interoperability of the MTFA service as soon as is practicable and no later than 7 days of the risk being identified.	Y						
M21	**MTFA**	**Receipt and confirmation of safety notifications**	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for MTFA by NARU within 7 days.	Y						
Domain: Response time standards										
M22	**MTFA**	**Readiness to deploy to Model Response Sites**	Organisations must ensure their MTFA teams maintain a state of readiness to deploy the capability at a designed Model Response locations within 45 minutes of an incident being declared to the organisation.	Y						
M23	**MTFA**	**10minute response time**	Organisations must ensure that ten MTFA staff are released and available to respond within 10 minutes of an incident being declared to the organisation.	Y						
Domain: Logistics										
M24	**MTFA**	**PPE availability**	Organisations must ensure that the nationally specified personal protective equipment is available for all operational MTFA staff and that the equipment remains compliant with the relevant National Equipment Data Sheets.	Y						
M25	**MTFA**	**Equipment procurement via national buying frameworks**	Organisations must procure MTFA equipment specified in the buying frameworks maintained by NARU and in accordance with the MTFA related Equipment Data Sheets.	Y						
M26	**MTFA**	**Equipment maintenance**	All MTFA equipment must be maintained in accordance with the manufacturers recommendations and applicable national standards.	Y						
M27	**MTFA**	**Revenue depreciation scheme**	Organisations must have an appropriate revenue depreciation scheme on a 5-year cycle which is maintained locally to replace nationally specified MTFA equipment.	Y						
M28	**MTFA**	**MTFA asset register**	Organisations must maintain a register of all MTFA assets specified in the Capability Matrix and Equipment Data Sheets. The register must include: • individual asset identification • any applicable servicing or maintenance activity • any identified defects or faults • the expected replacement date • any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).	Y						
CBRN Domain: Capability										
B1	**CBRN**	**Tactical capabilities**	Organisations must maintain the following CBRN tactical capabilities: • Initial Operational Response (IOR) • Step 123+ • PRPS Protective Equipment • Wet decontamination of casualties via clinical decontamination units • Specialist Operational Response (HART) for inner cordon / hot zone operations • CBRN Countermeasures	Y						

B2	**CBRN**	**National Capability Matrices for CBRN.**	Organisations must maintain these capabilities to the interoperable standards specified in the National Capability Matrices for CBRN.	Y						
B3	**CBRN**	**Compliance with National Standard Operating Procedures**	Organisations must ensure that CBRN (SORT) teams remain compliant with the National Standard Operating Procedures (SOPs) during local and national pre-hospital deployments.	Y						
B4	**CBRN**	**Access to specialist scientific advice**	Organisations have robust and effective arrangements in place to access specialist scientific advice relevant to the full range of CBRN incidents. Tactical and Operational Commanders must be able to access this advice at all times. (24/7).	Y						
Domain: Human resources										
B5	**CBRN**	**Commander competence**	Organisations must ensure their Commanders (Tactical and Operational) are sufficiently competent to manage and deploy CBRN resources and patient decontamination.	Y						
B6	**CBRN**	**Arrangements to manage staff exposure and contamination**	Organisations must ensure they have robust arrangements in place to manage situations where staff become exposed or contaminated.	Y						
B7	**CBRN**	**Monitoring and recording responder deployment**	Organisations must ensure they have systems in place to monitor and record details of each individual staff responder operating at the scene of a CBRN event. For staff deployed into the inner cordon or working in the warm zone on decontamination activities, this must include the duration of their deployment (time committed).	Y						
B8	**CBRN**	**Adequate CBRN staff establishment**	Organisations must have a sufficient establishment of CBRN trained staff to ensure a minimum of 12 staff are available on duty at all times.	Y						
B9	**CBRN**	**CBRN Lead trainer**	Organisations must have a Lead Trainer for CBRN that is appropriately qualified to manage the delivery of CBRN training within the organisation.	Y						
B10	**CBRN**	**CBRN trainers**	Organisations must ensure they have a sufficient number of trained decontamination / PRPS trainers (or access to trainers) to fully support its CBRN training programme.	Y						
B11	**CBRN**	**Training standard**	CBRN training must meet the minimum national standards set by the Training Information Sheets as part of the National Safe System of Work.	Y						
B12	**CBRN**	**FFP3 access**	Organisations must ensure that frontline staff who may come into contact with confirmed infectious respiratory viruses have access to FFP3 mask protection (or equivalent) and that they have been appropriately fit tested.	Y						
B13	**CBRN**	**IOR training for operational staff**	Organisations must ensure that all frontline operational staff that may make contact with a contaminated patient are sufficiently trained in Initial Operational Response (IOR).	Y						
Domain: administration										
B14	**CBRN**	**HAZMAT / CBRN plan**	Organisations must have a specific HAZMAT/ CBRN plan (or dedicated annex). CBRN staff and managers must be able to access these plans.	Y						
B15	**CBRN**	**Deployment process for CBRN staff**	Organisations must maintain effective and tested processes for activating and deploying CBRN staff to relevant types of incident.	Y						
B16	**CBRN**	**Identification of locations to establish CBRN facilities**	Organisations must scope potential locations to establish CBRN facilities at key high-risk sites within their service area. Sites to be determined by the Trust through their Local Resilience Forum interfaces.	Y						
B17	**CBRN**	**CBRN arrangements alignment with guidance**	Organisations must ensure that their procedures, management and decontamination arrangements for CBRN are aligned to the latest Joint Operating Principles (JESIP) and NARU Guidance.	Y						
B18	**CBRN**	**Communication management**	Organisations must ensure that their CBRN plans and procedures include sufficient provisions to manage and coordinate communications with other key stakeholders and responders.	Y						
B19	**CBRN**	**Access to national reserve stocks**	Organisations must ensure that their CBRN plans and procedures include sufficient provisions to access national reserve stocks (including additional PPE from the NARU Central Stores and access to countermeasures or other stockpiles from the wider NHS supply chain).	Y						
B20	**CBRN**	**Management of hazardous waste**	Organisations must ensure that their CBRN plans and procedures include sufficient provisions to manage hazardous waste.	Y						
B21	**CBRN**	**Recovery arrangements**	Organisations must ensure that their CBRN plans and procedures include sufficient provisions to manage the transition from response to recovery and a return to normality.	Y						
B22	**CBRN**	**CBRN local risk assessments**	Organisations must maintain local risk assessments for the CBRN capability which compliment the national CBRN risk assessments under the national safe system of work.	Y						
B23	**CBRN**	**Risk assessments for high risk areas**	Organisations must maintain local risk assessments for the CBRN capability which cover key high-risk locations in their area.	Y						
Domain: Response time standards										

B24	**CBRN**	**Model response locations - deployment**	Organisations must maintain a CBRN capability that ensures a minimum of 12 trained operatives and the necessary CBRN decontamination equipment can be on-scene at key high risk locations (Model Response Locations) within 45 minutes of a CBRN incident being identified by the organisation.	Y						
Domain: logistics										
B25	**CBRN**	**Interoperable equipment**	Organisations must procure and maintain interoperable equipment specified in the National Capability Matrices and National Equipment Data Sheets.	Y						
B26	**CBRN**	**Equipment procurement via national buying frameworks**	Organisations must procure interoperable equipment using the national buying frameworks coordinated by NARU unless they can provide assurance that the local procurement is interoperable and that local deviation is approved by NARU.	Y						
B27	**CBRN**	**Equipment maintenance - British or EN standards**	Organisations ensure that all CBRN equipment is maintained according to applicable British or EN standards and in line with manufacturer's recommendations.	Y						
B28	**CBRN**	**Equipment maintenance - National Equipment Data Sheet**	Organisations must maintain CBRN equipment, including a preventative programme of maintenance, in accordance with the National Equipment Data Sheet for each item.	Y						
B29	**CBRN**	**Equipment maintenance - assets register**	Organisations must maintain an asset register of all CBRN equipment. Such assets are defined by their reference or inclusion within the National Equipment Data Sheets. This register must include; individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).	Y						
B30	**CBRN**	**PRPS - minimum number of suits**	Organisations must maintain the minimum number of PRPS suits specified by NHS England and NARU. These suits must remain live and fully operational.	Y						
B31	**CBRN**	**PRPS - replacement plan**	Organisations must ensure they have a financial replacement plan in place to ensure the minimum number of suits is maintained. Trusts must fund the replacement of PRPS suits.	Y						
B32	**CBRN**	**Individual / role responsible fore CBRN assets**	Organisations must have a named individual or role that is responsible for ensuring CBRN assets are managed appropriately.	Y						
Mass Casualty Vehicles **Domain: Administration**										
V1	**MassCas**	**MCV accommodation**	Trusts must securely accommodate the vehicle(s) undercover with appropriate shore-lining.	Y						
V2	**MassCas**	**Maintenance and insurance**	Trusts must insure, maintain and regularly run the mass casualty vehicles.	Y						
V3	**MassCas**	**Mobilisation arrangements**	Trusts must maintain appropriate mobilisation arrangements for the vehicles which should include criteria to identify any incidents which may benefit from its deployment.	Y						
V4	**MassCas**	**Mass oxygen delivery system**	Trusts must maintain the mass oxygen delivery system on the vehicles.	Y						
Domain: NHS England Mass Casualties Concept of Operations										
V6	**MassCas**	**Mass casualty response arrangements**	Trusts must ensure they have clear plans and procedures for a mass casualty incident which are appropriately aligned to the *NHS England Concept of Operations for Managing Mass Casualties*.	Y						
V7	**MassCas**	**Arrangements to work with NACC**	Trusts must have a procedure in place to work in conjunction with the National Ambulance Coordination Centre (NACC) which will coordinate national Ambulance mutual aid and the national distribution of casualties.	Y						
V8	**MassCas**	**EOC arrangements**	Trusts must have arrangements in place to ensure their Emergency Operations Centres (or equivalent) can communicate and effectively coordinate with receiving centres within the first hour of mass casualty incident.	Y						
V9	**MassCas**	**Casualty management arrangements**	Trusts must have a casualty management plan / patient distribution model which has been produced in conjunction with local receiving Acute Trusts.	Y						
V10	**MassCas**	**Casualty Clearing Station arrangements**	Trusts must maintain a capability to establish and appropriately resource a Casualty Clearing Station at the location in which patients can receive further assessment, stabilisation and preparation on onward transportation.	Y						
V11	**MassCas**	**Management of non-NHS resource**	Trust plans must include provisions to access, coordinate and, where necessary, manage the following additional resources: • Patient Transportation Services • Private Providers of Patient Transport Services • Voluntary Ambulance Service Providers	Y						
V12	**MassCas**	**Management of secondary patient transfers**	Trusts must have arrangements in place to support some secondary patient transfers from Acute Trusts including patients with Level 2 and 3 care requirements.	Y						
Command and control **Domain: General**										

C1	**C2**	**Consistency with NHS England EPRR Framework**	NHS Ambulance command and control must remain consistent with the NHS England EPRR Framework and wider NHS command and control arrangements.	Y						
C2	**C2**	**Consistency with Standards for NHS Ambulance Service Command and Control.**	NHS Ambulance command and control must be conducted in a manner commensurate to the legal and professional obligations set out in the Standards for NHS Ambulance Service Command and Control.	Y						
C3	**C2**	**NARU notification process**	NHS Ambulance Trusts must notify the NARU On-Call Officer of any critical or major incidents active within their area that require the establishment of a full command structure to manage the incident. Notification should be made within the first 30 minutes of the incident whether additional resources are needed or not. In the event of a national emergency or where mutual aid is required by the NHS Ambulance Service, the National Ambulance Coordination Centre (NACC) may be established. Once established, NHS Ambulance Strategic Commanders must ensure that their command and control processes have an effective interface with the NACC and that clear lines of communication are maintained.	Y						
C4	**C2**	**AEO governance and responsibility**	The Accountable Emergency Officer in each NHS Ambulance Service provider is responsible for ensuring that the provisions of the Command and Control Standards and Guidance including these standards are appropriately maintained. NHS Ambulance Trust Boards are required to provide annual assurance against these standards.	Y						
Domain: Human resource										
C5	**C2**	**Command role availability**	NHS Ambulance Service providers must ensure that the command roles defined as part of the 'chain of command' structure in the Standards for NHS Ambulance Service Command and Control (**Schedule 2**) are maintained and available at all times within their service area.	Y						
C6	**C2**	**Support role availability**	NHS Ambulance Service providers must ensure that there is sufficient resource in place to provide each command role (Strategic, Tactical and Operational) with the dedicated support roles set out in the standards at all times.	Y						
C7	**C2**	**Recruitment and selection criteria**	NHS Ambulance Service providers must ensure there is an appropriate recruitment and selection criteria for personnel fulfilling command roles (including command support roles) that promotes and maintains the levels of credibility and competence defined in these standards. No personnel should have command and control roles defined within their job descriptions without a recruitment and selection criteria that specifically assesses the skills required to discharge those command functions (i.e. the National Occupational Standards for Ambulance Command). This standard does not apply to the Functional Command Roles assigned to available personnel at a major incident.	Y						
C8	**C2**	**Contractual responsibilities of command functions**	Personnel expected to discharge Strategic, Tactical, and Operational command functions must have those responsibilities defined within their contract of employment.	Y						
C9	**C2**	**Access to PPE**	The NHS Ambulance Service provider must ensure that each Commander and each of the support functions have access to personal protective equipment and logistics necessary to discharge their role and function.	Y						
C10	**C2**	**Suitable communication systems**	The NHS Ambulance Service provider must have suitable communication systems (and associated technology) to support its command and control functions. As a minimum this must support the secure exchange of voice and data between each layer of command with resilience and redundancy built in.	Y						
Domain: Decision making										
C11	**C2**	**Risk management**	NHS Ambulance Commanders must manage risk in accordance with the method prescribed in the National Ambulance Service Command and Control Guidance published by NARU.	Y						
C12	**C2**	**Use of JESIP JDM**	NHS Ambulance Commanders at the Operational and Tactical level must use the JESIP Joint Decision Model (JDM) and apply JESIP principles during emergencies where a joint command structure is established.	Y						
C13	**C2**	**Command decisions**	NHS Ambulance Command decisions at all three levels must be made within the context of the legal and professional obligations set out in the Command and Control Standards and the National Ambulance Service Command and Control Guidance published by NARU.	Y						
Domain: Record keeping										
C14	**C2**	**Retaining records**	C14: All decision logs and records which are directly connected to a major or complex emergency must be securely stored and retained by the Ambulance Service for a minimum of 25 years.	Y						

C15	**C2**	**Decision logging**	C15: Each Commander (Strategic, Tactical and Operational) must have access to an appropriate system of logging their decisions which conforms to national best practice.	Y						
C16	**C2**	**Access to loggist**	C16: The Strategic, Tactical and Operational Commanders must each be supported by a trained and competent loggist. A minimum of three loggist must be available to provide that support in each NHS Ambulance Service at all times. It is accepted that there may be more than one Operational Commander for multi-sited incidents. The minimum is three loggists but the Trust should have plans in place for logs to be kept by a non-trained loggist should the need arise.	Y						
Domain: Lessons identified										
C17	**C2**	**Lessons identified**	The NHS Ambulance Service provider must ensure it maintains an appropriate system for identifying, recording, learning and sharing lessons from complex or protracted incidents in accordance with the wider EPRR core standards.	Y						
Domain: Competence										
C18	**C2**	**Strategic commander competence - National Occupational Standards**	Personnel that discharge the Strategic Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Strategic Commanders and must meet the expectations set out in **Schedule 2** of the Standards for NHS Ambulance Service Command and Control.	Y						
C19	**C2**	**Strategic commander competence - nationally recognised course**	Personnel that discharge the Strategic Commander function must have successfully completed a nationally recognised Strategic Commander course (nationally recognised by NHS England / NARU).	Y						
C20	**C2**	**Tactical commander competence - National Occupational Standards**	Personnel that discharge the Tactical Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Tactical Commanders and must meet the expectations set out in **Schedule 2** of the Standards for NHS Ambulance Service Command and Control.	Y						
C21	**C2**	**Tactical commander competence - nationally recognised course**	Personnel that discharge the Tactical Commander function must have successfully completed a nationally recognised Tactical Commander course (nationally recognised by NHS England / NARU). Courses may be run nationally or locally but they must be recognised by NARU as being of a sufficient interoperable standard. Local courses should also cover specific regional risks and response arrangements.	Y						
C22	**C2**	**Operational commander competence - National Occupational Standards**	Personnel that discharge the Operational Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Operational Commanders and must meet the expectations set out in **Schedule 2** of the Standards for NHS Ambulance Service Command and Control.	Y						
C23	**C2**	**Operational commander competence - nationally recognised course**	Personnel that discharge the Operational Commander function must have successfully completed a nationally recognised Operational Commander course (nationally recognised by NHS England / NARU). Courses may be run nationally or locally but they must be recognised by NARU as being of a sufficient interoperable standard. Local courses should also cover specific regional risks and response arrangements.	Y						
C24	**C2**	**Commanders - maintenance of CPD**	All Strategic, Tactical and Operational Commanders must maintain appropriate Continued Professional Development (CPD) evidence specific to their corresponding National Occupational Standards.	Y						
C25	**C2**	**Commanders - exercise attendance**	All Strategic, Tactical and Operational Commanders must refresh their skills and competence by discharging their command role as a 'player' at a training exercise every 18 months. Attendance at these exercises will form part of the mandatory Continued Professional Development requirement and evidence must be included in the form of documented reflective practice for each exercise. It could be the smaller scale exercises run by NARU or HART teams on a weekly basis. The requirement to attend an exercise in any 18 month period can be negated by discharging the role at a relevant live incident providing documented reflective practice is completed post incident. Relevant live incidents are those where the commander has discharged duties (as per the NOS) in their command role for incident response, such as delivering briefings, use of the JDM, making decisions appropriate to their command role, deployed staff, assets or material, etc.	Y						
C26	**C2**	**Training and CDP - suspension of non-compliant commanders**	Any Strategic, Tactical and Operational Commanders that have not maintained the required competence through the mandated training and ongoing CPD obligations must be suspended from their command position / availability until they are able to demonstrate the required level of competence and CPD evidence.	Y						
C27	**C2**	**Assessment of commander competence and CDP evidence**	Commander competence and CPD evidence must be assessed and confirmed annually by a suitably qualified and competent instructor or training officer. NHS England or NARU may also verify this process.	Y						

C28	**C2**	**NILO / Tactical Advisor - training**	Personnel that discharge the NILO /Tactical Advisor function must have completed a nationally recognised NILO or Tactical Advisor course (nationally recognised by NHS England / NARU).	Y						
C29	**C2**	**NILO / Tactical Advisor - CPD**	Personnel that discharge the NILO /Tactical Advisor function must maintain an appropriate Continued Professional Development portfolio to demonstrate their continued professional creditability and up-to-date competence in the NILO / Tactical Advisor discipline.	Y						
C30	**C2**	**Loggist - training**	Personnel that discharge the Loggist function must have completed a loggist training course which covers the elements set out in the National Ambulance Service Command and Control Guidance.	Y						
C31	**C2**	**Loggist - CPD**	Personnel that discharge the Loggist function must maintain an appropriate Continued Professional Development portfolio to demonstrate their continued professional creditability and up-to-date competence in the discipline of logging.	Y						
C32	**C2**	**Availability of Strategic Medical Advisor, Medical Advisor and Forward Doctor**	The Medical Director of each NHS Ambulance Service provider is responsible for ensuring that the Strategic Medical Advisor, Medical Advisor and Forward Doctor roles are available at all times and that the personnel occupying these roles are credible and competent (guidance provided in the Standards for NHS Ambulance Service Command and Control).	Y						
C33	**C2**	**Medical Advisor of Forward Doctor - exercise attendance**	Personnel that discharge the Medical Advisor or Forward Doctor roles must refresh their skills and competence by discharging their support role as a 'player' at a training exercise every 12 months. Attendance at these exercises will form part of the mandatory Continued Professional Development requirement and evidence must be included in the form of documented reflective practice for each exercise.	Y						
C34	**C2**	**Commanders and NILO / Tactical Advisors - familiarity with the Joint Operating Procedures**	Commanders (Strategic, Tactical and Operational) and the NILO/Tactical Advisors must ensure they are fully conversant with all Joint Operating Principles published by JESIP and that they remain competent to discharge their responsibilities in line with these principles.	Y						
C35	**C2**	**Control room familiarisation with capabilities**	Control starts with receipt of the first emergency call, therefore emergency control room supervisors must be aware of the capabilities and the implications of utilising them. Control room supervisors must have a working knowledge of major incident procedures and the NARU command guidance sufficient to enable the initial steps to be taken (e.g. notifying the Trust command structure and alerting mechanisms, following action cards etc.)	Y						
C36	**C2**	**Responders awareness of NARU major incident action cards**	Front line responders are by default the first commander at scene, such staff must be aware of basic principles as per the NARU major incident action cards (or equivalent) and have watched the on line major incident awareness training DVD (or equivalent) enabling them to provide accurate information to control and on scene commanders upon their arrival. Initial responders assigned to functional roles must have a prior understanding of the action cards and the implementation of them.	Y						
JESIP Domain: Embedding doctrine										
J1	**JESIP**	**Incorporation of JESIP doctrine**	The JESIP doctrine (as specified in the JESIP Joint Doctrine: The Interoperability Framework) must be incorporated into all organisational policies, plans and procedures relevant to an emergency response within NHS Ambulance Trusts.	Y						
J2	**JESIP**	**Operations procedures commensurate with Doctrine**	All NHS Ambulance Trust operational procedures must be interpreted and applied in a manner commensurate to the Joint Doctrine.	Y						
J3	**JESIP**	**Five JESIP principles for joint working**	All NHS Ambulance Trust operational procedures for major or complex incidents must reference the five JESIP principles for joint working.	Y						
J4	**JESIP**	**Use of METHANE**	All NHS Ambulance Trust operational procedures for major or complex incidents must use the agreed model for sharing incident information stated as M/ETHANE.	Y						
J5	**JESIP**	**Joint Decision Model - advocate use of**	All NHS Ambulance Trust operational procedures for major or complex incidents must advocate the use of the JESIP Joint Decision Model (JDM) when making command decisions.	Y						
J6	**JESIP**	**Review process**	All NHS Ambulance Trusts must have a timed review process for all procedures covering major or complex incidents to ensure they remain current and consistent with the latest version of the JESIP Joint Doctrine.	Y						
J7	**JESIP**	**Access to JESIP products, tools and guidance**	All NHS Ambulance Trusts must ensure that Commanders and Command Support Staff have access to the latest JESIP products, tools and guidance.	Y						
Domain: Training										

J8	**JESIP**	**Awareness of JESIP - Responders**	All relevant front-line NHS Ambulance responders attain and maintain a basic knowledge and understanding of JESIP to enhance their ability to respond effectively upon arrival as the first personnel on-scene. This must be refreshed and updated annually.	Y						
J9	**JESIP**	**Awareness of JESIP - control room staff**	NHS Ambulance control room staff (dispatchers and managers) attain and maintain knowledge and understanding of JESIP to enhance their ability to manage calls and coordinate assets. This must be refreshed and updated annually.	Y						
J10	**JESIP**	**Awareness of JESIP - Commanders and Control Room managers / supervisors**	All NHS Ambulance Commanders and Control Room managers/supervisors attain and maintain competence in the use of JESIP principles relevant to the command role they perform through relevant JESIP aligned training and exercising in a joint agency setting.	Y						
J11	**JESIP**	**Training records - staff requiring training**	NHS Ambulance Service providers must identify and maintain records of staff in the organisation who may require training or awareness of JESIP, what training they require and when they receive it.	Y						
J12	**JESIP**	**Command function - interoperability command course**	All staff required to perform a command must have attended a one day, JESIP approved, interoperability command course.	Y						
J13	**JESIP**	**Training records - annual refresh**	All those who perform a command role should annually refresh their awareness of JESIP principles, use of the JDM and METHANE models by either the JESIP e-learning products or another locally based solution which meets the minimum learning outcomes. Records of compliance with this refresher requirement must be kept by the organisation.	Y						
J14	**JESIP**	**Commanders - interoperability command course**	Every three years, NHS Ambulance Commanders must repeat a one day, JESIP approved, interoperability command course.	Y						
J15	**JESIP**	**Participation in multiagency exercise**	Every three years, all NHS Ambulance Commanders (at Strategic, Tactical and Operational levels) must participate as a player in a joint exercise with at least Police and Fire Service Command players where JESIP principles are applied.	Y						
J16	**JESIP**	**Induction training**	All NHS Ambulance Trusts must ensure that JESIP forms part of the initial training or induction of all new operational staff.	Y						
J17	**JESIP**	**Training - review process**	All NHS Ambulance Trusts must have an effective internal process to regularly review their operational training programmes against the latest version of the JESIP Joint Doctrine.	Y						
J18	**JESIP**	**JESIP trainers**	All NHS Ambulance Trusts must maintain an appropriate number of internal JESIP trainers able to deliver JESIP related training in a multi-agency environment and an internal process for cascading knowledge to new trainers.	Y						
Domain: Assurance										
J19	**JESIP**	**JESIP self-assessment survey**	All NHS Ambulance Trusts must participate in the annual JESIP self-assessment survey aimed at establishing local levels of embedding JESIP.	Y						
J20	**JESIP**	**Training records - 90% operational and control room staff are familiar with JESIP**	All NHS Ambulance Trusts must maintain records and evidence which demonstrates that at least 90% of operational staff (that respond to emergency calls) and control room staff (that dispatch calls and manage communications with crews) are familiar with the JESIP principles and can construct a METHANE message.	Y						
J21	**JESIP**	**Exercise programme - multiagency exercises**	All NHS Ambulance Trusts must maintain a programme of planned multi-agency exercises developed in partnership with the Police and Fire Service (as a minimum) which will test the JESIP principles, use of the Joint Decision Model (JDM) and METHANE tool.	Y						
J22	**JESIP**	**Competence assurance policy**	All NHS Ambulance Trusts must have an internal procedure to regularly check the competence of command staff against the JESIP Learning Outcomes and to provide remedial or refresher training as required.	Y						
J23	**JESIP**	**Use of JESIP exercise objectives and Umpire templates**	All NHS Ambulance Trusts must utilise the JESIP Exercise Objectives and JESIP Umpire templates to ensure JESIP relevant objectives are included in multi-agency exercise planning and staff are tested against them.	Y						

Ref	Domain	Standard	Detail	Evidence - examples listed below	Acute Providers	Mental Health Providers	Community Service Providers	Organisational Evidence	Self assessment RAG **Red (not compliant) =** Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
Deep Dive - Oxygen Supply													
Domain: Oxygen Suuply													
DD1	**Oxygen Supply**	**Medical gasses - governance**	The organisation has in place an effective Medical Gas Committee as described in Health Technical Memorandum HTM02-01 Part B.	• Committee meets annually as a minimum • Committee has signed off terms of reference • Minutes of Committee meetings are maintained • Actions from the Committee are managed effectively • Committee reports progress and any issues to the Chief Executive • Committee develops and maintains organisational policies and procedures • Committee develops site resilience/contingency plans with related standard operating procedures (SOPs) • Committee escalates risk onto the organisational risk register and Board Assurance Framework where appropriate • The Committee receives Authorising Engineer's annual report and prepares an action plan to address issues, there being evidence that this is reported to the organisation's Board	Y	If applicable	If applicable						
DD2	**Oxygen Supply**	**Medical gasses - planning**	The organisation has robust and tested Business Continuity and/or Disaster Recovery plans for medical gases	• The organisation has reviewed and updated the plans and are they available for view • The organisation has assessed its maximum anticipated flow rate using the national toolkit • The organisation has documented plans (agreed with suppliers) to achieve rectification of identified shortfalls in infrastructure capacity requirements. • The organisation has documented a pipework survey that provides assurance of oxygen supply capacity in designated wards across the site • The organisation has clear plans for where oxygen cylinders are used and this has been discussed and there should be an agreement with the supplier to know the location and distribution so they can advise on storage and risk, on delivery times and numbers of cylinders and any escalation procedure in the event of an emergency (e.g. understand if there is a maximum limit to the number of cylinders the supplier has available) • Standard Operating Procedures exist and are available for staff regarding the use, storage and operation of cylinders that meet safety and security policies • The organisation has breaching points available to support access for additional equipment as required • The organisation has a developed plan for ward level education and training on good housekeeping practices • The organisation has available a comprehensive needs assessment to identify training and education requirements for safe management of medical gases	Y	If applicable	If applicable						
DD3	**Oxygen Supply**	**Medical gasses - planning**	The organisation has used Appendix H to the HTM 0201 part A to support the planning, installing, upgrading of its cryogenic liquid supply system.	• The organisation has clear guidance that includes delivery frequency for medical gases that identifies key requirements for safe and secure deliveries • The organisation has policy to support consistent calculation for medical gas consumption to support supply mechanisms • The organisation has a policy for the maintenance of pipework and systems that includes regular checking for leaks and having de-icing regimes • Organisation has utilised the checklist retrospectively as part of an assurance or audit process	Y	If applicable	If applicable						
DD4	**Oxygen Supply**	**Medical gasses -workforce**	The organisation has reviewed the skills and competencies of identified roles within the HTM and has assurance of resilience for these functions.	• Job descriptions/person specifications are available to cover each identified role • Rotating of staff to ensure staff leave/ shift patterns are planned around availability of key personnel e.g. ensuring QC (MGPS) availability for commissioning upgrade work. • Education and training packages are available for all identified roles and attendance is monitored on compliance to training requirements • Medical gas training forms part of the induction package for all staff.	Y	If applicable	If applicable						
DD5	**Oxygen Supply**	**Oxygen systems - escalation**	The organisation has a clear escalation plan and processes for management of surge in oxygen demand	• SOPs exist, and have been reviewed and updated, for 'stand up' of weekly/ daily multi-disciplinary oxygen rounds • Staff are informed and aware of the requirements for increasing de-icing of vaporisers • SOPs are available for the 'good housekeeping' practices identified during the pandemic surge and include, for example, Medical Director sign off for the use of HFNO	Y	If applicable	If applicable						
DD6	**Oxygen Supply**	**Oxygen systems**	Organisation has an accurate and up to date technical file on its oxygen supply system with the relevant instruction for use (IFU)	• Reviewed and updated instructions for use (IFU), where required as part of Authorising Engineer's annual verification and report	Y	If applicable	If applicable						
DD7	**Oxygen Supply**	**Oxygen systems**	The organisation has undertaken as risk assessment in the development of the medical oxygen installation to produce a safe and practical design and ensure that a safe supply of oxygen is available for patient use at all times as described in Health Technical Memorandum HTM02-01 6.6	• Organisation has a risk assessment as per section 6.6 of the HTM 02-01 • Organisation has undertaken an annual review of the risk assessment as per section 6.134 of the HTM 02-01 (please indicated in the organisational evidence column the date of your last review)	Y	If applicable	If applicable						
				Total no. questions relevant to organisation	**7**	**0**	**0**	**No. Fully compliant**	**0**				
								No. Partially compliant	**0**				
								No. Non compliant	**0**				

Assurance of the Emergency Preparedness of NHS Devon CCG, and Devon Providers, against NHS England Core Standards for EPRR

1. Introduction

1.1. NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

1.2. This report outlines NHS Devon CCG's assurance and that of its providers, and requests that the Governing Body notes the position agreed with NHS England.

Compliance Level	Evaluation & Testing Conclusion
Fully compliant	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantially compliant	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partially compliant	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non – Compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

2. Content

2.1. As part of the national EPRR assurance process for 2021, NHS Devon Clinical Commissioning Group are required to assess themselves against the NHSE core standards of Assurance requirements and to provide evidence to support the position stated. NHS Devon CCG has met with NHS England and undertaken the required desktop assessments.

2.2. The outcome of the self-assessment for NHS Devon CCG has rated us as **Fully compliant** against all 29 of the core standards which are applicable to the organisation.

NHS Devon CCG				**Fully compliant**
2021 Assurance		Red	Amber	Green
Core standards	29	0	0	29
Deep Dive	0	0	0	0
Actions:	None noted.			
Recommendations:	N/A			

A full description of the core EPRR standards can be found at: http://www.england.nhs.uk/ourwork/eprr/

3. Provider Assurance

3.1. As a commissioning organisation we are also responsible for assuring ourselves and NHS England as to the level of compliance with the EPRR core standards for our provider organisations.

3.2. As part of this year's assurance process, National included a deep dive focused on Oxygen Resilience. **Please Note:** The Deep Dive does not contribute towards our providers' level of compliance with the NHS England Core Standards for EPRR.

3.3. Our provider assurance outcomes for 2021 are set out below:

Devon Doctors Ltd.			**Substantially compliant**	
2021 Assurance		Red	Amber	Green
Core standards	32	0	1	31
Deep Dive	0	0	0	0
Action:	None noted			
Recommendations:	**CS 53 – Business Continuity Audit – Partially compliant.** Whilst there is an audit process in place, there has been no report to the Board. Devon Doctors are self assessing this core standard as partially compliant. Report to be submitted for 2021/22 financial year following completion of assessment and on a six-monthly basis going forward to demonstrate compliance with EPRR framework and learning from incidents.			

Devon Partnership NHS Foundation Trust			**Fully compliant**	
2021 Assurance		Red	Amber	Green
Core standards	37	0	0	37
Deep Dive	7	0	0	7
Action:	None noted			
Recommendations:	N/A			

First Care Ambulance			**Fully compliant**	
2021 Assurance		Red	Amber	Green
Core standards	28	0	0	28
Deep Dive	0	0	0	0
Action:	None noted			
Recommendations:	N/A			

Livewell Southwest CIC			Substantially compliant	
2021/22 Assurance		Red	Amber	Green
Core standards	37	0	2	35
Deep Dive	3	0	2	1
Actions :	No actions noted			
Recommendations:	**CS 21 – Lockdown – Partially Compliant**. Whilst there is a good Lockdown Policy in place, there is a need to put in place Action Cards for site staff, to enable the on-site lockdown process. **CS 68 – Staff Training (decontamination) – Partially Compliant**. Initial Operating Response (IOR) decontamination guidance and training material is in place, however, this has not yet been rolled out to staff. Training and awareness raising is required regarding the initial management of, potentially contaminated, self-presenting casualties; this will involve use of an on-line EPRR e-learning package. To test and embed the training, an exercise is being planned for a mental health unit. Deep Dive **DD1 – Medical Gases Governance – Partially compliant** While the Committee meets every two months, the Terms of Reference have not yet been finalised and the policy is in draft. **DD2 – Medical Gases Planning – Partially compliant** Organisation identified that training needs assessments are required for sites and subsequent training to be undertaken.			

Northern Devon Healthcare NHS Trust			Substantially compliant	
2021 Assurance		Red	Amber	Green
Core standards	46	0	1	45
Deep Dive	7	1	0	6
Action:	No actions noted			
Recommendations:	**CS 50 – Data Protection and Security Toolkit – Partially Compliant**. The Trust's compliance with the DP&S Toolkit is registered on www.dsptoolkit.nhs.uk as *'Standards not fully met (Plan Agreed)'*. Deep Dive **DD6 – Oxygen Systems – Non Compliant** Authorising engineer has only recently been appointed and has not yet made the necessary site visit. Site visit to be undertaken by end of December 2021.			

Royal Devon & Exeter NHS Foundation Trust			Substantially compliant	
2021 Assurance		Red	Amber	Green
Core standards	46	0	1	45
Deep Dive	7	0	0	7
Actions:	No actions noted			
Recommendation :	**CS 50 – Data Protection and Security Toolkit – Partially Compliant**. The Trust's compliance with the DP&S Toolkit is registered on www.dsptoolkit.nhs.uk as *'Standards not fully met*. Action Plan to remedy this has been agreed and will be monitored through IGC.			

Torbay and South Devon Foundation Trust		Partially compliant		
2021 Assurance		Red	Amber	Green
Core standards	46	2	8	36
Deep Dive	7	0	4	3
Action:	The Trust Major Incident Plan was deemed unfit for use following an on-site Major Incident, rendering it non-compliant with the core standards. This affects Core Standards 12 and 18, making them non-compliant, and renders core standards 19, 34 & 57 partially compliant. A new Incident Response Plan (expected Jan 22) and separate EPRR Policy (expected Dec 21) are being put in place at this time. In order to ensure a safe response to a Major incident whilst the Incident Response Plan goes through its consultation & testing process, an Operations Order will be put in place, by 01/12/2021, to direct any necessary Major Incident response.			
Recommendations:	**CS 2 – EPRR Policy Statement – Partially compliant**. New EPRR Policy expected to be signed off in December 2021. **CS 5 – EPRR Resource – Partially compliant**. New EPRR Policy expected to be signed off in December 2021. **CS 6 – Continuous Improvement Process – Partially compliant**. To be incorporated into the new EPRR Policy, as above. **CS 12 – Major Incident – Non compliant.** A new Incident Response Plan is being drafted and expected to be tested and signed off in January 2022. The current Major Incident Plan was identified as having failed during a declared Major Incident, on-site, in October 2021. In order to ensure a safe and effective response to a Major Incident in the interim, an Operations Order setting out the response to a Major Incident will be put in place by 01/12/2021. The risk posed by the non-compliant Major Incident Plan has been included in the Corporate Risk Register. **CS 14 – Cold Weather – Partially compliant**. Currently awaiting review, expected completion in December 2021. **CS 18 – Mass Casualty – Non compliant**. Mass casualty response is currently incorporated within the Major Incident Plan. Replacement Incident Response Plan due January 2022. **CS 19 – Mass Casualty (patient identification) – Partially compliant.** Process is detailed in the Major Incident Plan. However, processes are current and would still be used. These processes will be incorporated into the new Incident Response Plan. **CS 34 – Situation Reports – Partially compliant.** As at CS 19, above. The internal Silver and Gold reporting processes would be utilised. **CS 57 – HAZMAT / CBRN planning arrangement – Partially compliant.** As at CS 19, above. Processes will be carried forward into the new Incident Response Plan. **CS 64 – PPE disposal arrangements – Partially compliant.** Work ongoing with the Waste Management Team to review the policy; expected completion December 2021. <u>Deep Dive</u> **DD2 – Medical gasses – planning – Partially compliant**			

	Work ongoing to clarify what policies are in place for Facilities/ Porters supply of cylinders to wards; business continuity plans to be amended to incorporate this; to be completed by end of December 2021. **DD4 - Medical Gasses – Workforce – Partially compliant** Medical gases committee are to recommend the appropriate levels of training, which will then be implemented where not already in place; to be completed by end of December 2021. **DD5 - Oxygen Systems – Escalation – Partially compliant** QC (MGPS) - required to be externally sourced due to retirement of former QC (MGPS); expected to be in place be end of December 2021. **DD7 – Oxygen Systems – Partially compliant** Assessments are currently being undertaken on the provision of medical gases as part of the new hospital development.

University Hospitals Plymouth NHS Trust		**Substantially compliant**		
2021 Assurance		Red	Amber	Green
Core standards	46	0	1	45
Deep Dive	7	0	1	6
Action:	No actions noted			
Recommendations:	**CS 5 – EPRR Resource – Partially Compliant**. Self-assessment rating accepted. The Trust's EPLO has other responsibilities which impact upon their ability to fulfil the role effectively. There are provisional plans in place to provide support to them in delivering their workload. Deep Dive **DD4 - Medical Gasses – Workforce** Trust has not been able to verify whether the relevant responsibilities are detailed in all Portering, DNO or DMO job descriptions. Work ongoing to clarify this.			

South Western Ambulance Service NHS Trust

NHS Dorset CCG is the Lead commissioner for SWAST and undertakes the EPRR Assurance of the Trust in behalf of all CCGs. They have advised that SWAST is Fully compliant with the 2021 EPRR Core Standards and are Partially compliant (99%) with the 163 Interoperability Standards*.

* Interoperability Standards relate to the Ambulance Service preparedness to respond to Terrorist attacks, Chemical, Biological, Radiation and Nuclear (CBRN) incidents and their ability to effectively integrate such responses with other emergency responder agencies.

4. Recommendations

4.1. NHS Devon CCG Governing Body is asked to receive and approve the position statement of its compliance with the NHS England Emergency Preparedness, Resilience and Response (EPRR), Core Standards 2021.

4.2. The Governing Body are also asked to receive the assurance ratings of our provider organisations having regard that these outcomes are being presented to each providers' Board.

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Executive Lead:	Andrew Millward
Job Title:	Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR, governance and IT

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Assurance of the Emergency Preparedness of NHS Devon CCG, and Devon Providers, against NHS England Core Standards for EPRR				
Date of committee: **Date report produced:** 10 November 2021				
Author (s) Name and Title: Phil Coutie EPRR Lead		**Supporting Executive:** Andrew Millward **Name and Title:** Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR, governance and IT **Contact Details:**		
		Report Approved by: As above **Name and Title:** **Date** 16 November 2021		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

- The CCG is required by NHS England to assure them of the level of compliance, each year, of the CCG and our providers, with the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR). These are the minimum standards which all NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.
- The attached report outlines the outcomes of both the CCG's compliance with these standards and that of our providers. The CCG has been agreed by NHS England as 'Fully compliant'.

Management of Conflict of interests:

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

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

N/A

Key recommendations and actions requested:

- NHS Devon CCG Governing Body is asked to receive and approve the position statement of its compliance with the NHS England Emergency Preparedness, Resilience and Response (EPRR), Core Standards 2021.
- The Governing Body are also asked to receive the assurance ratings of our provider organisations having regard that these outcomes are being presented to each providers' Board.

Impact on our objectives

(Delete as applicable)

1. Improve service performance
2. Effective, well-led organisation with an empowered and inclusive workforce
3. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

Attached – spreadsheet detailing the CCG's agreed outcomes against the NHS England Core Standards for EPRR.

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	Being assessed as fully compliant with the Core Standards for EPRR is evidence that our preparations to respond to EPRR risks are well founded.	Y

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.

Assurance of the Emergency Preparedness of NHS Devon CCG, and Devon Providers, against NHS England Core Standards for EPRR

1. Introduction

1.1. NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

1.2. This report outlines NHS Devon CCG's assurance and that of its providers, and requests that the Governing Body notes the position agreed with NHS England.

Compliance Level	Evaluation & Testing Conclusion
Fully compliant	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantially compliant	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partially compliant	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non – Compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

2. Content

2.1. As part of the national EPRR assurance process for 2021, NHS Devon Clinical Commissioning Group are required to assess themselves against the NHSE core standards of Assurance requirements and to provide evidence to support the position stated. NHS Devon CCG has met with NHS England and undertaken the required desktop assessments.

2.2. The outcome of the self-assessment for NHS Devon CCG has rated us as **Fully compliant** against all 29 of the core standards which are applicable to the organisation. A copy of the full CCG assessment against the core standards is attached as Appendix A.

NHS Devon CCG				**Fully compliant**
2021 Assurance		Red	Amber	Green
Core standards	29	0	0	29
Deep Dive	0	0	0	0
Actions:	None noted.			
Recommendations:	N/A			

A full description of the core EPRR standards can be found at: http://www.england.nhs.uk/ourwork/eprr/

3. Provider Assurance

3.1. As a commissioning organisation we are also responsible for assuring ourselves and NHS England as to the level of compliance with the EPRR core standards for our provider organisations.

3.2. As part of this year's assurance process, National included a deep dive focused on Oxygen Resilience. **Please Note:** The Deep Dive does not contribute towards our providers' level of compliance with the NHS England Core Standards for EPRR.

3.3. Our provider assurance outcomes for 2021 are set out below:

Devon Doctors Ltd.			**Substantially compliant**	
2021 Assurance		Red	Amber	Green
Core standards	32	0	1	31
Deep Dive	0	0	0	0
Action:	None noted			
Recommendations:	**CS 53 – Business Continuity Audit – Partially compliant.** Whilst there is an audit process in place, there has been no report to the Board. Devon Doctors are self assessing this core standard as partially compliant. Report to be submitted for 2021/22 financial year following completion of assessment and on a six-monthly basis going forward to demonstrate compliance with EPRR framework and learning from incidents.			

Devon Partnership NHS Foundation Trust			**Fully compliant**	
2021 Assurance		Red	Amber	Green
Core standards	37	0	0	37
Deep Dive	7	0	0	7
Action:	None noted			
Recommendations:	N/A			

First Care Ambulance			**Fully compliant**	
2021 Assurance		Red	Amber	Green
Core standards	28	0	0	28
Deep Dive	0	0	0	0
Action:	None noted			
Recommendations:	N/A			

Livewell Southwest CIC			**Substantially compliant**	
2021/22 Assurance		Red	Amber	Green
Core standards	37	0	2	35
Deep Dive	3	0	2	1
Actions :	No actions noted			
Recommendations:	**CS 21 – Lockdown – Partially Compliant**. Whilst there is a good Lockdown Policy in place, there is a need to put in place Action Cards for site staff, to enable the on-site lockdown process. **CS 68 – Staff Training (decontamination) – Partially Compliant**. Initial Operating Response (IOR) decontamination guidance and training material is in place, however, this has not yet been rolled out to staff. Training and awareness raising is required regarding the			

	initial management of, potentially contaminated, self-presenting casualties; this will involve use of an on-line EPRR e-learning package. To test and embed the training, an exercise is being planned for a mental health unit. Deep Dive **DD1 – Medical Gases Governance – Partially compliant** While the Committee meets every two months, the Terms of Reference have not yet been finalised and the policy is in draft. **DD2 – Medical Gases Planning – Partially compliant** Organisation identified that training needs assessments are required for sites and subsequent training to be undertaken.

Northern Devon Healthcare NHS Trust			**Substantially compliant**	
2021 Assurance		Red	Amber	Green
Core standards	46	0	1	45
Deep Dive	7	1	0	6
Action:	No actions noted			
Recommendations:	**CS 50 – Data Protection and Security Toolkit – Partially Compliant**. The Trust's compliance with the DP&S Toolkit is registered on www.dsptoolkit.nhs.uk as *'Standards not fully met (Plan Agreed)'*. Deep Dive **DD6 – Oxygen Systems – Non Compliant** Authorising engineer has only recently been appointed and has not yet made the necessary site visit. Site visit to be undertaken by end of December 2021.			

Royal Devon & Exeter NHS Foundation Trust			**Substantially compliant**	
2021 Assurance		Red	Amber	Green
Core standards	46	0	1	45
Deep Dive	7	0	0	7
Actions:	No actions noted			
Recommendation :	**CS 50 – Data Protection and Security Toolkit – Partially Compliant**. The Trust's compliance with the DP&S Toolkit is registered on www.dsptoolkit.nhs.uk as *'Standards not fully met*. Action Plan to remedy this has been agreed and will be monitored through IGC.			

Torbay and South Devon Foundation Trust			**Partially compliant**	
2021 Assurance		Red	Amber	Green
Core standards	46	2	8	36
Deep Dive	7	0	4	3
Action:	The Trust Major Incident Plan was deemed unfit for use following an on-site Major Incident, rendering it non-compliant with the core standards.			

	This affects Core Standards 12 and 18, making them non-compliant, and renders core standards 19, 34 & 57 partially compliant. A new Incident Response Plan (expected Jan 22) and separate EPRR Policy (expected Dec 21) are being put in place at this time. In order to ensure a safe response to a Major incident whilst the Incident Response Plan goes through its consultation & testing process, an Operations Order will be put in place, by 01/12/2021, to direct any necessary Major Incident response.
Recommendations:	**CS 2 – EPRR Policy Statement – Partially compliant**. New EPRR Policy expected to be signed off in December 2021. **CS 5 – EPRR Resource – Partially compliant**. New EPRR Policy expected to be signed off in December 2021. **CS 6 – Continuous Improvement Process – Partially compliant**. To be incorporated into the new EPRR Policy, as above. **CS 12 – Major Incident – Non compliant.** A new Incident Response Plan is being drafted and expected to be tested and signed off in January 2022. The current Major Incident Plan was identified as having failed during a declared Major Incident, on-site, in October 2021. In order to ensure a safe and effective response to a Major Incident in the interim, an Operations Order setting out the response to a Major Incident will be put in place by 01/12/2021. The risk posed by the non-compliant Major Incident Plan has been included in the Corporate Risk Register. **CS 14 – Cold Weather – Partially compliant**. Currently awaiting review, expected completion in December 2021. **CS 18 – Mass Casualty – Non compliant**. Mass casualty response is currently incorporated within the Major Incident Plan. Replacement Incident Response Plan due January 2022. **CS 19 – Mass Casualty (patient identification) – Partially compliant.** Process is detailed in the Major Incident Plan. However, processes are current and would still be used. These processes will be incorporated into the new Incident Response Plan. **CS 34 – Situation Reports – Partially compliant.** As at CS 19, above. The internal Silver and Gold reporting processes would be utilised. **CS 57 – HAZMAT / CBRN planning arrangement – Partially compliant.** As at CS 19, above. Processes will be carried forward into the new Incident Response Plan. **CS 64 – PPE disposal arrangements – Partially compliant.** Work ongoing with the Waste Management Team to review the policy; expected completion December 2021. <u>Deep Dive</u> **DD2 – Medical gasses – planning – Partially compliant** Work ongoing to clarify what policies are in place for Facilities/ Porters supply of cylinders to wards; business continuity plans to be

	amended to incorporate this; to be completed by end of December 2021. **DD4 - Medical Gasses – Workforce – Partially compliant** Medical gases committee are to recommend the appropriate levels of training, which will then be implemented where not already in place; to be completed by end of December 2021. **DD5 - Oxygen Systems – Escalation – Partially compliant** QC (MGPS) - required to be externally sourced due to retirement of former QC (MGPS); expected to be in place be end of December 2021. **DD7 – Oxygen Systems – Partially compliant** Assessments are currently being undertaken on the provision of medical gases as part of the new hospital development.

University Hospitals Plymouth NHS Trust		**Substantially compliant**		
2021 Assurance		Red	Amber	Green
Core standards	46	0	1	45
Deep Dive	7	0	1	6
Action:	No actions noted			
Recommendations:	**CS 5 – EPRR Resource – Partially Compliant**. Self-assessment rating accepted. The Trust's EPLO has other responsibilities which impact upon their ability to fulfil the role effectively. There are provisional plans in place to provide support to them in delivering their workload. <u>Deep Dive</u> **DD4 - Medical Gasses – Workforce** Trust has not been able to verify whether the relevant responsibilities are detailed in all Portering, DNO or DMO job descriptions. Work ongoing to clarify this.			

South Western Ambulance Service NHS Trust

NHS Dorset CCG is the Lead commissioner for SWAST and undertakes the EPRR Assurance of the Trust in behalf of all CCGs. They have advised that SWAST is Fully compliant with the 2021 EPRR Core Standards and are Partially compliant (99%) with the 163 Interoperability Standards*.

* Interoperability Standards relate to the Ambulance Service preparedness to respond to Terrorist attacks, Chemical, Biological, Radiation and Nuclear (CBRN) incidents and their ability to effectively integrate such responses with other emergency responder agencies.

4. Recommendations

4.1. NHS Devon CCG Governing Body is asked to receive and approve the position statement of its compliance with the NHS England Emergency Preparedness, Resilience and Response (EPRR), Core Standards 2021.

4.2. The Governing Body are also asked to receive the assurance ratings of our provider organisations having regard that these outcomes are being presented to each providers' Board.

Report author and job title:	Phil Coutie, EPRR Lead
Executive Lead:	Andrew Millward
Job Title:	Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR, governance and IT

Together for Devon

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

Plymouth West End Health & Wellbeing Centre

CCG Governing Body - Project Overview

25th November 2021

Contents

General Progress Update

- Business case underway for new health & wellbeing centre at Colin Campbell Court in Plymouth West End
- Project now in detailed design with planning application due 16 December 2021. Strong co-ordination with national design team
- Tenant schedule of accommodation 95% agreed with all main tenants providing Letters of Commitment prior to planning submission
- Timetable scrutinised leading to business case submission moving from end June to mid August 2022 and practical completion from end May to mid-August 2024
- Ongoing focus to ensure design compatible with national requirements re budget, low carbon and Modern Methods of Construction (MMC)
- Main risks are being able to move Costless quickly and confirming revenue affordability support with national team.

STRATEGIC CASE

Deprivation Context

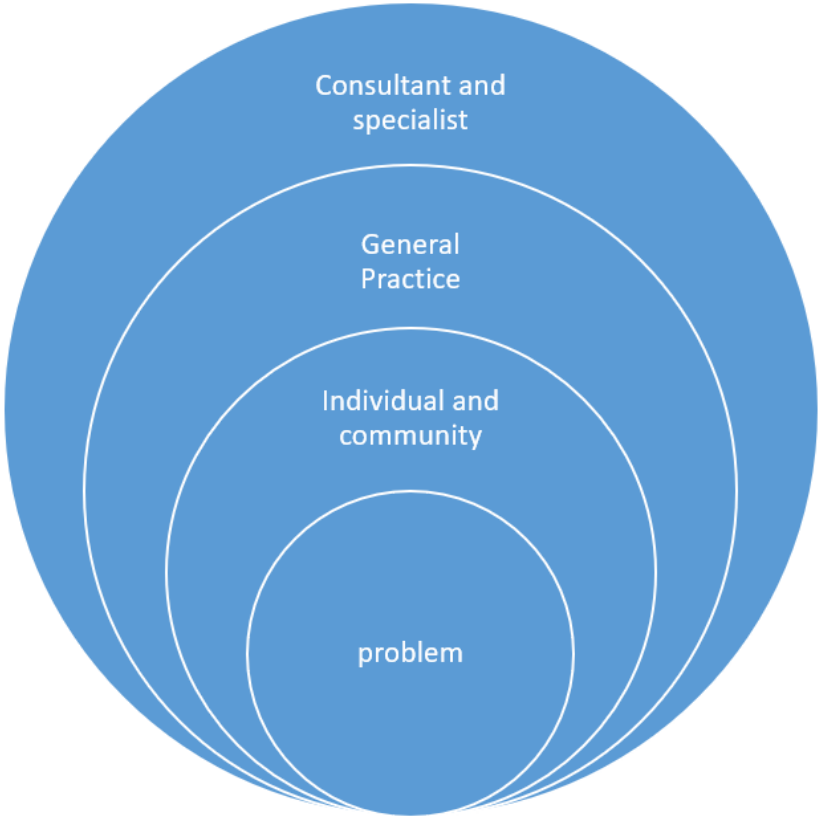
- Plymouth one of most deprived parts of Devon and South West – ranked 64 out of 317 local authorities
- Health & Wellbeing Centre to be located in St Peter's & Waterside Ward - one of the 1% most deprived populations in the country with life expectancy 7.5 years lower than the least deprived Plymouth ward. ED attendances are 20% higher than Plymouth average.

Indicator	England	South West region	East Devon	Exeter	Mid Devon	North Devon	Plymouth	Teignbridge	Torbay	Torridge	West Devon
Child Poverty, English Indices of Deprivation 2015, IDACI	19.90	15.88	10.54	16.28	12.15	14.58	22.53	14.19	24.10	16.50	12.66
Children in low income families (all dependent children under 20)	17.00	13.80	11.00	13.20	11.60	13.10	19.60	12.40	20.80	15.40	11.70
Crime deprivation: score	0.01		-0.69	-0.02	-0.69	-0.39	0.20	-0.44	0.31	-0.65	-0.61
Deprivation score (IMD 2015)	21.78		12.70	18.21	17.13	20.68	26.64	16.53	28.79	23.20	17.85
Deprivation score (IMD 2019)	21.72	18.23	12.76	16.22	16.93	20.56	26.62	15.89	28.10	23.27	18.05
Employment deprivation: score	0.12		0.08	0.10	0.09	0.11	0.14	0.10	0.18	0.12	0.10
Fuel poverty	10.25	9.40	9.70	10.40	11.00	11.70	10.30	9.60	10.00	12.60	12.30
Income deprivation, English Indices of Deprivation 2015	14.58	11.92	8.74	11.37	10.34	12.24	16.29	11.44	19.15	13.30	10.64
Index of Multiple Deprivation Score 2015, IMD	21.80		12.70	18.20	17.10	20.70	26.60	16.50	28.80	23.20	17.80
Inequality in life expectancy at 65	9.60	6.80	3.90	7.40	7.30	4.90	5.70	6.20	8.40	4.50	6.60
Inequality in life expectancy at birth	17.00	13.10	6.20	12.80	11.80	8.90	13.20	11.10	19.20	8.80	7.40
Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI	16.20	13.44	10.15	15.25	12.34	14.56	17.35	13.85	19.81	14.00	11.93
Quality of indoor living environment: IMD score	22.14		22.98	27.33	36.34	31.26	26.73	27.63	27.73	40.17	38.88

Investment Objectives

Investment Objectives		Measures
1	To address the identified Health inequalities within the local population, incorporating actions to address the wider determinants of health and wellbeing through a joined up and co-ordinated service model.	Reduction in Healthy Life Expectancy Gap Improved access to wider health and social care services
2	To facilitate the transformation and improvement of health and wellbeing services closer to the community by creating a facility to enable co-location, co-ordination and seamless access to advice and information, early intervention and prevention and treatment through a range of aligned service offers.	Improved patient referrals Reduced pressures on acute services
3	To create a purpose-built facility which supports the improved delivery of health and care, particularly primary care, and provides a wide range of wrap-around services and activities in order to address the needs of the local resident population, providing timely and appropriate access to key services.	Estate Conditions Surveys Improved building utilisation
4	To be a catalyst for the economic, social and environmental regeneration of the west end of Plymouth City centre;	Local Employment Patient/Resident Satisfaction Vacant commercial premises Property values
5	To create a flexible and digitally inclusive integrated health and wellbeing environment which provides open access to services, activities and programmes for individuals within the resident population	Space utilisation Access to digital care services

Model of Care - Vision



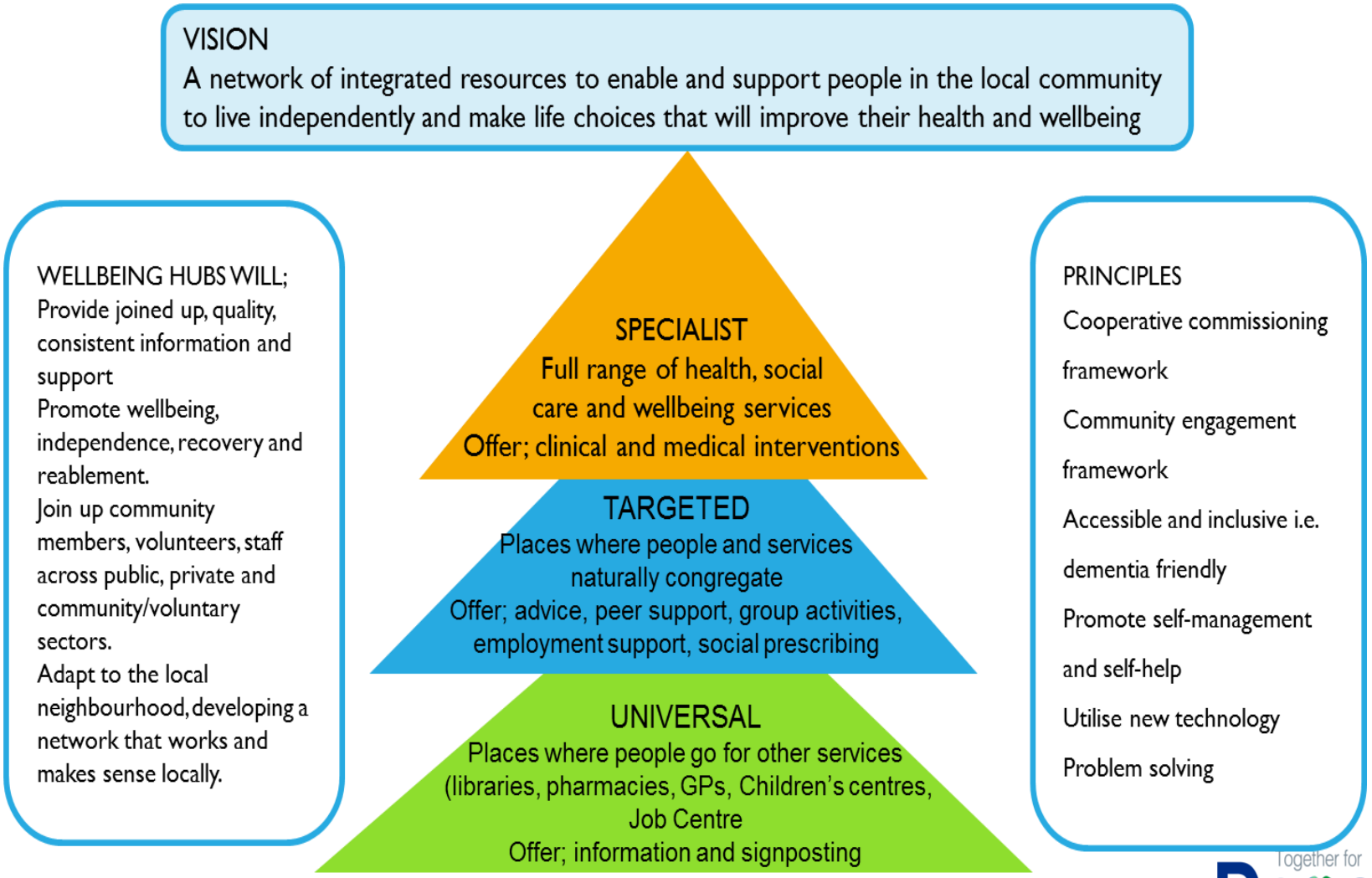
Co-location: The “one stop shop” model has been shown to work in many parts of the world. Making all the needed services available in one place would transform the patient-experience.

Collaboration: Experience of healthcare often disconnected for patients. One agency often has no idea what the other is doing. As hospital care has become more and more specialised the response to this problem has been to form “multi-disciplinary teams” that meet regularly explicitly to bring everyone together to make decisions about patients. The Cavell model will do exactly this, but crucially can include also the wider community team.

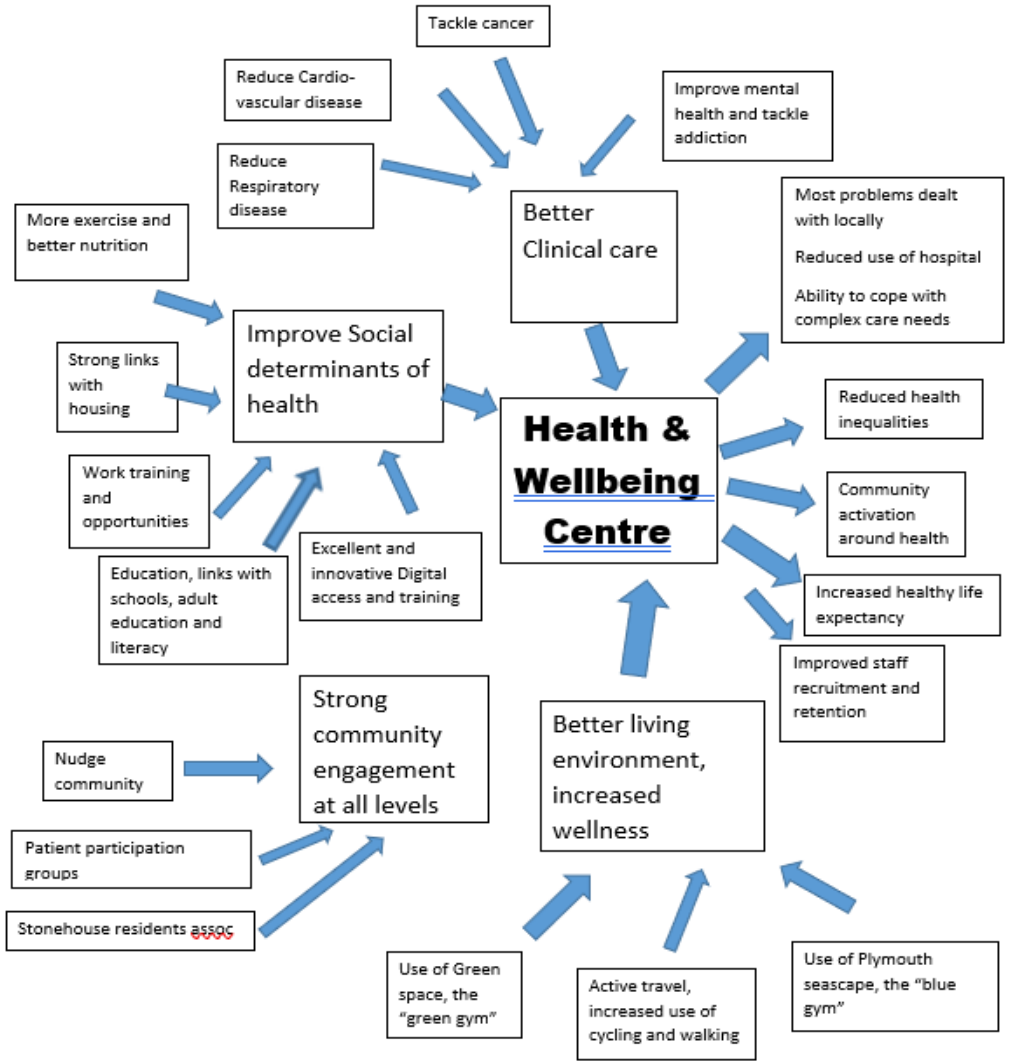
Co-production: Potentially the most powerful part of our model. It means that the resources within individuals, families and communities form part of the chain of care. Community “empowerment” is a critical theme and is all about increasing the agency of people and communities to tackle their own issues, including health.

Model of Care – Principles

The West End facility will complement the existing network of Health and Wellbeing Hubs that have already been embedded in the Plymouth system



Model of Care



- Model of Care workstream established February 2021
- Public engagement programme on services from 29th May to 4th July.
- 897 individual pieces of feedback received plus 18,926 Twitter & Facebook "impressions"
- GP relocation engagement 30th July to 16th September. 474 responses received.
- Comments are overwhelmingly positive, with some concerns from those who live close to the existing surgeries.

ECONOMIC CASE

Economic Case Summary

Assessed options that could deliver the agreed investment objectives for five categories of choice:

Category	Preferred Option
Service Scope	Not just GP services, but also wide range of community, mental health, outpatient and voluntary services
Solution (services & infrastructure)	New build on Costless site. Not possible to refurbish Colin Campbell House for NHS requirements and planning would not allow full or partial demolition
Service Delivery	P22 National Contractor
Timing & phasing of delivery	Complete in one rather than multiple phases
Funding of the investment	National Public Dividend Capital (PDC)

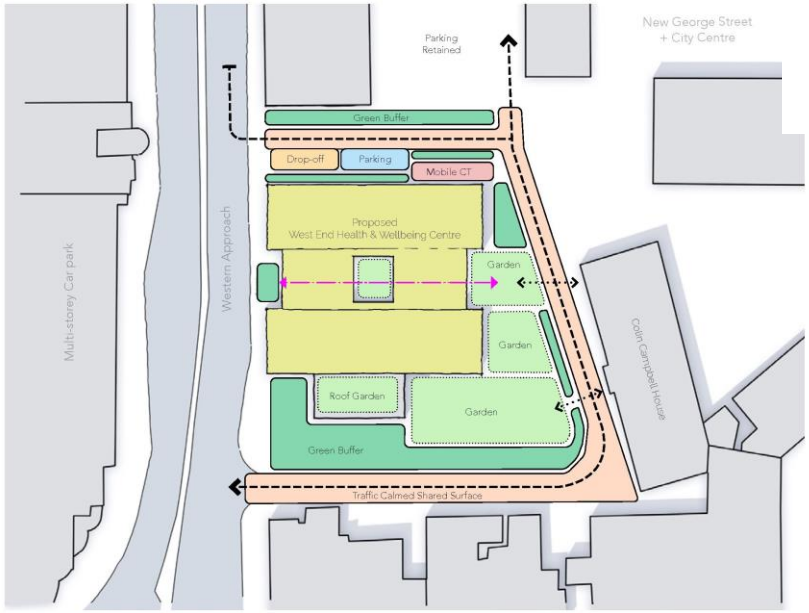
Proposed Service Mix

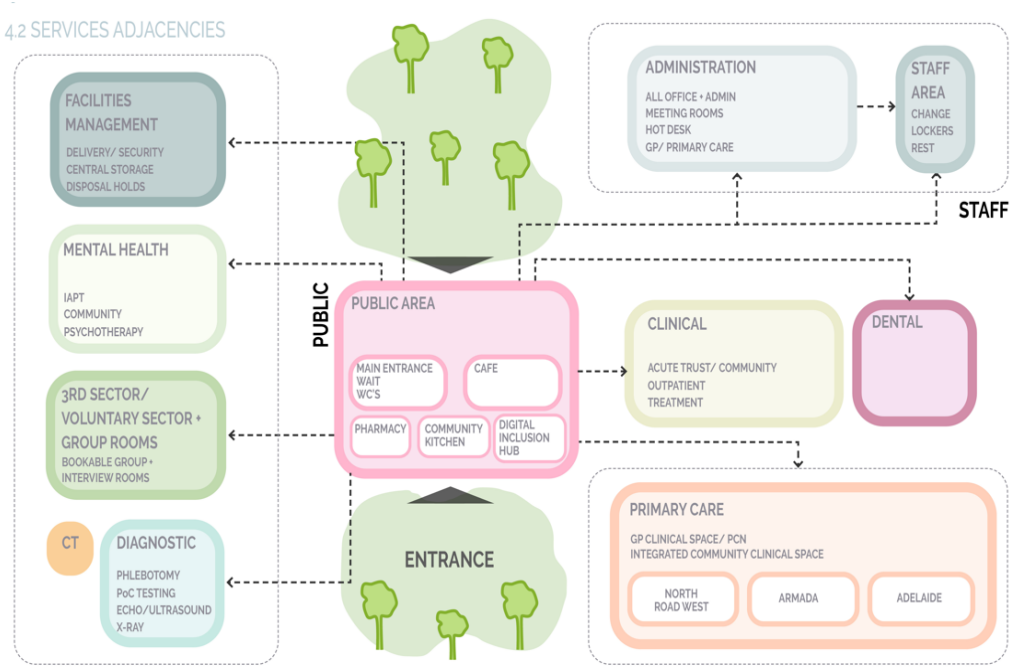
Provider*	Service*
GP Practices	Three GP practices with 16,000 patient list – each in a different Primary Care Network
University Hospitals Plymouth (UHP)	Diagnostics = Diagnostics services including X-ray (scope Tbc)
	Phlebotomy
	Community point of care testing (PoCT)
	Long term condition specialist services
Livewell Southwest	Enhanced primary care services - increased level of clinical and social support provided in the local community through 'neighbourhood care teams'.
	Integrated Adult Health & Care services including community nursing, therapy services, mental health and wellbeing services
	Improving Access to Psychological Therapies (IAPT)
	Services for the emotional and mental wellbeing of children and young people
	Health improvement services including weight management and smoking cessation
Citizens Advice	Advice on legal, debt, consumer, housing and other problems
Complex Needs Alliance	Range of services dedicated to meeting the needs of people with complex needs (substance misuse, mental health, alcohol treatment and homelessness)
Dental	New dental capacity
Pharmacy	Likely relocation of nearby pharmacy
University of Plymouth	Digital inclusion hub – health technology implementation
Specialist voluntary services	Including Colebrook headspace, Mind, Elder Tree (befriending), Time Bank

*These proposals are in draft form and subject to approval processes including public involvement where required

Proposed Site

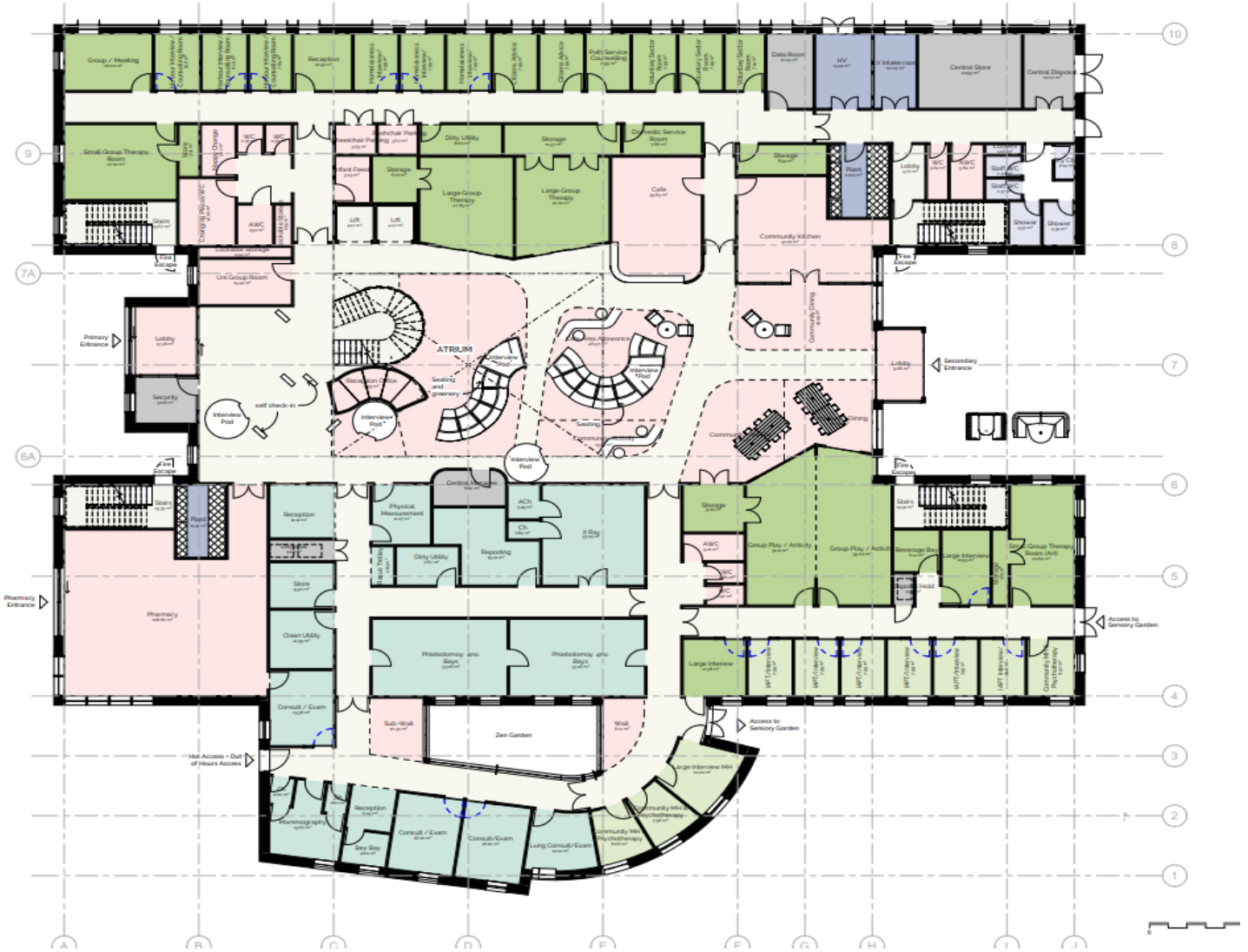
- Three storey new build; 5,750m2
- Adjacent to Western Approach with multi-storey car park opposite
- Sensitive design to complement Colin Campbell House



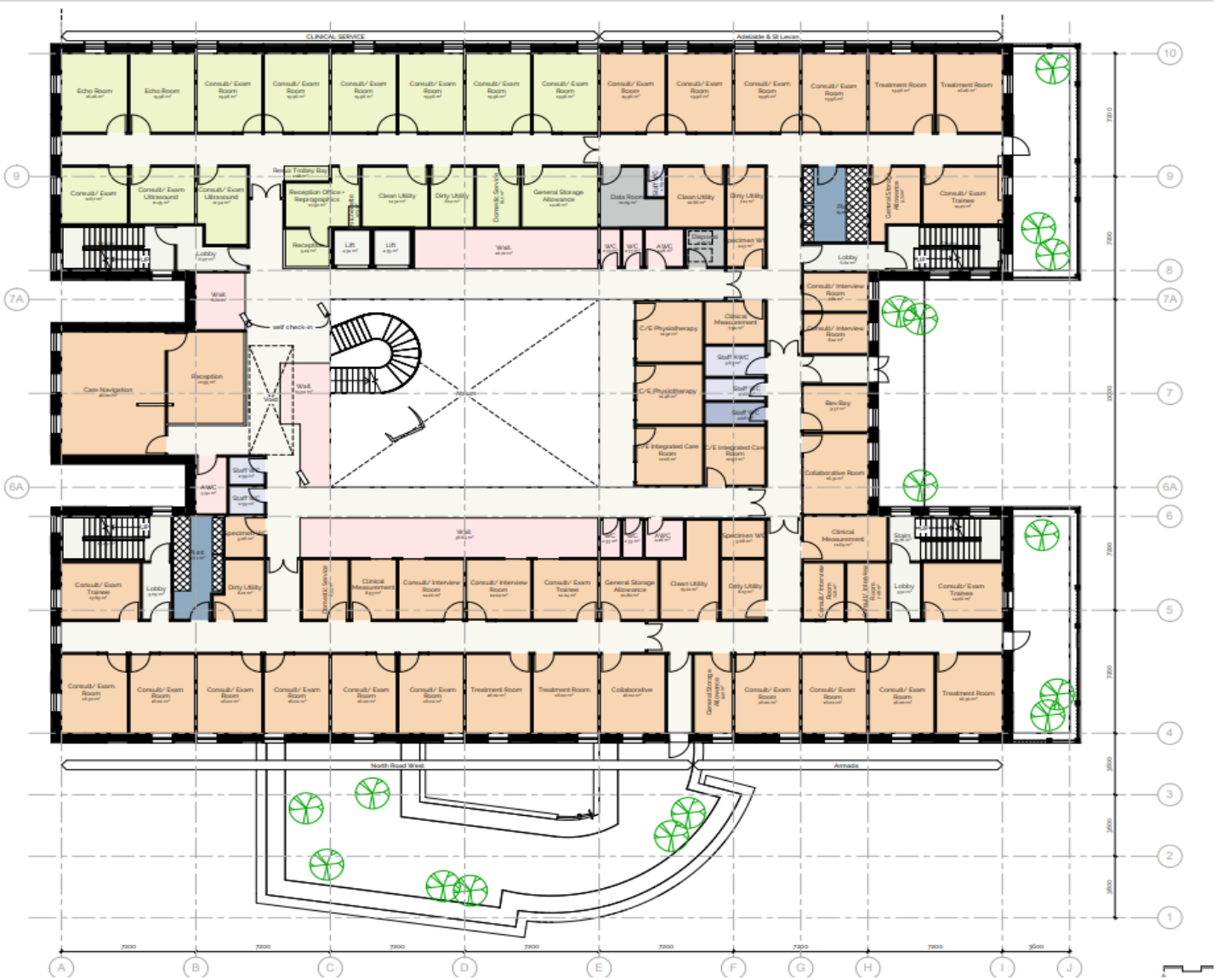


- Community - not just health - facility
- Ground floor creating a “street” feel with events
- GPs and UHP clinical rooms on 2nd Floor
- Dentistry and support functions on 3rd floor with meeting room/event space

Ground Floor



Middle Floor



Top Floor


Open Plan GP Office (20 Desks)
Storage Wall
Resourse Training
Meeting Room
Open Plan Office
Seminar Room
Rooftop Garden
Telephone Pods
Plant
Stairs
Lobby
Disposal Hold
Lift
Staff WC
Staff AWC
Staff Lockers
Void
Atrium
Balcony
Staff Dining
Kitchen
Interview Room
Wheelchair Waiting
Decontamination Room: Clean
Decontamination Room: Dirty
Waiting
Staff WC & Wash
Staff Change/showers/Lockers
Reception
WC
AWC
Bev Bay
Hot Desk
Dental Room
Domestic Services
Dental X-Ray Control Room
Meeting Room/MDT

Aerial View

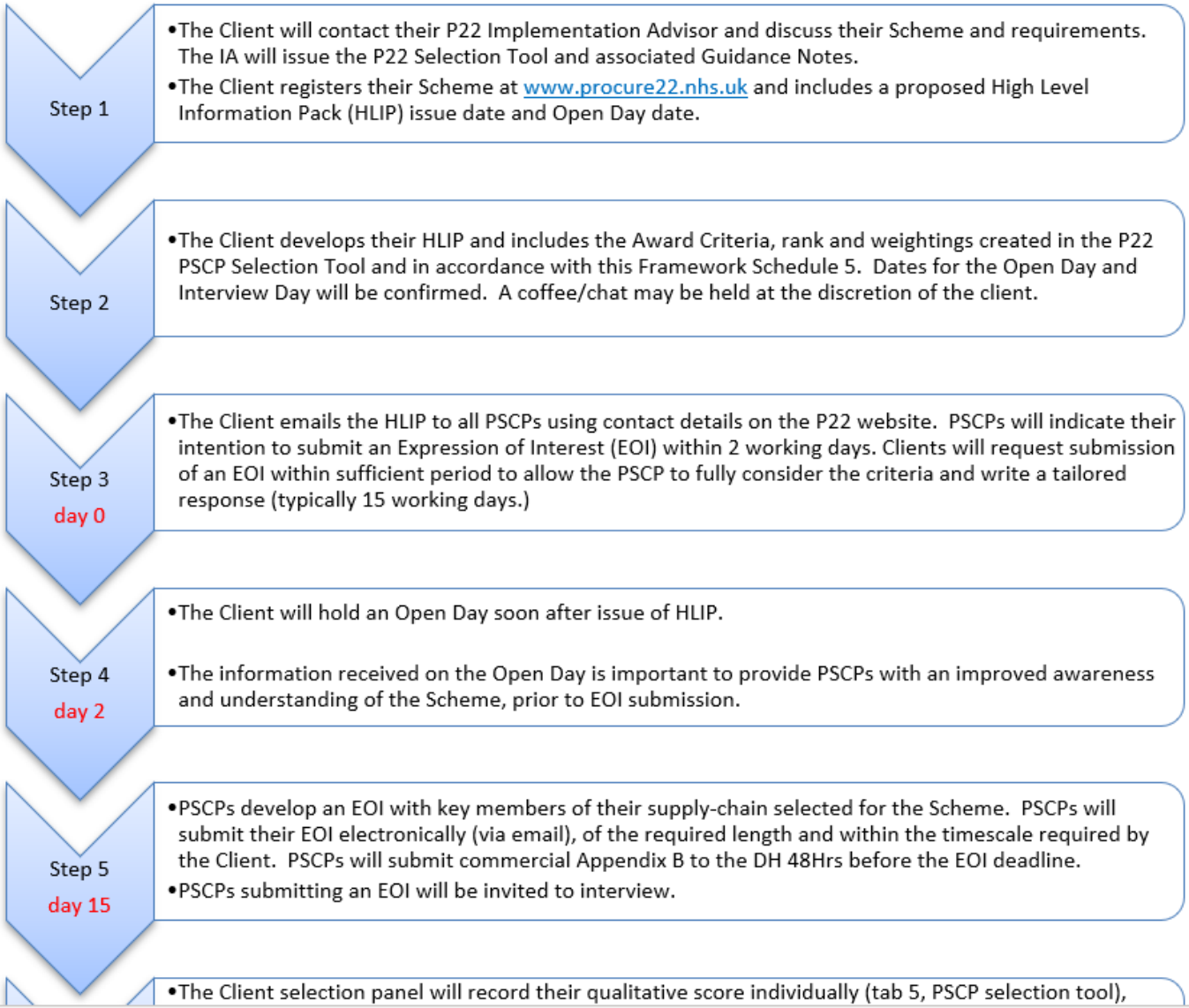
Street View

COMMERCIAL CASE

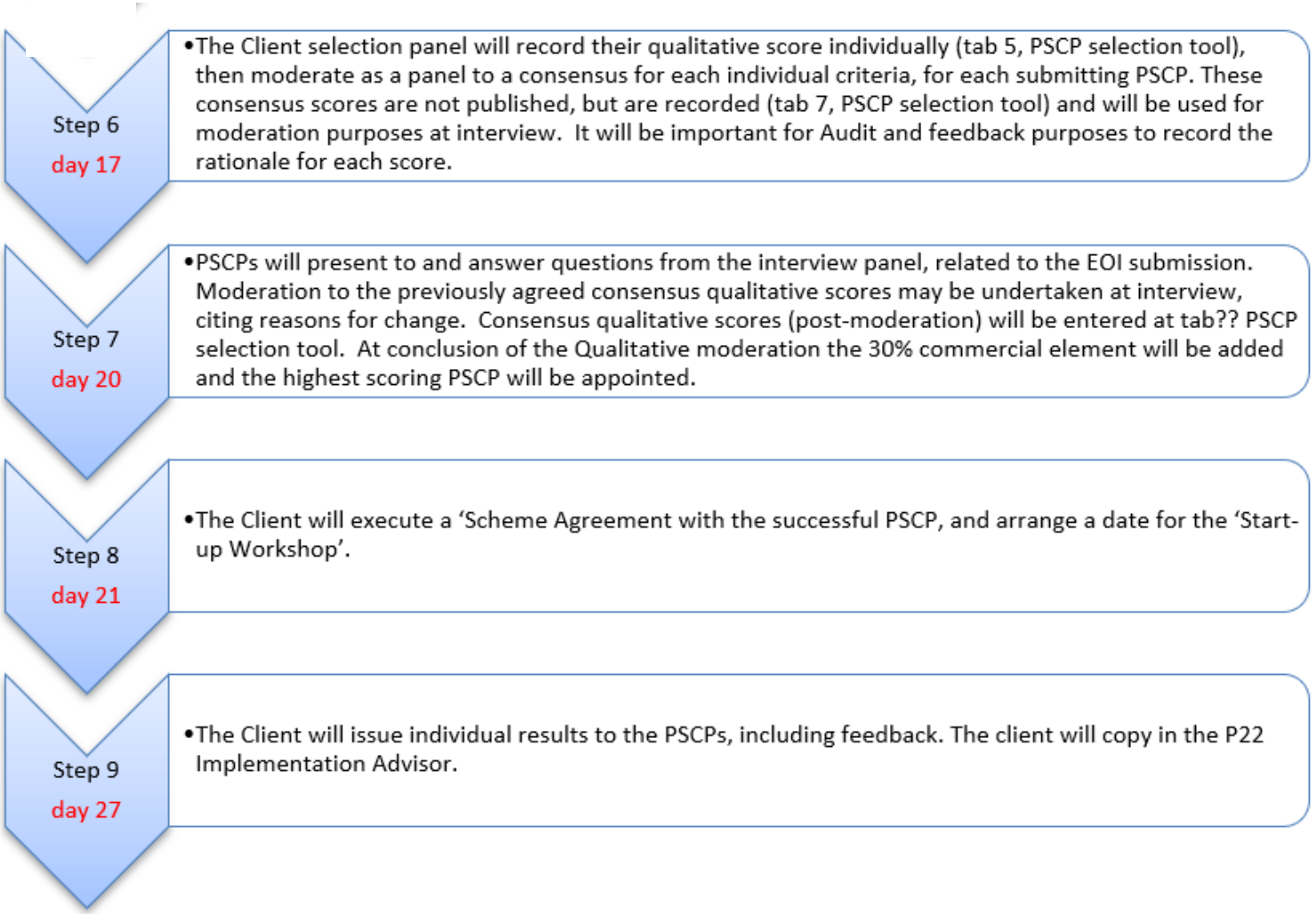
Commercial Summary

- Facility will be owned by Devon Integrated Care Board, making it the first building the ICB will directly own.
- Tenants will occupy space in one of three ways:
  - Core Space: Only used by the tenant
  - Guaranteed Sessional Space: Tenants block book large amounts of time for a fixed period but others can use the space outside those hours.
  - Bookable Space: Reserved using the Centre's online booking system.
- Building costs will be met at ICB level in order to facilitate flexibility and increase utilisation.
- Occupiers of Core and Guaranteed Sessional Space required to approve a Lease and an Agreement to Lease prior to submission of the Full Business Case. Formal Letters of Commitment being signed by all prospective tenants prior to submission of Planning Application.
- Construction partner to be selected by NHS P22 Framework (six firms) – proposed CCG is contracting authority (requires CCG Governing Body approval)
- Building to be managed by external partner on ICB behalf (possibly UHP)

P22 – Nine Step Process



P22 – Nine Step Process



P22 Questions - National

Rank	Selection criteria	Weighting
1	**BREEAM and sustainability** *The scheme must achieve BREEAM Excellent.* *Please demonstrate what measures in design and construction, over and above BREEAM Excellent, you propose as required to meet the NHS requirement of whole-life Net Zero Carbon and the challenges this presents?* *Demonstrate how you will ensure the build will have an expected lifecycle of at least 60 years whilst maintaining the ability to adapt to changing requirements*	100
2	**Design and standardisation** *Explain how you intend utilising Modern Methods of Construction to provide increased benefits associated with Cost, Time and Quality whilst reducing risk and waste. Describe your approach to standardisation and delivery innovation in support of this.* *Describe how you will meet required targets for MMC and how design continuity will be ensured and managed and feed into the wider programme*	80
3	**Working with us** *How will you work with and what is your commitment to, the NHS and other Public Sector bodies to maximise the potential for Social Value, local Urban Regeneration and Economic Growth in relation to this scheme.* *Explain how the client will remain involved in the decision making process and how stakeholders views will be considered?*	60
4	**Innovation & sharing information** *Describe the mechanism for shared learning and collaboration across the wider Pioneer projects supporting delivery at pace and informing wider future programme delivery?* *Describe the innovative approaches planned for this scheme and how this will benefit the client?*	60

P22 Questions - Local

Local Q1: Project Team
We are looking for a strong project team that has the experience and skills to deliver this major project. Outline your project team and provide evidence that the named individuals have the availability, skills, attributes and commitment to deliver both in the design and construction stages. Provide an organisational structure for the scheme identifying what you consider to be the key roles, positions and responsibilities on this project. Explain your proposed arrangements to ensure continuity of staff and measures to address any unavoidable changes from the staff proposed at this stage so as not to be detrimental to the project. How will design continuity be ensured and managed and how will the client remain involved in the decision-making process?

Local Q2: Supply Chain
Outline the key role PSCMs and/or SCMs will have in the development of this scheme and how you will plan, manage and control supply-chain resources (resilience). Demonstrate your performance management process for key supply chain members to ensure design and construction quality. How will you secure supply chain labour resources and materials in the current climate and how will these risks be managed? How will the expertise be drawn from the supply chain prior to GMP and what value will this bring to the client? Particular focus on MMC How will you engage your principal SCMs and derive the benefits of P22 from the supply chain arrangements?

Local Q3: Cost Management
Provide evidence that you are capable of taking ownership of cost management on this project and how you will demonstrate value for money when balancing buildability, quality and productivity. What processes and measures will be adopted to ensure that costs are proactively forecast rather than just reported retrospectively and where necessary how would you generate alternative cost options for consideration by the client? What is your anticipated commercial approach for this project including how risks will be quantified, priced and apportioned? Provide details on how you will actively work to reduce the Target Cost, using where applicable the Repeatable Processes and Standard Components developed under P22, and/or innovative design or working practices. Provide examples where you have been successful in this regard on similar projects.

FINANCE CASE

Capital Costs

Initial capital cost of £36.8m

- Includes contingency, optimism bias and VAT
- Prior to value engineering scrutiny
- Detailed design work is ongoing

Affordability: NHSE/I funding

Ongoing lifecycle capital costs average of £0.2m p.a.

- Represents whole life cost of replacing, refurbishing, upgrading assets
- Based on indicative average £/m2

Affordability: Central funding required for future discretionary capital programme

	Total Capital £
Construction costs	18,150,000
Fees	1,104,000
Non works	830,000
Equipment costs	1,720,000
Quantified risk / Contingency	2,470,000
Optimism bias	3,490,000
Inflation adjustment	2,870,000
Subtotal	**30,634,000**
VAT	6,130,000
Total capital costs	**36,764,000**

	Annual Lifecyle £
Lifecycle Costs (Annual Equivalent Costs)	**230,047**

Revenue Costs

Overall reduction in recurring revenue costs of £0.2m p.a.

- Operating costs of £0.85m p.a.
- System benefits of £1.05m p.a. including those accrued to Livewell and UHP

Affordability: Overall system reduction

Capital charges of £0.6m p.a.

- Depreciation of £0.6m based on 60-year useful life
- Assumes no PDC charges incurred

Affordability: Central funding for depreciation; no PDC interest charged

	Annual Revenue £
Utilities	130,520
Cleaning	234,228
Property Management	57,067
Waste Management / Disposal	11,426
Rates and other local charges	199,955
Property Insurance	11,426
Other non pay - Centre Management	200,000
Annual operating costs	**844,622**
Reduction in GP costs	- 262,795
Reduction in Livewell costs	- 569,420
Reduction in UHP costs	- 109,120
Cash releasing benefits	- 111,175
Annual savings	**- 1,052,510**
Overall annual impact	**- 207,887**

Depreciation	612,733
Impact including depreciation	**404,846**

Note: All figures are draft "Work in Progress" and are liable to change

Overall Affordability

The initial financial analysis demonstrates the preferred option is affordable:

- Capital costs of £36.8m funded by NHSE/I
- Operating costs of £0.85m p.a. funded by reduction in overall system costs (including benefits accrued to Livewell and UHP)
- Depreciation of £0.6m p.a. funded centrally
- Ongoing lifecycle capital costs funded centrally (indicative figures suggest average £0.2m p.a.)
- No PDC interest is charged

As a result of the investment, Benefit Cost Ratio >5.0 is deliverable including

- £2.9m p.a. of non-cash releasing benefits
- £9.1m p.a. of social value

Risks and Opportunities

Risks

If central support is not provided for capital charges, this will create an affordability gap due to revenue consequences of :

- £0.6m p.a. depreciation
- £1.3m p.a. PDC interest (at 3.5%)

Potential scenarios:

	Annual Impact £
Scenario 1: No PDC + Depreciation funded	- 207,885
Scenario 2: No PDC + Depreciation unfunded	404,849
Scenario 3: PDC + Depreciation unfunded	1,691,589

Opportunities

Opportunities to mitigate these are being explored:

- VAT of £6m in capital costs – if any recoverable will reduce depreciation and PDC charges
- No impairment included – if any impairment applied when asset is capitalised will reduce depreciation and PDC charges
- Net Carbon Zero design may result in greater efficiencies
- Non-cash releasing benefits may provide some opportunities for cashable savings

Revenue Consequences by Organisation

CCG recurring revenue costs will increase by £1.2m p.a. including depreciation

- Offset by benefits accrued to Livewell of £0.6m and UHP of £0.2m p.a.
- Overall affordability gap of £0.4m p.a. if depreciation is not funded centrally

	BAU				Preferred Option				Impact			
	CCG	Livewell	UHP	Total	CCG	Livewell	UHP	Total	CCG	Livewell	UHP	Total
	£	£	£	£	£	£	£	£	£	£	£	£
Utilities	41,621	23,690	960	66,271	130,520			130,520	88,899	- 23,690	- 960	64,249
Cleaning	38,894	62,008	7,200	108,102	234,228			234,228	195,334	- 62,008	- 7,200	126,126
Property Management	14,377	29,139	-	43,516	57,067			57,067	42,691	- 29,139	-	13,552
Waste Management / Disposal	1,699	5,902	960	8,561	11,426			11,426	9,727	- 5,902	- 960	2,865
Rates and other local charges	21,624	115,182	9,000	145,806	199,955			199,955	178,331	- 115,182	- 9,000	54,149
Property Insurance	10,680			10,680	11,426			11,426	746	-	-	746
Rent - GPs	133,900			133,900	-			-	- 133,900	-	-	- 133,900
Rent - Livewell		333,499		333,499	-			-	-	- 333,499	-	- 333,499
Rent - UHP			91,000	91,000	-			-	-	-	- 91,000	- 91,000
Other non pay - Centre Management				-	200,000			200,000	200,000	-	-	200,000
Cash releasing benefits				-			- 111,175	- 111,175	-	-	- 111,175	- 111,175
Annual Operating Costs	**262,795**	**569,420**	**109,120**	**941,335**	**844,622**	**-**	**- 111,175**	**733,447**	**581,828**	**- 569,420**	**- 220,295**	**- 207,887**
Depreciation	-	-	-	-	612,733	-	-	612,733	612,733	-	-	612,733
Annual Revenue Costs	**262,795**	**569,420**	**109,120**	**941,335**	**1,457,356**	**-**	**- 111,175**	**1,346,181**	**1,194,561**	**- 569,420**	**- 220,295**	**404,846**

Note: All figures are draft "Work in Progress" and are liable to change

MANAGEMENT CASE

Stakeholder Engagement

Strong engagement has been a consistent theme at all stages

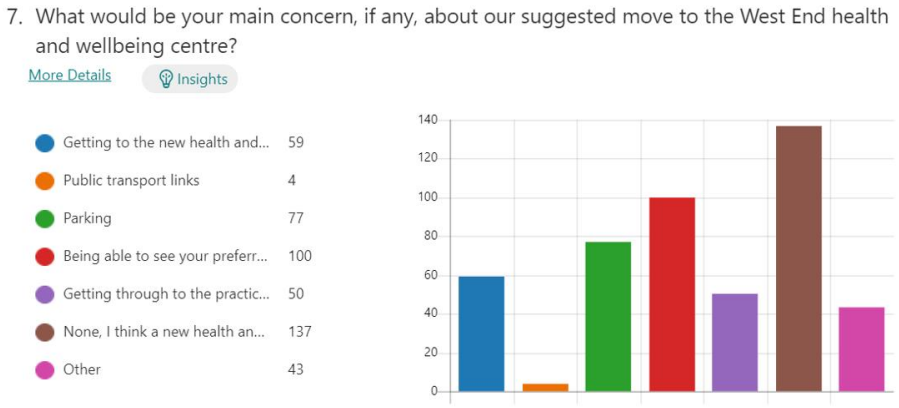
- May to July 2021: Model of Care engagement
- July to September 2021: GP practice relocation engagement
- Oct – Dec 2021: Cavell Centre design engagement
- Decision required by end January as to whether formal consultation required for any UHP services that will be provided at the Cavell Centre. Equality Impact Assessments are being prepared to help inform this decision..

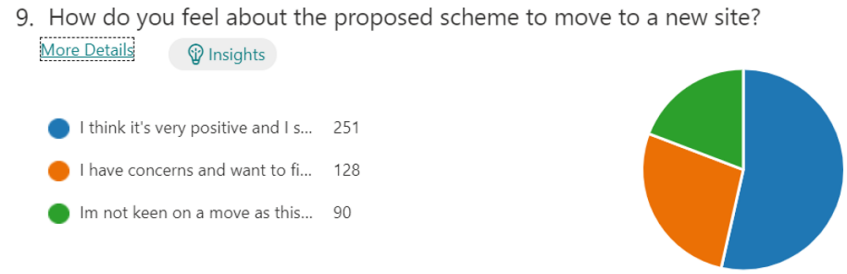
Model of Care Engagement Feedback

Real ambition to get better support for the community, not only people's health needs but also wellness and to reduce health inequalities, improve outcomes and people's experience of care.

- 92% of survey respondents backed the inclusion of GP services
- 91% of survey respondents said reactive and preventative mental health support services (including drop-in) are a priority
- 80% of respondents saw NHS dental care as a priority
- Other health services considered 'useful to you and/or the community' were: Stopping smoking (61%) Physiotherapy (59%) Outpatient appointments (59%) Community nursing (56%) Weight management (50%); Sexual health support was currently seen as inadequate and many people felt a drop-in service should be considered
- Other service suggestions included: Training and support for unemployed (89%) Debt support (73%) Advice and information services (69%) Drug and alcohol support services (68%) Volunteer services (61%)
- Respondents noted that current services do not include walk-in type services that vulnerable people need, and felt this should be addressed in the new model of care
- Parking issues not a dominant theme, but disabled access was seen as a priority
- Consideration should be given to the opening hours, including evenings and weekends

GP Practices - Relocation Engagement Feedback



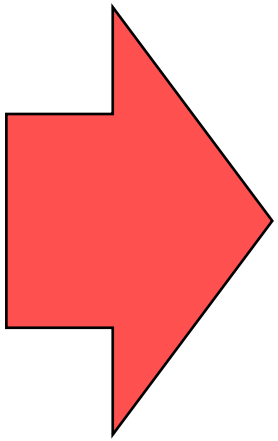


- GP relocation engagement 30th July to 16th September. 474 responses received - 5% of the 9,800 people contacted (all 18+ registered patients)
- 54% very supportive. 27% have concerns and want to find out more and 19% not keen on move as could disadvantage them
- Most of latter based on distance from home to their current surgery
- Areas of concern included:
  - Parking availability & cost
  - Continuity & adequate staffing levels
  - Need onsite pharmacy
  - Anxiety about mixing with other patient groups
  - May lead to practices merging.

Timetable

Immediate Priorities

- **Sept Board** – agreed schedule of accommodation, feedback from GP practice relocation engagement
- **Oct Board** – Model of care; design brief and revised Strategic and Economic Cases
- Public engagement on design proposals (14 Oct and 11 Nov events)
- **Nov Board** – approval to submit planning; tenant Letters of Commitment;
- CCG/ICS Exec and Governing Body updates in October with approvals to proceed in November (23rd and 25th).



Key Milestones (Best Case*)

- **6/12/21:** National Panel
- **13/12/21:** Issue HLIP
- **16/12/21:** Submit planning
- **05/02/22:** Select P22 partner
- **19/08/22**: Submit OBC/FBC
- **09/12/22:** OBC/FBC approval
- **16/01/23:** Construction starts
- **09/08/24**: Building complete
- Note: 6+ month delay if require CPO to move an existing business.

* Indicative timeline, subject to change

Benefits Realisation & Tracking

UHP analysis identifies £2m per annum system benefits that are non-cashable but do relieve system demand pressures

1. Quantify full economic benefit from avoided activity

NHS University Hospitals Plymouth NHS Trust

Savings that would generally accrue to the CCG

- CCG modelled avoided A&E attendances used as the basis for modelling with the Cavell reducing A&E attendance from 384/1,000 PA to 331.6/1,000 PA from the PL1 postcode, a reduction of 1,100 attendances PA.
- Modelling a 40% reduction in A&E attendances due to dental problems from across Plymouth, a reduction of 154 attendances PA.
- Modelling a 40% reduction in A&E attendances for mental health problems, serving half of the population of Plymouth, who have 20% greater mental health needs than national average, a reduction of 323 attendances PA.
- Assume a conversion rate of 30%, which is in line with previous months at UHP (excluding those presenting with dental problems)
- Assume 1/9th of the LOS improvement assumed in the FHP SOC in reaching Model Hospital top quartile performance was due to the Cavell Centre

Modelling of full economic benefit from this subset of Cavell Centre benefits

Driver	Annual benefit	
Reduced A&E attends - PL1	£	231,084
Reduced A&E attends - MH & Dental	£	100,205
Reduced NEL admissions	£	1,635,653
Reduced LOS	£	109,491
Total Annual Benefit	**£**	**2,076,432**

Leading with excellence, caring with compassion

Benefits Realisation & Tracking

HACT: £9.1m p.a. social value years 1-12 and further £5.0m p.a. for years 12-22.

Cavell Centre Additional Activity	UKSVB outcome/value	Average person value	No of beneficiaries per year	Total social value (minus deadweight)
Employment Opportunities (tacking economic inequality)				
Apprenticeship starts	Apprenticeship	£2,195	5	£9,329
Employment of unemployed into full time employment	Employment	£14,433	5	£61,338
Training	General training for job	£1,515	25	£32,193
More informed and confident community				
Relief from burden of debt	Relief from being heavily burdened with debt	£11,078	400	£3,589,214
Attendance at social groups	Regular volunteering/attendance	£1,875	788	£1,196,899
Reduction in rough sleeping	Rough sleeping to secure housing	£21,401	27	£577,827
Able to obtain advice locally	Number of people now able to access advice	£1,977	988	£1,582,379
Regular volunteering	Individuals moving into regular voluntary position	£3,199	30	£77,724
Tackling health inequalities				
Smoking cessation	Self-reported relief from smoking	£4,041	70	£206,487
Tackling drug and alcohol misuse	Self-reported relief from drugs and alcohol misuse	£24,120	35	£616,257
Improving mental health and wellbeing				
Relief from depression/ anxiety	Self-reported relief from depression and anxiety	£36,827	45	£1,209,765
Annual Total				**£9,159,412**

Risks and Mitigations

Five main risks

Risk Description	Risk Cause	Risk Consequence	Current Risk Score			Mitigating Actions	Action Owner
A statement describing the potential risk	*What will cause the risk to occur*	*What are the consequences of the risk occurring*	Likelihood	Impact	RAG Status	*The actions and activities planned to take place that will when implemented or completed reduce, eliminate or minimise the risk*	*Job title of the person responsible for completing the action*
Revenue Affordability	CCG/ICS and all tenants affordability of the revenue costs of occupation	Project does not proceed as it is deemed unaffordable	4	5	20	The estates costs of the Cavell Centre will be higher than current estates costs and so affordability requires substantial operational efficiencies and service benefits. Discussions ongoing with national team about revenue funding support that will help make scheme viable - e.g. no capital charges and depreciation funding.	Ben Chilcott
Planning Risk	Risk of failure to gain Outline or Full Planning permission. Approval needs to be consistent with the SoA design and the wider Cavell principles.	Significant delay to timetable - and potential that project cannot proceed. Redesign costs associated with resubmission, potential for increased costs due to inflation	4	5	20	Team working closely with City Council. Extensive pre-app discussion with the local authority and local council are briefing. Close liasion with wider masterplan team to ensure coordination. Specific concerns are being escalated within PCC for discussion.	Ajay Sharma
Contractor market	Contarctor market capacity constraints with NHP projects in North Devon, Plymouth & Torquay, as well as others in South West; UHP project will be happening at the same time as the Cavell (2025).	Insufficient contractors and timeline slips and/or costs increase. Risk on procurement strategy, contractor availability, pricing in market.	4	5	20	Raise risk with national team as important to have clear procurement strategy that is aligned with other NHS investments across South West, including UHP New Hospital Programme scheme.	Clive Shore
Tenants reluctant to occupy as not content with space allowance, costs and/or principles of occupation	Intent is that Cavell will minimise sole occupation of space and critical that design of building is supported by all tenants.	Agreements to lease will not be signed.	4	5	20	Draft lease has been produced and is being reviewed with tenants so that all concerns identified and able to be managed. Second draft of lease expected shortly. Draft template commitment letter to be circulated to prospective tenants for signature.	Clive Shore
Site Control Risk	Key site occupier refuse to move from exisiting buildings which puts all new build options at risk	Significant delay to timetable - and potential that project cannot proceed	4	5	20	Team working closely with City Council to persuade tenants to move buildings - financial offer made. CPO proceedings commenced in August as a fall-back but will delay project by at least 6 months if have to rely on CPO.	Matt Ward, Plymouth City Council

CCG Governing Body Approvals

1. To confirm that the health and wellbeing centre planning application can be submitted - on condition that the National Panel also gives approval at its meeting on 6th December.
2. To approve Devon CCG as P22 Contracting Authority.
3. To agree that John Dowell or Ben Chilcott can have delegated authority to confirm the selection of the P22 contractor.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Plymouth West End - Health & Wellbeing Centre				
Date of committee: Thursday 25th November 2021 **Date report produced: Thursday 18th November 2021**				
Author (s) Name and Title: Clive Shore, ICS Estates Adviser		**Supporting Executive:** **Name and Title:** Jo Turl, Director of Commissioning – Out of Hospital **Contact Details:** jo.turl@nhs.net		
		Report Approved by: Jo Turl **Name and Title: See above** **Date: Wednesday 18th November 2021**		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): N/A				

Executive Summary:

Plymouth has been selected as one of six pioneer locations (with Surrey, Shropshire, Lincolnshire, Derbyshire and Nottinghamshire) to test the concept of a new health and wellbeing centre concept, ahead of a wider national roll-out. Plymouth was chosen due to the link with UHP's New Hospital Programme investment, the requirement for local primary care investment and the wider regeneration opportunities.

There are several key core components of the proposed Plymouth centre:

- GP services at the core with genuine integration of NHS and voluntary services
- Focus on standard designs, using modern methods of construction
- Largest of the three possible national standard sizes - Plymouth one of only two pioneers @ 6000m2
- The Centre will be CCG/Integrated Care Board owned
- Intention is that tenants will have light leases and that revenue costs will be paid at ICS level – so no reimbursable rent or service charges. Discussions are ongoing with national team regarding revenue funding arrangements.
- Build to be low carbon to same standards as the New Hospital Programme.

Plymouth has been awarded an initial £1.75m to submit a combined Outline/Full Business Case and a key stage of the process is imminent, with the proposed submission of the planning application before Christmas. This step is important and requires the support of key stakeholders. In particular:

- **The main prospective tenants.** UHP, Livewell and Citizens Advice have already signed formal Letters of Commitment that are in a set format, mandated by the national team. The three GP Practices are all expected to sign this letter by the due date of 29th November. Each letter confirms the tenant agrees with their schedule of accommodation, supports the design and agrees that the planning application should be submitted.
- **National approval.** The Plymouth designs and a draft Mini-OBC must be submitted to the national team by 29th November in preparation for a National Panel meeting on 6th December. This will decide whether or not the planning application can be submitted.
- **Devon CCG Governing Body.** Local approval to submit the planning application is also required. Although the detailed Full Business Case will only be ready in mid-2022, a key consideration at the planning application stage is comfort that the project is likely to be revenue affordable (or at least is not unaffordable).

The attached slides summarise the progress that has been made over all stages of the Treasury Five Case model – but particularly cover the work on financial affordability. The key findings are:

- Capital costs of £36.8m, funded by NHSE/I
- Operating costs of £0.85m p.a.
- System benefits of £1.05m p.a. including those accrued to Livewell and UHP – **resulting in a net annual system saving of £200k before consideration of depreciation**
- Depreciation of £0.6m p.a. – expected to be funded centrally, but not yet confirmed**. If depreciation support is not confirmed the net annual impact of the Cavell will be an additional annual system cost of C£400k**
- Ongoing lifecycle capital costs (indicative figures suggest average £0.2m p.a.)
- Critical assumption is that no PDC interest is charged – which has been confirmed by national team but not yet formally ratified in writing.

The modelling to date shows that the Benefit Cost Ratio is >5.0, significantly higher than the Treasury hurdle rate of 4.

In addition, the model includes:

- £2.9m p.a. of non-cash releasing benefits – of which £2.08m relate to reducing demand at UHP
- £9.1m p.a. of social value savings for years 1-12 and a further £5.0m p.a. for years 12-22.

The social value analysis is being produced by national specialists, HACT who are also working with the national team. HACT is also in the process of developing a detailed monitoring and evaluation framework so that all the main metrics (health and social value) can be effectively monitored and measured. This work is expected to be submitted to the Cavell Project Board in late January.

Although the evaluation work is ongoing, the type of metrics that will be measured include:

- Accessibility to health and wellbeing services
- Attendances at ED (residents from the PL1 postcode have a 20% higher ED attendance rate than the Plymouth average)
- Lower Did Not Attends
- Reductions in Diabetes and Hypotension
- Fewer mental health crises
- Earlier diagnosis of cancers.

Once the planning application has been submitted, the focus of the team will move to selecting the building contractor. It has been decided nationally that the NHS Procure 22 (P22) framework must be used. This consists of six construction partners. A High-Level Information Pack (HLIP) is being prepared for these companies and they will be invited to an Open Day in Plymouth on 16th December. The companies will be expected to submit their proposals by end January 2022 and a procurement panel will interview the contractors in early February. It is expected that the successful contractor will be selected by 11th February 2022. The CCG Governing Body is asked to confirm that the CCG will be the contracting party and that John Dowell and/or Ben Chilcott will be given delegated authority to support the P22 panel and approve the selection of a P22 contractor.

Once selected, the P22 contractor will work with the project to produce a formal Guaranteed Maximum Price (GMP). This process will take a little longer than originally envisaged and the project's Full Business Case is now scheduled for completion in mid-August 2022, rather than end June. The completion date of the project has also been pushed back slightly from June to mid August 2024. A key risk to this date is the time it takes for the FBC to be formally approved once submitted.

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

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

None

Key recommendations and actions requested:

The Committee is asked to:

1. To confirm that the health and wellbeing centre planning application can be submitted - on condition that the National Panel also gives approval at its meeting on 6th December.

2. To approve Devon CCG as P22 Contracting Authority.

3. To agree that John Dowell or Ben Chilcott can have delegated authority to confirm the selection of the P22 contractor.

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	Yes. More integrated health & well-being hubs	
Health Inequalities	Yes. Focuses on an area of significant deprivation & greatest need	
Equality (staff or public)		No
Resource and Finance	Yes. Revenue funding & affordability to be confirmed at FBC stage	
Legal	Yes. Intention is that the centre will be ICB owned	
Engagement and Consultation	Yes. Wide engagement underway. Decision on formal consultation re UHP services due mid-January	
Risk	Yes. Mainly financial uncertainty which is being assessed. Also concerns over gaining full control of the site. This is being progressed with Plymouth City Council.	

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.

Together for Devon

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

Locality update report

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

Key achievements/progress

Local system:
The local health and care system continues to be significantly challenged at present with increased demand being experienced on most fronts, particularly in relation to Primary and Urgent care. The workforce pressures continue and has been a focus in both system-wide and locality discussions in the last few weeks as part of a review and consideration of alternatives, particularly in relation to ongoing urgent care pressures, but with the impact also still being felt across the independent provider market.

A specific focus on bringing partners in the system together to agree and prioritise a set of rapid improvement initiatives over the coming weeks has been implemented. This is intended to and must deliver a single robust plan to manage pressure over the winter period, owned by each individual organisation and the local care partnership as a collective.

System flow:
The system flow plan is being refreshed with 3 component parts: admission avoidance, internal hospital flow and discharge and out of hospital provision. Focus areas include:

- **Urgent Community Care:**
The work toward bringing the Newton Abbot Urgent Treatment Centre (UTC) in line with the national specifications including IT frameworks is ongoing.

  A clinical specification has been drafted after consultation with stakeholders for a proposed minor injury enhanced primary care service with an outcome's framework developed to accompany it.

  The work in support of the planned engagement process in relation to the future of community urgent care. has been delayed and is now expected to commence in December.

- **Urgent Community Response (UCR):**
The service is now accessible through a Single Point of Access telephone number. This has been promoted to SWASFT paramedics with early positive feedback about its ease of use. The Service is now ready to "go live" from 8am until 8pm each day.

A specification has been developed to procure 600 extra hours of domiciliary care (300 in each of Torbay and South Devon) which will allow the service to grow and provide an alternative to ambulance conveyance to the accident and emergency department and potentially admission.

- **Improved discharge co-ordination:**

Work is well underway to support the approach to complex discharges with system partners such that visibility of patients and their anticipated discharge, those waiting to be discharged on Pathways 1 to 3, and any barriers are clearly understood, articulated and further action taken as appropriate.

- **Market Management**

Work with local authority partners to continue to develop modelling and visibility of current supply and demand, and toward a consistent picture for the whole locality continues. Working with local providers, mindful of the current challenges to secure sufficient capacity to meet anticipated demand and the associated impact and risks. We have already had success through this approach over the last few weeks and so work continues as a result.

- **Winter Planning:**

A working group has delivered a draft of our locality winter plan with improvement actions identified to support social care and escalation arrangements and is currently being considered and reviewed. This will be part of period of challenge and scrutiny of each areas level of preparedness and tested to achieve collective assurance against a set of nationally developed key lines of enquiry (KLOEs). It will also form the basis of a single plan which supports us over the winter months and will be overseen through the delivery arrangements in the local care partnership.

Spirometry Service:

Work is ongoing to find the best/most appropriate model of provision for spirometry, with system support through a Primary Care Respiratory Champion role. An options appraisal paper has been developed and shared with a range of key stakeholders with, a ‘preferred option/model’ then identified as a result of that and taken to the Commissioning Committee for a decision.

Mental Health:

The Community Mental Health Framework implementation is now in progress, with Integrated Care System (ICS) locality clinical and managerial commissioners involved in the recently created Local implementation group in the South. A test of change between core mental health team and their respective PCNs commences in mid-October. Further development work is also underway with carer/lived experience representatives to establish a ‘what matters to me’ section of the implementation plan.

Work has also been taken forward in conjunction with the Mental health Learning Disabilities and Autism system wide programme and commissioning leads to consider the broader agenda. An approach to reviewing the dementia diagnosis data, understanding areas of best practice, and adopting learning and improvement is being developed as a result.

Planned Care:

The Local Care Partnership continues to promote visibility and influence, with the system planned care lead joining the monthly performance and improvement meetings in the South. Some progress has been made in increasing the use of Independent Sector capacity in particularly for orthopaedics and dermatology with waiting lists being reviewed to ensure all patients meeting the criteria are being offered the choice to have their treatment at the relevant provider.

Local Care Partnership (LCP) development:
We are working hard to ensure the continued development of a set of robust arrangements to support delivery and performance and improvement. At present we have an Executive Group, a Delivery Group and a Performance Group in place and are taking stock of what gaps exist in our architecture to support delivery and oversight of the respective programmes of work. A weekly 'Delivery Huddle' has bee put in place to support the development and implementation of the rapid improvement initiatives to support us through the winter period.

Current Leadership arrangements

The LCP leadership arrangements are in place with a review planned in the coming months. At present, Simon Tapley, Deputy Chief Executive (Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG)) is taking the role of the Chair with Liz Davenport, Chief Executive, Torbay & South Devon NHS Foundation Trust (T&SDFT) being vice-chair.

Key priorities for the next three months

The key priorities for the next three months include:

1. Working with all local system partners to respond to the significant level of challenge and current levels of demand being experienced. This includes focus on areas including workforce, discharge and securing sufficient capacity with local providers.
2. Working with local system partners on the arrangements to support delivery against the local priority ambitions, the Operating Plan and Long-term plan.
3. Further developing and embedding Local performance oversight and improvement arrangements.
4. Delivering the Urgent Community Care programme with a focus on Newton Abbot Urgent Treatment Centre and enhanced minor injuries services.
5. Delivery of Urgent Community Response with sufficient capacity to provide an alternative to admission.
6. Finalisation and delivery of the Locality Winter Plan
7. Working with ICS system leads to ensure that the prevention, planned care and mental health areas which require locality level support are prioritised and resourced appropriately.

Issues of concern or risk

The main areas to consider are:

- the workforce capacity, resilience, and ability to maintain focus in balancing the competing demands in relation to incident response, significant operational challenges, the restoration of services, development of place-based arrangements and delivery against the long-term plan.
- 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 the winter period ahead placing additional pressures on all parts of the system with record attendances through the Emergency Department and 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:	Plymouth
Period covered by update:	November 2021
Person completing template:	Anna Coles

Key achievements/progress

Delivery Highlights

Priority 1- Building a Compassionate and Caring City

- Trauma informed awareness training being provided for professionals and people living in Keyham.
- PCC "commitment to carers" plan being implemented by Carers Partnership Board from November 2021
- First session of Dementia conference took place on 27/10/21 with second session scheduled for 3/11/21.

Priority 2 - Developing a sustainable system of Primary Care

- Supporting PCNs to optimise ARRS recruitment
- Income protection for Enhanced Services to allow clinical prioritisation to those most in need
- Same day urgent care/winter planning/capacity in Primary Care discussed at Plymouth Area Primary Care System Partnership with follow on conversations between CCG and CD's.

Priority 3 - Empowering Communities to help themselves and each other

- Phase 2 governance embedding under "Safe Keyham" and "Healthy and Resilient Keyham". Increased focus on community cohesion and engagement/empowerment as funding commitments are confirmed.
- Household support grant funding secured – targeted towards food and energy bills across the winter.
- Equalities framework for Local Government action plan to better understand our communities has started. Progress will be regularly reported from hereon in.

Priority 4 - Ensuring the Best Start to Life through "A Bright Future"

- Family hub tender closed on 19/10/21 and is currently being evaluated.

- Commitment made to fund cohort 3 for PAUSE
- Children's services contract review (Livewell) underway as of October 2021.

Priority 5- Relentless focussing on Homelessness Prevention

- Changing futures bid (additional £240M over 3 years) – implementation phase has started i.e. recruitment, delivery leads identified. On LCP Delivery Group agenda for January.
- Pathway health/homelessness/complex needs bid supported by LCP Executive. Due to go to next CCG Board for sign off.
- Government announcement of additional homelessness funding of £210K for Plymouth to target vulnerable people who are at risk of homelessness. This will be used to support the current priority of addressing the homelessness crisis in Plymouth (reflected nationally) which has resulted in increased use of temporary accommodation and challenges to securing permanent accommodation. This is due to a number of factors impacting the local context e.g. increased rents, UC top up, furlough ending and eviction ban ending.
- Delivery plan developed with Devon MIND for alcohol and complex needs pilot – plan to commence in December.

Priority 6 - Integrating Care to deliver "the right care, at the right time, in the right place"

- The Domiciliary Care Command Centre has extended its role to include care home placements. This has already resulted in reduced delays for those awaiting placement.
- Recruitment campaign underway - 38 applicants for carers roles are being processed.
- Exploration of how to better align domiciliary care and medicines management to reduce need for domiciliary care.
- Healthwatch survey completed to enable the system to understand why people are visiting Emergency Departments
- Urgent Care summit attended by key stakeholders on 8th October 2021. Set of actions resulted to support existing and new plans.
- Winter plan collated from all sectors and submitted to NHS England. Mobilisation plans and leadership approach in development. This includes a taxi option being pursued for individuals who are low acuity to avoid unnecessary ambulance transfers
- Programme underway to addressing capacity, process and practice in the integrated discharge processes. Tactical work has created additional capacity across intermediate and long term pathways. Continuing to delivering the urgent care strategy across place. This includes reducing unplanned closure of integrated treatment centre (Cumberland) and MIUs.
- Integrated QI project to reduce ambulance conveyances to ED has started. Led by UHP involving SWAST, Livewell and commissioner to maximise use of alternatives includes agreement now in place for SWAST to be given direct line to co-ordinator at UTC for queries, rather than reception.
- Integrated Care Partnership Transformation Plan to be agreed, currently in draft form.

- Reduced demand for emergency frailty interventions through planned investment of £89K for falls prevention and £200K Enhanced Care in Care Homes (ageing well).
- Continued development of West End Health and Wellbeing Hub; launch of public engagement on 14/10/21.
- Review of D2A pathways.

Focus of "Together for Plymouth" – November 2021

Delivery Group

- Mental Health
- Integrated Care Partnership Transformation Plan
- Falls Prevention Investment
- Enhanced Health in Care Homes (Ageing Well) Investment
- Leadership Centre presentation and discussion re: next steps

Executive Group

- Estates Health Blue Print - task and finish group update
- Plymouth West End Health & Well-being Hub detailed business case
- Communication and Engagement

Key priorities for the next three months

Priorities for the next three months:

1. Implementation and monitoring of UEC delivery plans
2. Approval and delivery of Fair Shares and Changing Futures schemes
3. Development and constitution of local Workforce Group
4. Development of LCP Website and further comms materials
5. Development of End of Life delivery plan
6. Address gaps in LCP plans
7. Delivery of post incident support to Keyham community with partners
8. Work with Primary Care on same day urgent care capacity
9. Full business case for Cavell Centre
10. Delivery of additional bed capacity at Care Hotel and Patricia Venton Centre

Issues of concern or risk

- Workforce (and other) pressures across the system placing pressures on UEC services in particular
- Capacity within the system to take on additional work and deliver improvement programmes
- Whole system pressures across health and care partners impacting on development and delivery of LCP plans
- A number of factors impacting nationally and locally that are increasing the risk of homelessness
- Increase in CYPF demand placing additional drains on service and budgets.

- Adult Social Care Market unable to meet demand with current workforce capacity challenges leading to increasingly levels of unmet need and risk in the Community.
- Fragility of Primary Care creating risks across the system

Support required and/ or barriers to progress

- Capacity to support the delivery of improvement programmes for which funding has been successfully achieved
- Development and delivery of plan to improve resilience of 111/DDoCs and Primary Care across the whole wider system.
- Development and delivery of workforce strategy and plan

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:	October-November 2021
Locality Director:	Tim Golby

Key achievements/progress

Urgent and Emergency Care

- The Devon system has experienced sustained levels of demand, with all areas of the urgent and emergency care sector challenged including Royal Devon & Exeter NHS Foundation Trust (RDEFT). Incident management processes have been stood back up and RDEFT have worked closely with system partners to provide mutual aid where possible.
- A Devon system urgent care summit took place on 08/10/2021 and identified that additional developments were needed around mental health urgent care, links to 111 validation and targeting high frequency users. Actions to address these are in development Devon-wide.
- A system urgent care winter plan has been received by NHS England/Improvement and picks up themes identified at the summit.
- The Eastern Locality Delivery Group has agreed as a system how the allocation of the Better Care Fund Winter Pressures Grant 2021/2022 will be prioritised in alignment with the national specified criteria. A proportion of the allocation will be spent on securing additional social care capacity in the form of beds, personal care and 1to1 care for people with dementia, the remainder of the fund has been apportioned by Primary Care Networks and Community Services teams to be spent on specific priorities: clinical support to winter beds, GP support to Urgent Community Response (UCR), enhance multi-disciplinary team working including increased social care capacity to manage increased volumes of referrals, early/prompt visiting from primary care and coordinated response to safe admission avoidance.

Community Services and Flow

- The community services locality workplan continues to be developed, drawing in transformational development areas within the Trust's existing services. This includes the implementation of 2 hour Urgent Community Response, with further recruitment underway to provide the full complement of cover 7 days. Work is also underway to ensure efficient use of sufficient community capacity, including developing and monitoring schemes for additional support from Devon Partnership Trust, the voluntary sector and enhanced discharge coordination and input for care home discharges.

- The locality continues to provide detailed information about pathways 1-3 discharges and escalating any key issues/areas for support. Recurrent themes for delayed patient transfers include staff sickness, care home closures through outbreak or staffing vacancies and higher numbers of patients with high behavioural needs.
- A Devon-wide discharge workshop also picked up similar themes and enhanced tools to support care home discharge and a process by which quality can be monitored is being developed Devon-wide.
- The Programme Board for the Community Services contract for both Northern and Eastern Devon has taken place, finalising the scope of transformation planned in partnership with the Trusts over the next 2 years. The formal contracts have also been issued.
- A North/East Locality Diabetes delivery group has been formed and will meet bimonthly to oversee the transformation work plan.

Prevention

- The Eastern Locality Prevention Workstream continues to meet monthly, focusing on the selected three priorities:
    - Young People - CYP Mental Health
    - Working age population - Carers
    - Older population – Isolation and loneliness
- An intervention is being designed by the workstream around carers and a meeting has taken place with Devon Carers and the Carer Team from Devon County Council to plan details. Funding has been bid for from Devon County Council Covid-19 contain outbreak management fund. If successful, this budget would enable the Community and Voluntary Sector to raise awareness of their roles with Statutory Sector organisations and enhance and develop their current work with Carers.
- The Local Care Partnership conference on 26th November 2021 will now be held virtually, the focus will still be the prevention priorities. There will be opportunities to showcase local best practice across the community/voluntary and statutory sectors and hear about lived experience and well as co-production of plans moving forward.
- Recruitment into the Population Health Management (PHM) programme continues, with initial steps currently planned to begin after January.

Mental Health

- MAT (multi-agency team) meetings are being scoped across the locality for most PCNs with good engagement from across primary care, secondary care, social care and community support. The best practice models of North Dartmoor and HOSMS models are being used as a blueprint for MAT meetings and MAT ethos across the locality.
- 3 sub-groups within the locality (Exeter, east and mid) continue and are well supported by colleagues across the eastern system. These subgroups offer the opportunity for colleagues to collaborate, plan their CMHF work together, share learning and best practice.
- Additional Role Reimbursement Scheme monies – SLA has been signed off by the LMC to embed ARRs workers within PCNs and to enable funding to be released for secondary roles to bolster MH capacity in PCNs.

- Co-design – interaction with Devon Carers to promote the programme.
- Transitions – meetings with the team supporting teenagers who are moving into adult services and a test of change will begin with N Dartmoor to bring cases to the MAT meetings.
- Transactional work – project planning has commenced to manage the transfer of patients to the new x2 core mental health teams (Exeter has approximately 150 patients who will need to be moved).

Planned Care

- H2 guidance and update on Targeted Investment Fund (TIF)
- 4 categories to focus on within the workstreams:
    - Demand Management
    - Working differently
    - Data validation to remove patients off list
    - System capacity
- Key H2 priorities are:
    - Eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer (P5 & P6 patients)
    - Hold or where possible reduce the number of patients waiting over 52 week waits (12,355 approx.)
    - Stabilise waiting lists around the level seen at the end of September 2021
    - No potential over 104-week breaches without a DTA by 30 November 2021 (Regional Ambition from Regional Elective Recovery Steering Group)

Surgical Restoration

- Suzanne Tracey will be discussing with the Trust CEO's how to ensure that as much elective capacity as possible is protected and the benefit from Targeted Invested Funds (TIF) projects are maximised across the System
- The Planned Care Programme Board approved the following recommendations:
    - Support the implementation of a directed approach to offering patient choice for patients who have previously been identified as being suitable for treatment at IS providers
    - Agree to the use of 'Patient Support Packages' to enable patients to access their treatment at another provider

Outpatient Transformation

- Benchmarking is being undertaking to identify areas of best practice and share learning between Trusts to raise overall numbers of non face-to-face appointments

Demand Management

- Orthopaedic referral data was presented which identified potential unmet demand and further modelling on this to be undertaken
- The amended Commissioned Pathway was approved and agreed that the Planned Care Programme Board would be responsible for final sign-off of new pathways
- The importance of allocating consultant adequate time to review A&G requests was highlighted
- Consultant Connect – agreed by Board to prioritise this and funding will be sought via CCG

Ophthalmology

- Agreed to look into a system approach for buying licences to support programmes

Key priorities for the next three months

- To continue to focus on discharge and flow to support the surge response through the winter period.
- To act within the Devon-wide Winter Response team, responding to escalation and pressure within Urgent and Emergency Care.
- To progress the overarching workplans of the Eastern LCP for the 5 thematic areas, aligned to the ICS Strategic Outcomes Framework.
- To continue progress made by the Diabetes Transformation Programme and work across the local system.

Issues of concern or risk

- None to raise.

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 urgent care.
- Managing the demands of covid incident response alongside the daily developmental work within the LCP

Together for Devon

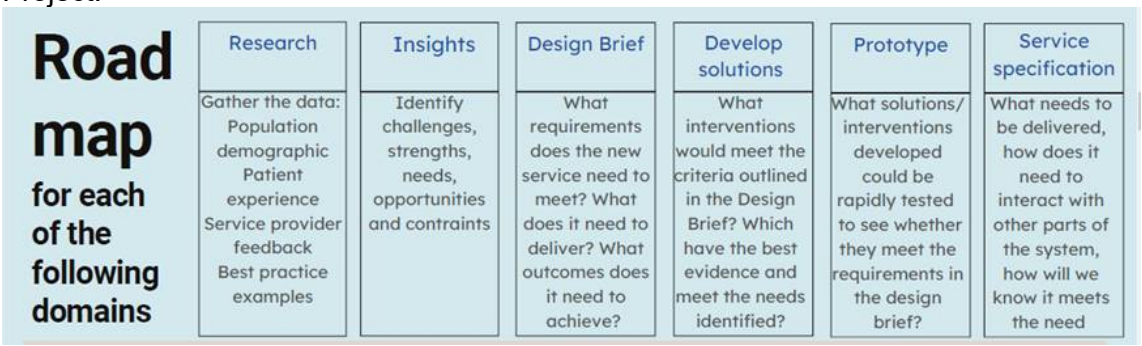
Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality Update Report

Locality:	Northern Devon
Period covered by update:	October - November 2021
Locality Chair:	Dr John Womersley
Locality LCP Chair:	Jennie Stephens
Report prepared by:	Tim Golby

1. Prevention

- *Wellbeing at Work* programme. Bideford College and Torridge District Council ongoing engagement. Further opportunities to work with locally based private companies in deprived communities with project support
- A 'Mental health and Physical Activity' training module for health and social care professionals, focusing on those working with patients with Serious Mental Illness (SMI) will be delivered through Devon Training Hub's new 'Personalised Care Programme' in Jan 22 co-produced by CCG, OND and DPT.
- OND's Healthy Weight and Physical Activity forum, representatives for One Communities and VSCE organisations met with Parkwood Leisure at the new leisure centre in Barnstaple, due to open May 22. A wider public meeting will be convened in early 22. PCN Wellbeing teams engaging with OND health and wellbeing forum allowing increased sharing of information and enhancing partnership working.
- Caring for Older Person's living with frailty – Consultation and consolidation of ideas and objectives with Torbay Ageing Well programme directors and Live Longer Better Cornwall alongside Active Devon.
- One Northern Devon have shared the Road-Map of Older People Living with Frailty Project:



2. Urgent Care

- MIUs remain closed with staff re-deployed in ED due to Covid streams management. This is currently in place until 1st April 2022 for planning purposes. Efforts continue with all system partners to find sustainable solutions to get minor injury work seen away from ED.
- As part of POAPs delivering detailed workplans covering 'Demand', 'Efficiency' and 'Capacity' themes.

3. Community Services and Flow

- An additional Better Care Fund (BCF) scheme has been approved as part of the offer over winter, the final list is as follows:
    - Acute/early intervention Care Home & Cared for At Home Primary Care Urgent Visiting Service
    - Winter hospital discharge block booked beds
    - Winter hospital discharge personal care scheme
    - Winter night sits
    - Inpatient Therapy resource for weekend discharge
    - Pathfinder
    - Pharmacy (Sunday hours)
    - Patient Flow

  The matrix for measuring the impact of these schemes has been shared with the leads for finalisation. The reporting will be due within 10 working days of month end and the highlights will be shared with IDG on a monthly basis.
- Further developments are being co-designed by the LCP around commissioning improved Care Homes offers to improve locality resources and flow.

4. Planned Care

- Spirometry remains an outstanding issue to resolve for the locality. Workforce and funding issues have been identified across a broader footprint and therefore an approach across the CCG may need to be considered.
- Planned care recovery work is underway for the Northern Locality with specific support identified to increase focus on recovery plans. Growth in Covid admissions during this period along with two closures for Infection Control reasons had added complexity to the plan

5. Mental Health

- Locality Change Coordinators for the Community Mental Health Framework have just started in post
- The 'Mental health and Physical Activity' training programme, focusing on those working with patients with Serious Mental Illness (SMI), has delivered a PHE run webinar to some northern based DPT acute and community staff on 14th September. Devon Training Hub's new 'Personalised Care Programme' will host the training module moving forward. Facilitators for an interventional workshop have been identified – date TBC. E-resources are now on DPT's in-house learning site and will be expanded.

Key priorities for the next three months

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

Issues of concern or risk

- Require named leads to be identified within NDHT to help progress a number of workstreams

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 urgent care.
- Both One Northern Devon and Kay Brennan have identified the need for Project Manager support as new work comes on line.

NHS Devon Clinical Commissioning Group

Locality update report

Locality:	Plymouth/West Devon
Period covered by update:	November 2021
Locality clinical representative:	Dr Shelagh McCormick
Locality Director:	Anna Coles/Derek Blackford
Locality non-executive representative:	Nick Ball

Key achievements/progress

Plymouth:

- West End Wellbeing Centre – finalising the Model of Care and Business Case along with plans for NHS England approval and commencement of PCC Planning Application; public engagement has commenced
- Plymouth LCP Executive maintaining focus on whole system pressures.
- Recruitment on Health & Care link worker from DWP agreed to work alongside Health and Care Skills co-ordinator to maximise delivery of health & care workers.
- City College staff being deployed to support Care Homes.
- Volunteers supporting Care Homes to settle discharges from hospital and therefore increase numbers of discharges per day.
- Tactical command approach in place for community provision to reduce over prescribing of care, maximise use of voluntary sector and manage finite Domiciliary Care capacity in Plymouth.
- Continued focus and attention on changes and improvements in our D2A discharge pathways.

Plymouth & West Devon

- COVID vaccination programme continues to demonstrate positive examples of integrated working between PCNs, community and acute providers. COVID Booster programme underway
- Independent Sector (IS) providers working well with the NHS and supporting treatment of long wait patients.
- Planning started as a system for the 2021/22 operating plan and Phase 4 Recovery and Restoration.
- Development of an agreed system wide urgent and emergency care recovery plan addressing demand, flow and capacity throughout the urgent care process.
- System Pressures – continuation of work on same day urgent care, pathway transformation.
- Planning investment to prevent falls and fractures using Prevention Funding
- Winter plan drafted with partners, investments prioritised for community and primary care.

West LCP

- Draft priority plan and associated workstreams reviewed and supported by Exec LCP group on 10/11/2021.

Key priority areas:

- Supporting the local population when they need urgent care and enabling support close to (or in) their home
- Improving Mental Health diagnosis, support and outcomes
- Improving population health and the lives of those living with health conditions
- Improving workforce resilience and creating a sustainable work force for the future

- Confirmation of the West LCP taking forward the NHSE/I Place Development Programme. 'Discovery' session agreed for 08/12/2021

- Engagement plan being developed in conjunction with identified communications leads with a view to creating the wider stakeholder engagement around the emerging priorities and associated plans

Key priorities for the next three months

Plymouth:

- Focus on system resilience through winter for patient safety, quality and experience, wellbeing of workforce and performance
- Next phase of planning and development for the Plymouth West End Health and Wellbeing Centre
- Completion of patient engagement of three surgeries linked to the Wellbeing Centre and its evaluation
- Quality and Equality Impact Assessments for the West End Wellbeing Centre to be completed and reviewed by CCG QEIA Panel
- Implementing findings from discharge review, with improvements in process and practice being prioritised (capacity increases already initiated).

West Devon LCP:

- Develop West LCP relevant dataset to enable review of performance/quality/position against emerging priorities.
- Ascertain all potential existing funding pots including engagement budgets and align with workplan delivery
- Work with the Western locality urgent care board and ICS urgent care board to start to develop programme of work to support future Community Urgent care model (and any associated immediate actions which may be required)
- Develop engagement and communications plan for LCP delivery and Exec group review
- Plan, in association NHSEI regarding the Place development programme and work with them to plan the discovery session on 8th December

Plymouth/West Devon:

- Embedding the governance for the Integrated Care Partnership with system governance
- Delivery against Urgent Care Locality improvement plan to address key performance challenges.
- 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.
- Agreement of use of Equity Funding investments in line with key areas agreed by LCP Delivery Group
- Implementation of initiatives funded using Fair Shares funding (Complex Needs, Wellbeing, Prevention and VCSE)
- Continuation and further development of work for Place based Population Health

Management when appropriate for both LCPs (timetable for which has been amended given service pressures and operational priorities)

- Aiming to treat elective patients according to clinical need and secondly by priority. additional capacity coming online over the next few months to include modular theatre provision and outsourcing support.
- Focus on reducing potential 104 week waiters for elective care.
- Locality involvement in Devon-wide Operational Planning
- LCP level information to provide baseline assessment against priorities and ongoing monitoring of progress against KPIs. There is no analytical support to provide this LCP level information for the West in particular and most data is not currently captured at a West footprint level

Issues of concern or risk

- Staffing capacity across the commissioning team t
- Workforce capacity across all Providers
- Cornwall capacity across community
- Capacity constraints across community pathways
- PCNs may not be able to recruit to additional roles affecting their ability to deliver the DES requirements
- Urgent care demand impacting on the restoration of planned care services.
- Clinical workforce capacity at MMG which, whilst not the only GP practice dealing with high levels of demand, is also experiencing significant difficulties recruiting GPs.
- Availability of pharmacists nationally impacting on provision of services including flu immunisation.
- Ongoing delays in ability of General Practices to deliver flu immunisations due to delivery factors outside their control.
- Lack of data and analytical support at LCP level to ensure full understanding of baseline position across priorities and to generate robust benefits realisation plans

Support CCG/system or barriers to progress

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Finance & Performance Committee

Date of Governing Body: 25 November 2021

Dates of Committees covered in this report: 18 November 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** – This redesigned report provided a consolidated update on key measures of outcomes, performance, quality and activity, including escalation of key issues from LCPs and system groups, and highlighting any significant risks.
- The Committee noted that the Devon System remains extremely challenged, in urgent, elective, community and primary care. Multiple factors have contributed to this position of increased risk, including sustained urgent care activity leading to pressures in Emergency Departments (EDs) and cancelled planned procedures, including cancer cases. There is significant pressure and impact on all parts of the health and social care pathways.
- The following areas were highlighted: -
    - The H2 Operating Plan, which had been submitted on 16 November 2021.
    - The establishment of a Winter Taskforce.
    - Infection Prevention and Control concerns e.g. MRSA, Norovirus, and difficulties with flu vaccine uptake.
    - Challenging performance in the 111 and Out Of Hours services.
    - Impacts of urgent care pressures on EDs, SWAST being in REAP 4 status throughout October.
    - Ambulance handover delays.
    - Challenges in meeting Cancer and Diagnostic targets.
    - A targeted focus on acute discharges.
    - Mental Health pressures, DPT at OPEL 4.
    - Operational pressures in maternity services.
    - Workforce vacancy rates.
    - Detailed analysis of performance key targets
- The Committee recommended that this report goes to Governing Body, to enable it to be sighted on and reflect on the current position ahead of winter pressures building further.

Reports received and noted

- **Devon CCG Monthly Finance Report –** there was no finance report as this is month 1 of H2 and therefore there is no variance to report.
- **ICS Monthly Finance Report** – presented for information to the Committee, outlining the position at Month 6. The NHS financial framework has provided a fixed settlement for the first half (H1) of 2021/22,

very much in line with that for 2020/21. At month 6 the ICS had a £2.4m YTD favourable variance.

Risk Register Review (changes and areas of concern)

- There have been no new risks, no risks recommended for closure, and no risk score movement. The Committee reiterated its request for the Director of Finance to review the detailed wording of the risks, bearing in mind changing circumstances.

Committee Decisions

- **Budget Setting for H2 of 2021/22** – the Committee received a report explaining that in broad terms the financial envelope for H2 was based on a repetition of that provided for the first half of the year (H1), adjusted for a number of factors. It set out how the system plan has been reflected into the partner organisations across Devon and the impact the allocations have for the CCG and budget setting, including efficiency requirements, contract values and risks.
- The Committee agreed to:
    - 1) Recommend to the Governing Body approval of the budgets set for the CCG for H2 of 21/22
    - 2) Approve the level of efficiency requirements as set out
    - 3) Note the risks and mitigations that have been identified
    - 4) Note the potential impact on the underlying position based on the assumptions included.
- **Contracting and Procurement Update** – The Committee was informed that a significant amount of procurement was handled differently to usual to allow an effective response to the COVID-19 pandemic in a proportional and effective way.
- The Committee was informed that in the case of COVID spending over £5k the procurement forms that recorded conflict of information were not completed for some or all of these procurements. The Committee asked for these forms to be now completed retrospectively.
- In respect of expenditure below £5k the Committee asked for clarity to be provided as to where the decision had been taken for procurement forms and conflict of interest forms not to be completed.
- The Committee recommended that the Audit Committee raise this matter with Audit South West as part of the Conflict of Interest Audit 2021.
- The Committee requested that the publication of the following documents on the CCG website should await the completion of the work requested in to three paragraphs above: -
    - The Procurement Registers for 2019-2020 and 2020-2021
    - The Publication of Spend document
- The Committee noted the following for information: -
    - Single Action Waivers and Declarations of Interest
    - The Procurement Workplan
    - An update on Non Clinical Procurement

Recommendations for Governing Body

- The Governing Body is recommended to approve **the budgets set for the CCG for H2 of 21/22,** as covered in a separate report on this agenda.
- The Governing Body is recommended to receive the **Performance and Quality report**, which gives a comprehensive “state of the nation” overview regarding current pressures, their impact and the mitigations in place ahead of winter pressures building further.
- **Supply of Enteral Feeds and Ancillaries Contract** – Governing Body is recommended to give approval to the awarding of this contract to Abbott from 1 May 2022 to 30 April 2026 with options to extend for any period up to 36 months.
- The Committee noted that the new contract had achieved a substantial saving and other financial

benefits.

Recommendations for other Committees

- That the Audit Committee raises with Audit South West the issue of signing off COVID spending and declarations of interest as part of the Conflict of Interest Audit 2021, as outlined above.

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
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GOVERNING BODY

Report title: Committee Chair Report – Audit Committee

Date of Governing Body: 25 November 2021

Dates of Committees covered in this report: 10 November 2021

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

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

Contact Details: Nick.ball1@nhs.net

Reports received and noted

- Transition update report – The Committee were updated on progress since the last meeting of the Audit Commottee.

- Progress to date:
    - Due diligence plan was submitted at the end of October, this was comprehensive with further enhancements being made particularly on the finance due diligence. There's been progress made in terms of recognising that due diligence requires both close down activity and ICB receiving activity which might require new ways of working. There has been good feedback from the regional team for Devon.

    - Each team has been tasked with creating their transition workplan. This workplan will continue to develop throughout the process.

- Finance Report - 256 agreements were put in place with Devon County Council and Plymouth City Council during the course of the 2021 financial year. Following external audit colleagues, recommendations in terms of the governance and visibility of these transactions. The Committee retrospectively authorised this report whilst recognizing it is not a requirement to do so.

- Risk Report – The committee were assured that risk is being managed appropriately in accordance with the risk management framework policy as appropriate, this is being overseen by the Governance Team. The corporate risk register is reported to the Senior Leadership Team meeting monthly, Audit Committee bimonthly and to Governing Body through the Audit Chairs report.

  highlighting 37 open risks on the corporate risk register the highest being new risk 153 which is scored at 25.

- Internal Incident Report - provided highlights in relation to the IG incidents which is being taken forwards by the DPO. 5 Covid safe incidents was out of 793 attendances. It was noted that there had been an increase in the number of incidents reported from the same period last year and concerns that an agile way of working may effect these numbers.

- Internal Audit Update Report – The committee noted the status of work against the 2021/2022 Audit and Assurance Plan, and final reports issued. These included:

- Conflict of Interest – Significant

It was discussed that audit recommendations are being extended due to lack of capacity to undertaken work due to the pandemic.

- Consortium Annual Report **-** Activity for all the for all the Members that are part of the consortium.

- External Audit Progress Report **–** The committee noted the process and statutory duties held by Grant Thornton. Opportunity to attend a Chief Accountants Workshop was shared. The audit deliverables were run through for 2021/22

Risk Register Review Updates

- Summary review of updates to corporate risk register as at 27 October 2021 were reviewed at this meeting and are available as an appendix to this report.

Committee Decisions

The Audit Committee

- Noted the Transition update report
- Noted the Finance report
- Noted the Risk Report
- Noted the Internal Incident Report
- Noted the Internal Audit Update Report
- Noted the Consortium Report
- Noted the Annual External Audit Report

Items of concern to be escalated to the Governing Body

- Internal Incidents rising

Recommendations for Governing Body

- **Recommends the Governing Body review the Sector update on hybrid meetings possibly adding to a development session.**

Recommendations for other Committees

- N/A

Terms of Reference or other committee effectiveness issues

- N/A

Management of Conflict of interests:

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

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

NHS
Devon
Clinical Commissioning Group

AUDIT COMMITTEE

Report title: Risk Report				
Date of committee: 10 November 2021 **Date report produced: 27 October 2021**				
Author (s) Name and Title: Theresa Farris, Risk and Governance Manager theresa.farris@nhs.net **Contact Details:**		**Supporting Executive:** Andrew Millward Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR and IT, NHS Devon **Report Approved by:** Ginny Snaith, Board Secretary **g.snaith@nhs.net**		
Public or Private (Governing Body only):	**Public**		**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This paper provides the Audit Committee with relevant assurances regarding the risk process that is embedded within the CCG through the risk management framework policy. The data for this report was accessed on 27 October 2021.

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

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

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

In the reporting period (15 September 2021 to 27 October 2021) one new risk scored as significant has been added to the corporate risk register and will report to the Commissioning Committee, a further two new risks have also been added to the CRR and will be reporting to the Primary Care Commissioning Committee and will be managed operationally.

Risk 153 - Planned Care System Capacity. There is a risk to patient safety and experience within commissioned acute trust services, due to long waiting times for elective care, including diagnostics, across Devon (adult and child). Risk score 25 (L= 5, I = 5) the risk score has been approved by Accountable Officer. The risk is summarised in section 2.9 of the report.

The board assurance framework v1.7 (BAF) is attached as appendix 3 and has been reviewed by the executives and updates are indicated in red. The summary front sheet within the BAF document shows the status of risks at the date of reporting and trajectory of risk scores.

Risks on the corporate risk register continue to be operationally managed to seek assurance that mitigating actions and controls are in place.

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

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

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

Key recommendations and actions requested:

1. Note that the risk is being managed appropriately through the Corporate Risk Register
2. Note the addition of new risks to the corporate risk register.
3. Note the risk score changes as described in section 2
4. Note current position of the Board Assurance Framework and agree the process for revision of the Assurance Framework (Appendix 3)
5. Are assured that risk classified as very high/significant are being reviewed and managed appropriately
6. Note the addition of risk 153, Planned Care Capacity. Risk score 25 (L = 5, I = 5)

Impact on Strategic Objectives

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

Reference to other documents or accompanying papers:

Report section	Item	Appendix
Section 2	Corporate Risk Register	Appendix 1 – Risks Reporting to Audit Committee Appendix 2 - Corporate Risk Register - Significant Risks
Section 4	Board Assurance Framework	Appendix 3 - Board Assurance Framework V1.7
Section 5	Internal Audit Recommendations	

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

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

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

Risk Assurance Report

Audit Committee

10 November 2021

1. Introduction

1.1 This paper provides the Audit Committee with relevant assurances regarding the risk process that is embedded within Devon Clinical Commissioning Group (the CCG) through the risk management framework policy. The data for this report was accessed on 27 October 2021.

1.2 The report is being presented as follows:

Report section	Item	Appendix
Section 2	Corporate Risk Register	Appendix 1 – Risk Reporting to Audit Committee Appendix 2 - Corporate Risk Register - Significant Risks
Section 4	Board Assurance Framework (BAF)	Appendix 3 - Board Assurance Framework V1.6
Section 5	Internal Audit Recommendations	

2 Corporate Risk Register

2.1 At the time of writing the report there are 37 risks being monitored on the corporate risk register. At the time of writing this report the CCG has 12 risks scored significant summarised in the table below and detailed in appendix 2.9

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

Period of report – 15 September 2021 to 27 October 2021	
Total Number of Risks on Corporate Risk Register	37
New Risks	3
Risk score reduced since last report	1
Risk score increased since last report	3
Total Risks Closed (detail is within the committee minutes of the following committees)	5
Quality Committee	*3*
Primary Care Committee	*0*
Finance & Performance Committee	*0*
Audit Committee	*0*
Commissioning Committee	*2*
Low risks (scored 1-3)	
Moderate/Medium risks (scored 4-6)	5
High risks (scored 8-12)	20
Significant/Very high risks (scored 15 to 25)	12

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

2.3 The following risks on the corporate risk register have seen movement in the risk score during this reporting period (15 September 2021 to 26 October 2021):

2.4 One risk has reduced in score:

Risk 38 - Lack of clarity and visibility regarding ICS and its governance. The risk score has reduced from 16 to 9 (L = 3, I = 3). Score reduced as we have transitional arrangements in place with ongoing monitoring the score reduction has been approved by the Deputy CEO.

2.5 Three risks have increased in score:

Risk 120 - COVID-19 – Transference of work to Primary Care. Risk score increased from 9 to 12 (L= 3, I = 4). On review by Primary Care Operational Group (PCOG) 6/09/2021 it was identified that mitigation not working and to raise impact score to 4 which was approved by Primary Care Commissioning Committee (PCCC) 07 October 2021.

Risk 134 - Operational delivery by Child and Family Health Devon Risk score increased from 16 to 20 (L= 5, I = 4). Score reverted to 20 on the request of executive lead and Head of Women and Children's Commissioning

Risk 150 Assurance concerns - Mayflower group. Risk score increased from 12 to 16 (L=4, I = 4) Increase in score due to the risk not being fully mitigated at the current score of 12. Approval for new score from CNO on 20/10/21

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

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

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

2.7 There are no new risks on the corporate risk register reporting to this committee.

2.8 A new risk with a significant risk score of 25 has been added to the corporate risk register with the approval of the accountable officer.

Risk 153 - Planned Care System Capacity. There is a risk to patient safety and experience within commissioned acute trust services, due to long waiting times for elective care, including diagnostics, across Devon (adult and child). Risk score 25 (L= 5, I = 5).

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

Risks scored very high @ 26 October 2021

Risk Number	Risk Score	Risk Score movement Date score set	Date Reviewed	Date risk Opened	Risk Title	Assurances	Reporting Committee	Executive Lead
153	25 L = 5 I = 5	New 19/10/2021	19/10/2021	19/10/2021	Planned Care System Capacity	Clinical Validation data; patient experience. • Harm reviews completed at point of intervention to understand true impact of waits • Quality measures/ data, including: - Serious incident and lower-level incidents associated with harm due to log waits. - Complaints and concerns; patient, carers, primary care and others. - Staff health and well-being - CQC and regulator assessments, feedback and formal reports. Further thematic analysis planned • Performance data (actual number of patients waiting x time, plus System percentage performance data) to assess level of immediate reduction to risk and to measure against trajectories. • System SLT clearly sighted on risk through governance arrangements (see above). • Individual Trust Board reporting on quality and performance measures around this risk.	Commissioning Committee	John Finn

151	20 L = 5 I = 4	⇔ 13/07/2021	08/10/2021	13/07/2021	Quality Assurance of Complex Care Commissioning	October 2021 - The CCG continue to monitor the system pressures around discharge to assess - it has stabilised in the West and North but the Eastern system continues to see high levels of activity. The CCG continues to outsource to absorb the pressures in the East and this is enabling the CCG to meet its backlog trajectory targets with NHSE. Supplementary to the quarterly 2 review with NHSE the internal audit recommendations around the CHC workforce review is nearly complete and outcomes will be reviewed in October and recommendations made in relation to next steps, regarding the workforce (SB)	Quality Assurance Committee	Darryn Allcorn
100	20 L = 5 I = 4	⇧ 09/07/2021	12/10/2021	21/01/2019	SWASFT Call Stacking	October 2021 - There is evidence from monthly reports supplied by SWASFT of unnecessary harm, poor patient experience, and reputational damage due to ambulance delays. The reports have included patient deaths which may / may not be related to the delays. SWASFT remain in OPEL 4, critical incident level. There remains a high level of demand. Handover delays remain an issue. National targets for response times remain unachieved and the call stack of patients waiting for ambulances remains high (RC)	Quality Assurance Committee	Darryn Allcorn
109	20 L = 5 I = 4	⇧ 01/07/2021	05/10/2021	06/006/2019	Underperformance Constitutional Standards	Monthly national reporting is reviewed at the appropriate locality or cancer system wide group. This then reports to the System Performance Group, reporting to PDEG. LCP performance review groups now meeting and reporting through to SPG. New senior ICS performance improvement lead post in place, to provide added focus on this agenda and ensure the performance improvement framework is embedded across the system. H1 activity plans now developed, which the system will monitor against.	Audit Committee	Sheila Roberts

137	20 L = 4 I = 5	⇔ 29/10/2020	12/10/2021	02/11/2020	Impact of implementation of National Guidance	October 2021 - Risk reviewed and score to remain the same. System working/processes continue. A new planned care risk has been agreed and will supersede this risk (SW) Mitigation to this risk continues with continued attempts to use mutual aid plus additional resource through the Accelerator and Elective Recovery Fund monies presents an opportunity not only for the Devon ICS but other surrounding ICS systems, to improve their positions and an opportunity to create a means of propagating learning. Devon ICS plans bring us close to 100% of 19/20 activity by the end of July 2021, with innovations supported by this opportunity we can move towards 120% (workforce has been considered within these opportunities) (SW)	Quality Assurance Committee	Darryn Allcorn
134	20 L = 5 I = 4	⇧ 06/10/2021	13/09/2021	27/10/2020	Operational delivery by Child and Family Health Devon	Performance and assurance meeting papers for meetings • Reports to Quality Assurance Committee (Quarterly) • Executive and Senior Manager escalation meetings with CFHD provider eg Safeguarding and CAMHS. • Presentations / reports for local authority scrutiny meetings e.g., CAMHS and Autism presented to the Devon County Council Children Scrutiny Group on September 8th 2020 and Devon Children And Family Partnership meeting on October 13th, Group on September 8th 2020 and Devon Children And Family Partnership meeting on October 13th. UPDATE 13.09.2021 - Service review commenced. Business case prepared for additional funding to support waiting list reduction- pending approval by DCC	Commissioning Committee	Jo Turl

146	20 L = 5 I = 4	⇧ 13/07/2021	12/10/2021	26/03/2021	Assurance Concerns UHPT	October 2021 - Risk reviewed and score to remain at 20. The Western Urgent care board continues to manage tactical and strategic operational issues and plans and has oversight of these. UHP, NHSE led programme of work looking at Reducing Hospital Ambulance Handover Delays continues and PSQ are aligned with this. CQC visit last week no report on this at present. Situation remains fragile (VC)	Quality Assurance Committee	Darryn Allcorn
149	20 L = 4 I = 5	⇔ 05/05/2021	05/08/2021	05/05/2021	Eating Disorders Physical Health	Update 3/6/21: Short term solutions are continuing to be implemented. Agreement has been reached as to a preferred model of care to present to commissioning committee. This has been underpinned by a a collaborative, partnership approach which includes LMC, GP clinical leads, providers and CCG commissioners to enable any challenges to be identified and solutions identified. Commissioning committee approved in principle the preferred option of funding DPT to provide an integrated physical and mental health services for those with an eating disorder. In principle as DPT had not yet reviewed proposals from clinical effectiveness perspective. Confirmation received that would progress with plans.	Commissioning Committee	Jo Turl

150	16 L = 4 I = 4	⇧ 22/10/2021	22/10/2021	07/05/2021	Assurance concerns - Mayflower group	October 2021 - Exec approval received and score increased from 12 to 16 due to the risk not being fully mitigated at the current score of 12. CQC have issued a letter of intent which is only one step away from suspension of licence (greater likelihood). Until a future provider is identified the CCG need to understand their ability to mobilise suitable alternatives. No substantial improvements had been made on the warning notices. Mayflower group have provided a copy of their new action plan outlining how they will address each of the concerns identified in the letter of intent. Whilst the action plan has provided the CCG and CQC with some assurance and based on what the CCG has received, CQC will not be progressing to urgent actions at this time – however, this is still a possibility. This therefore has increased the CCGs levels of concern and more robust meetings processes have been set up along with a series of walk-rounds to view the improvements, as not enough improvement has been demonstrated at the meetings. The CCG are aware of CQC being clear, that if there is a material slowing / stop to progress made, then immediate steps would be taken (VC/PG)	Primary Care Commissioning Committee	Darryn Allcorn
148	16 L = 4 I = 4	⇧ 12/07/2021	10/09/2021	26/04/2021	Devon Doctors Service Provision	October 2021 - Risk reviewed and score to remain the same at 16. Developments in the IT infrastructure has increased homeworking capacity allowing clinicians around the country to be utilised. A new location for a further call centre is being identified in a different city to aid with recruitment and training. Safety calls are continuing for patients who experience long waits past triage response times. The stratification of patients continues with the most urgent patients being seen first, reducing risk. The CCG monitoring of performance, staffing and governance across DDoc continues through weekly meetings, and assurances reports The governance workforce is increasing, education across the organisation is continuing and the backlog of incidents outstanding is reducing. There remains some concerns with how incidents are managed and processes used. The CCG remains closely involved as new processes are embedded (RC)	Quality Assurance Committee	Darryn Allcorn

108	16 L = 4 I = 4	⇧ 02/12/2020	02/09/2021	29/05/2019	Sustainability of General Practice	5 Oct 21 –Current status update: LMC GPAS GP alert status as 1st October 21 shows North and West Devon Opel 4, East and South Opel 3. A number of practices continue to experience problems with COVID outbreaks in practices. We have seen an increase in the number of requests from practices to temporary close patient lists. Monitoring / assurance • A GP capacity expansion fund dashboard • Monthly review of Early Warning Dashboard by new Primary Care Quality and Performance Group, including assessment of Electronic Declarations (E-DEC), PALS queries, Complaints, SEAs • Monitoring QOF achievement though review of CQRS extractions and quality indicator reports • Ongoing liaison with LMC to support practices with identified resilience issues • Monthly liaison with CQC • Any performance, quality or contractual concerns would be followed up under existing processes •	Primary Care Commissioning Committee	Jo Turl
142	15 L = 5 I = 3	⇧ 30/07/2021	06/09/2021	13/01/2021	Patient Safety and Quality Team Capacity	• Recruitment to backfill / fill job roles • Health & Wellbeing - Clear / regular contact with team through 121's, coffee and chat, PSQ weekly meetings and huddles with wider Directorate, SLT daily meetings • Access to Employee Assistance Programme, Occupational Health, local mental health support and various health & wellbeing support tips & advice on the CCG intranet • Monitor sickness rates • Monthly Quality Assurance Report taken to Quality Assurance Committee	Quality Assurance Committee	Darryn Allcorn

3 Board Assurance Framework (BAF)

3.1 The full board assurance framework (BAF) v1.7 is attached as appendix 3. The assurance framework is reviewed by the executives and regularly updated the latest updates to the risks are indicated in red text.

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

4. Risk Management Training

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

The presentation has been updated on approval of the risk management framework policy.

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

5. Recommendations

The Audit Committee are requested to:

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

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

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

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

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

6. Note the addition of risk 153, Planned Care Capacity. Risk score 25 (L = 5, I = 5)

NHS DEVON CCG
Risk Report (Audit)

Date produced: 27-10-2021 - 08:23
Produced by: theresa.farris@nhs.net

L = Likelihood | I = Impact

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

109	Improve service performance [Reporting Committee] Audit	There is a risk of underperformance against some key constitutional standards (including but not limited to 52 week waits, Diagnostics, 62 day cancer standard A and E 4 hour waits) The risk of underperformance (and mitigating actions) is included in the risk registers of provider organisations (and will be part of system risk management arrangements) and is appropriately managed at this level. However there are a number of impacts that mean the CCG must make every effort to support achievement of standards. These impacts are: •Loss of credibility with regulators leading to increased levels of scrutiny, assurance and external intervention •There is reputational impact due to potential patient harm or perception of the CCG is impacted by patient outcomes. •Diversion of resources from transformational programmes of work required to achieve financial and performance sustainability. (COVID Risk wave 2 risk ID 02) (HISTORIC ID: Na)	27/01/2021 The focus in phase 3 recovery has been recovery of service activity compared to 20/21 rather than the recovery of the constitutional standards. Under adapt and adopt the CCG has been working with system partners to implement the agreed actions under this programme. Elective recovery performance as detailed within adapt and adopt reporting was on plan until Mid December as a result of further waves of Covid. This reporting has been stood down by NHSE on 3.1.21 to be replaced by revised reporting as yet not stipulated. The CCG will fully comply when this reporting is available (AW) 27.01.21 The Devon system moving to surge with IS providers from 29th January gives us an opportunity to increase diagnostic cancer and elective capacity to support restoration (JF) For the national performance standards there are operational groups, as part of the emerging local care partnerships, in place with acute provider and commissioner in each locality. These groups monitor and actively manage performance of both elective and non-elective performance accounting for expertise of commissioner and provider. A risk register is held at each locality for risks pertaining to the delivery of the national performance standard and these risks are actively managed at place, with the appropriate Associate Director. These above arrangements are in place for the elective and diagnostic standard and report into the STP wide elective operational group on a monthly basis. The non-elective performance standards are actively managed at the Acute Provider and Commissioner Group in each locality with oversight via local A&E boards and with risk registers held and managed locally. These local A&E boards, comprising of local commissioners and providers, feed into the Devon A&E board. For the national performance standards, pertaining to cancer, each locality has a local group driving delivery with risk registers held locally as part of the planned care risk register and these local groups also report to the STP wide cancer strategy group. Escalation is actively managed from providers through these groups and onto appropriate oversight groups. 4/5/21 System performance improvement process being implemented in LCPs and the ICS, with reinstatement of System Performance Group (SPG) to oversee delivery of standards and offer system support for escalated issues. 1/6/21 LCP performance review groups now meeting and reporting through to SPG. New senior ICS performance improvement lead post in place, to provide added focus on this agenda and ensure the performance improvement framework is embedded across the system. H1 activity plans now developed, which the system will monitor against. [Control Gaps] 01/10/20 Lack of involvement in provider access meetings. Impact of MyCare , dues to Covid System perf group has been stood down, need to reinstate that infrastructure 13/01/2020 - Opel 4 esculation at the start of January puts some risk into this delivery	20 [01/07/2021] ▲ 20 (L=5 x I=4) [04/05/2021] ▼ 16 (L=4 x I=4) [01/10/2020] ▲ 20 (L=5 x I=4) [22/10/2019] = 16 (L=4 x I=4) [31/07/2019] ▲ 16 (L=4 x I=4) [06/06/2019] 9 (L=3 x I=3)	Risk Opened: 06/06/2019 Reviewed: 05/10/2021	[05/11/2020] Reviewed by Executive Team 19 October 2020, [02/10/2020] 01/10/2020 Fortnightly NHSE/I elective care recovery meetings with system partners, consistent meeting to be established with providers under new Performance Team identity to assure against Phase 3 plan trajectories, [27/08/2019] System performance meeting monthly with providers,	Monthly national reporting is reviewed at the appropriate locality or cancer system wide group. This then reports to the System Performance Group, reporting to PDEG. 13/01/2020 scrutiny at Dec SPG has provided assurance on these plans and elective board [Assurance Gaps] none identified	Executive Lead: Sheila Roberts Owner: Alison Wilkinson
152	Lead the system's response to the coronavirus pandemic [Reporting Committee] Audit	There is a risk that when colleagues return to offices following the relaxation of government restrictions related to the Covid-19 pandemic, that there will be the potential for office outbreaks of Covid-19 or impact on staff through social interactions outside of the workplace. The impact of this is would be potential staff shortages across all directorates due to the need for self-isolation or actual sickness. Potential for serious illness or death with a communicable disease. (HISTORIC ID: Na)	Covid safe controls currently in place for each CCG site which include: Site attendance checklist Lateral flow testing prior to site visit, Use of face coverings when moving around the buildings Social distancing, [Control Gaps] Staff awareness of government guidance Staff awareness of CCG guidance	12 [13/07/2021] 12 (L=3 x I=4)	Risk Opened: 14/07/2021 Reviewed: 27/10/2021	[14/07/2021] Raise Staff awareness of government and CCG guidance via staff bulletin, live staff briefings, staff intranet and team meetings. 16.07.21 - Staff Communication has been emailed detailing all of the above requirements as of 19th July 2021. ",	Continued review of government guidelines and communication to staff via the staff briefings Covid site specific risk assessments in place Log of all site attendances and lateral flow test results Continue to wear face coverings whilst moving around the buildings Continue with 1m+ social distancing Returning to offices working group Site Safety Coordinator meeting [Assurance Gaps] To be reviewed following any update of government guidance	Executive Lead: Andrew Millward Owner: Clare Doble

130	Lead the system's response to the coronavirus pandemic [Reporting Committee] Audit	There is a risk that the CCG does not respond effectively to the COVID-19 pandemic. The impact of this is that the CCG may delay or disrupt the pandemic response by providers, NHS England or multi-agency partners, with consequences for patients, provider or partner emergency response and perception of the CCG. COVID Rik Register Wave 2 risk ID 14 (HISTORIC ID: Na)	19/10/2021 - In order to aid staff resilience, a Winter Room model of incident management is to be put in place for 01 Nov 21. This will replace the current IMT, increase the ops knowledge available to support the response & spread the load across seven teams on a rota. Winter Room to operate 7 days a week, 08:00-18:00 M-F, 09:00-17:00 Sat/Sun. 12/08/2021 - IMT significantly reinforced with teams of dedicated Incident Directors & Incident Managers, additional Inbox Admin and Meetings Admin. These have been put in place due to the increased cases (Wave 3) and the decision to incorporate the extreme pressures that the system is responding to within the IMT response. Work ongoing to determine whether to stand up additional incident cells; to date, a Workforce cell has been activated to support the response. 19/05/2021 reviewed no updates at this time PC 21/04/2021national requirement to maintain incident response structures PC 18/02/2021 • Incident Management Team comprising of Incident Director, Incident Manager, admin support, Loggists and Cells to lead on specific workstreams, in place • Overview of the incident response maintained by Executive Team • Regular reviews of the Incident response structures and responsiveness are being undertaken • Regular co-ordination and update meetings scheduled, internally, across the system and with Region; these meetings are reviewed and the frequency adjusted to meet the needs of the response. 27/01/2021 CCG has a structured incident Reponses team in place, this is being managed and monitored daily to respond to daily issues or escalation as required by the Devon Health and Social Care community or requests from NHSE/I 12/11/2020 Risk reviewed no changes identified PC •Incident Management Team comprising of Incident Director, Incident Manager, admin support, Loggists and Cells to lead on specific workstreams, in place •Overview of the incident response maintained by Executive Team •Regular reviews of the Incident response structures and responsiveness are being undertaken •Regular co-ordination and update meetings scheduled, internally, across the system and with Region; these meetings are reviewed and the frequency adjusted to meet the needs of the response. Currently the System meetings are only held if an issue is identified. [Control Gaps] No Gaps Identified	12 [17/09/2020] 12 (L=3 x I=4)	Risk Opened: 17/09/2020 Reviewed: 19/10/2021	[13/10/2020] System Resilience Plan to be developed as part of the ICS preparations, once guidance received from NHSEI ,	19/10/2021 - Daily System calls M-F, with System check in calls on Sat/Sun in place; the multi-agency SCG/ TCG response has been stood down. 12/08/2021 - Daily System calls have been put in place, Mon to Fri, and regular weekly CEO calls are also in place. The CCG is also participating in the multi-agency SCG & TCG responding to the Major Incident declared due to the extreme pressures in the Cornwall system. 18/02/2021 CCG has a structured incident Reponses team in place, this is being managed and monitored daily to respond to daily issues or escalation as required by the Devon Health and Social Care community or requests from NHSE/I As part of a national requirement form NHSE/I the CCG has undertaken two mass vaccination exercises across Devon on 21/22 January 2021 No risk score change 27/01/2021 As part of a national requirement form NHSE/I the CCG has undertaken two mass vaccination exercises across Devon on 21/22 January 2021 Internal Interim Debriefing of the first wave completed and recommendations agreed by Executive Team •System Interim Debriefing of the incident response to the first wave drafted and awaiting submission to Executive Team. 18/02/2021 CCG has a structured incident Reponses team in place, this is being managed and monitored daily to respond to daily issues or escalation as required by the Devon Health and Social Care community or requests from NHSE/I As part of a national requirement form NHSE/I the CCG has undertaken two mass vaccination exercises across Devon on 21/22 January 2021 No risk score change 27/01/2021 As part of a national requirement form NHSE/I the CCG has undertaken two mass vaccination exercises across Devon on 21/22 January 2021 Internal Interim Debriefing of the first wave completed and recommendations agreed by Executive Team •System Interim Debriefing of the incident response to the first wave drafted and awaiting submission to Executive Team. [Assurance Gaps] no assurance gaps identified	Executive Lead: Andrew Millward Owner: Phil Coutie

38	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Audit	There is a risk that decisions will be made by the ICS which impact negatively on delivery of CCG functions As the ICS increasingly takes responsibility for decision making there is a risk that it will make decisions which a) have not had appropriate input/scrutiny from the CCG b) do not consider the CCG statutory functions c) are not supported by the CCG Governing Body These decisions may mean that the CCG may fail to adhere appropriately to one or more of its statutory duties or internal governance requirements, thus potentially failing in one or more of its legal duties. (HISTORIC ID: 319)	21/10/2021 Transitional decision making in place. 15/09/2021 ICS task and finish group overseeing development of ICS governance arrangements. Developing a ICS transitional decision making structure. Developing an ICS decision making framework. (GS) Dec 2020 Updated by GS/JD Governance arrangements for the ICS agreed by all partners setting out ongoing requirements for decision making of statutory bodies CCG AO and Chair on Partnership Board Appointment of joint System and CCG AO 11/11/2020 Discussed at Audit Committee. the committee agreed the risk is still pertinent and requested a review of wording to better express the risk. 12/10/2020 Risk to be presented to Audit Committee for discussion and review November 2020 [Control Gaps] 21/10/201 On going work required to monitor decision making during transition 15/09/2021 Controls as identified above in development but not yet agreed by ICS	9 [21/10/2021] ▼ 9 (L=3 x I=3) [15/09/2021] ▲ 16 (L=4 x I=4) [20/10/2020] ▼ 4 (L=2 x I=2) [23/06/2020] ▲ 9 (L=3 x I=3) [01/10/2019] = 6 (L=2 x I=3) [02/08/2018] ▼ 6 (L=2 x I=3) [23/05/2018] 12 (L=3 x I=4)	Risk Opened: 10/10/2016 Reviewed: 21/10/2021	[06/04/2021] The task and finish group has been established to complete the review of governance (GS), [05/11/2020] Reviewed by Executive Team 19 October 2020, [17/12/2019] Arrange workshop for system organisation Audit Chairs to review proposed system Risk Management arrangements GS,	21/10/2021 Audit Committee and remuneration committee providing assurance on ICS transition Dec 2020 Updated by GS/JD CCG Risk Management Process reporting at all levels of organisation Regular updates to Governing Body through Chairs and AO report and specific items of relevance Internal Audit of ICS Governance arrangements NHSE ICS designation process [Assurance Gaps] No assurance Gaps identified	Executive Lead: Simon Tapley Owner: Ginny Snaith
129	Improve service performance [Reporting Committee] Audit	There is a risk that a disruption to the availability of staff, IT and/ or telecoms, critical information, premises, supplies or suppliers/ contractors, may prevent the CCG from delivering its essential functions as set out in Directorate BCPs The impact of this is that CCG essential functions may be delayed or stopped with a knock on impact upon statutory functions, finance of CCG and Provider service delivery, and perception of the CCG is impacted by patient outcomes. (HISTORIC ID: Na)	19/10/2021 CCG Business Continuity Plan (BCP) in process of being revised as part of annual review process 15/06/2021 Internal Audit complete and report received: significant assurance given PC 19/05/2021 Risk reviewed no changes identified PC 21/04/2021 Internal Audit complete and report awaited 16/02/2021 Reviewed by PC - Assurances updated 27/01/2021 Business Continuity Plans have been reviewed across the CCG Audit South West are undertaking an internal audit as part of the annual requirement on Business Continuity Plans arrangements in the CCG 12/11/2020 Risk reviewed no changes identified PC •Business Impact Analysis undertaken at least annually •Business continuity risks reviewed by Directorates at least annually •Business continuity audit undertaken annually •NHSEI EPRR assurance, incorporating business continuity, undertaken annually and reported upon to GB •Trained Directorate BC Leads in place •EPRR Lead now in place with responsibility to maintain oversight [Control Gaps] no gaps identified	9 [17/09/2020] 9 (L=3 x I=3)	Risk Opened: 17/09/2020 Reviewed: 19/10/2021	[13/10/2020] BC Framework and Plan to be revised by 30/11/2020.,	19/10/2021 NHSEI EPRR Assurance ongoing at this time completion by 03 Nov 2021 15/06/2021 Internal report received 21/04/2021 Internal Audit complete and report awaited 16/02/2021 NHSEI EPRR Assurance undertaken annually, last completed in September/October 2020 EPRR policy reviewed and approved by Governing Body 19 November 2020 Business Continuity Audit undertaken annually, completed in April 2021 NHSEI EPRR Assurance undertaken annually, last completed in October 2020 Business Continuity Exercise completed in March 2020 Review of Business Continuity plans undertaken in March/ April 2020 [Assurance Gaps] non identified	Executive Lead: Andrew Millward Owner: Phil Coutie

131	Improve service performance [Reporting Committee] Audit	There is a risk that the CCG will be unable to respond effectively in the event of an emergency or business continuity incident, through not meeting its statutory and policy obligations to be prepared to respond to emergencies and disruptive incidents. The impact of this is that the CCG may delay or disrupt an emergency response by providers, NHS England or multi-agency partners, with consequences for patients, provider or partner emergency response and the perception of the CCG. (COVID Risk Register Wave 2 risk ID 15) (HISTORIC ID: Na)	19/10/2021 All managers on-call trained and rota in place to December 2021 12/08/2021 Manager on-call rota not active and cover in place through to December 2021 in line with the Director on-call rota. 23 managers trained so far. 21/07/2021 Manager on-call rota being stood up from Saturday, 24/07/2021 15/06/2021 Manager on call rota has been deferred to end July 2021 09/05/2021 On call rota to commence 14 June 2021 21/04/2021 Increasing resilience in on call system by adding a manager on call rota to start late May 2021 18/02/2021 • Maintenance of the ongoing COVID Incident response structures and process to be maintained • Reviews of emergency and business continuity plans to be continued as per EPRR work plan • Training of On-call and other key staff to be maintained as per the EPRR work plan • Participation in system and multi-agency emergency preparedness exercises to be maintained as per the EPRR work plan. 27/01/2021The CCG response to the current pandemic incident/EU Exit (D20) / winter and flu is monitored daily to identify any challenges and issue that may arise and managed in accordance with EPRR and framework and policy 12/11/2020 Risk reviewed no changes identified PC •EPRR Lead recruited to lead on preparedness workstream; •An EPRR workplan in place to ensure that preparedness is maintained and that new requirements are implemented in a timeous manner; •Suite of business continuity plans and emergency plans in place •On-call system in place, supported by trained on-call staff, available to initiate a response 24/7; •Trained Directorate Business Continuity Leads in place to maintain their business continuity plans •Regular training is undertaken by On-call staff and BC Leads to maintain knowledge and skill sets •Regular exercising of business continuity plans and participation in the exercising of multi-agency emergency plans is undertaken to ensure skills are maintained, plans are tested and the CCG is integrated into the multi-agency response to emergencies; •EPRR Lead is engaged with NHS and multi-agency (LRF) EPRR planning to ensure the CCG is integrated into these plans. •EPRR Lead will fulfil the CCG responsibility of undertaking an annual assurance of Providers preparedness in line with the NHSEI EPRR Core Standards and annual assurance process, and reporting upon this to the AEO & GB. " [Control Gaps] •The incident response to COVID has placed most other EPRR work on hold, meaning that wider preparedness activities are not currently being undertaken.	6 [17/09/2020] 6 (L=2 x I=3)	Risk Opened: 17/09/2020 Reviewed: 19/10/2021	[13/10/2020] On-call Induction training to be provided to new On-call staff before participating in the rota., [13/10/2020] Refresher On-call training to be offered to On-call staff before 31/12/2020, [13/10/2020] Maintenance of On-call rotas PC 24/07/2021, [13/10/2020] Ongoing refreshing of On-call pack and contact lists PC 24/07/2021,	19/10/2021 Annual EPRR assurance ongoing at this time, CCG/NHSE confirm and challenge meeting booked 03/11/2021. Outcome moved to November Governing Body. All provider assurance meetings complete. 12/08/2021 Annual EPRR Assurance requirements have been issued, with the CCG's confirm & challenge meeting to takle place with NHSEI SW on 13th October. Outcome to go to October GB. Provider EPRR Assurance meeting being booked in at this time. 21/07/2021 Review of incident structures being undertaken to ensure appropriate staffing and structure for the current pressures and the pandemic 21/04/2021 monitoring frequency has reduced to weekly for COVID and EU exit reporting has been stood down. Winter reporting has stopped. Light touch EPRR assurance 2020 is complete and CCG rated as fully compliant 18/02/2021 The CCG response to the current pandemic incident/EU Exit (D20) / winter and flu is monitored daily to identify any challenges and issue that may arise and managed in accordance with EPRR policy. no risk score change •CCG and Provider emergency preparedness reviewed annually against NHS England EPRR Core Standards as part of a national NHSEI process; the 2019 assurance rated the CCG as Substantially compliant with work required on only 2 of 43 standards. •Business Continuity Plans audited in December 2019 with a Significantly assured outcome. [Assurance Gaps] No gaps identified	Executive Lead: Andrew Millward Owner: Phil Coutie

127	Achieve financial sustainability [Reporting Committee] Audit	There is a risk that Devon CCG may be subject to increased fraudulent activity during and following a pandemic or similar major incident The impact of this is potential , Financial loss to the CCG Phishing / Cyber attack Fraudulent staff absence / leave requests Information Governance Breaches Damage to CCGs integrity (HISTORIC ID: Na)	16/06/2021 On-going review of processes to mitigate fraudulent activity CD 27/01/2021 The counter fraud officer monitors and oversees any fraudulent activities with support of specialist, reporting to Audit Committee or escalating any urgent matters to CFO and Board Secretary 16/12/2020 Risk reviewed by Head of Governance, update to assurances added Arrangements for invoice processing under continuous review by budget holders IT undertake regular phishing and spam email checks – clear process for staff to alert IT to any concerns which is logged and reviewed through both the CCGs IT provider and the NHS spam alert system. Counter Fraud Specialist in place as part of contract with internal audit provider Circulation of information to relevant staff on specific issues via Counter Fraud Specialist and other experts within the CCG raising issues in relation to fraudulent behaviours through team meetings and staff communications. [Control Gaps] Directorate managers across the CCG to review internal standard operating procedures for their areas of responsibility with support from the Governance team as necessarily to ensure relevant procedures are in place to monitor for fraudulent activity and address these with the CCGs counter fraud specialist	6 [03/09/2020] 6 (L=2 x I=3)	Risk Opened: 09/09/2020 Reviewed: 14/10/2021		07/04/2021 The audit is in the final stages and the report will be issued shortly and shared with relevant departments for responses. Audit being undertaken by Counter Fraud service Policies in place which cover areas which may be impacted by fraudulent activity ie HR, Finance, commissioning, procurement 16/12/2020 Head of Governance contacted Counter Fraud to enquire of any guidance / documentation to assist with discussions at directorate level to embedded good practice around vigilance of fraudulent activity. [Assurance Gaps] Directorate managers across the CCG to review internal standard operating procedures for their areas of responsibility with support from the Governance team as necessarily to ensure relevant procedures are in place to monitor for fraudulent activity and address these with the CCGs counter fraud specialist	Executive Lead: John Dowell Owner: Clare Doble
128	Be an effective, well-led organisation with an empowered and inclusive workforce [Reporting Committee] Audit	There is a risk that CCG data will be compromised by unauthorised/accidental disclosure due to shared work areas with non-CCG organisations. This may be via data visible on desks and/or screens or telephone conversations. This also includes homeworking where area shared with other persons. The impact of this could be the CCG's ability to maintain patient, staff and/or corporate confidentiality. (HISTORIC ID: Na)	19/10/2021 Pending greater attendance on site this risk is continually monitored to reflect work practices 15/09/2021 IG continued involvement with accommodation planning and relocation. Visit to Crownhill Court on 09 September 2021. Windsor House documents identified for disposal 09 September 2021 16/06/2021 Risk Reviewed no changes identified MS 19/05/2021 Risk Reviewed no changes identified MS 21/04/2021 Staff are mainly working from home. To be reviewed prior to return to office and on the move of staff to new offices in South Molton mid-year.MS During Health and safety quarterly walk arounds adherence to the clear desk is reported to IG team. 28/01/2021 Home working advice sent to all staff and staff advised to use headphones so conversations not overheard and papers and IT equipment shut down when in not in use. 16/12/2020 Risk Reviewed no changes identified MS 12/11/2020 Risk reviewed no changes identified MS 08/10/2020 'Homeworking' guidance created for all staff Screen lock (manual & timed) Clear desk Policy/Audit Secure lockers/cupboard Confidential waste bins/collections Secure printing via ID cards [Control Gaps] Lack of suitable private areas at home where calls may be overheard and screens viewed Secure storage for CCG equipment & work	6 [03/09/2020] 6 (L=3 x I=2)	Risk Opened: 10/09/2020 Reviewed: 19/10/2021	[28/07/2021] 21/07/2021: The IG Officer is in attendance to working group meetings regarding all the sites moves currently occurring. MS, [28/07/2021] 21/07/2021: Bridge House completion is subject to agreed timeline of events and final date for handing over of keys. MS , [28/07/2021] 21/07/2021: Windsor House completion is subject to agreed timeline of events and final date for handing over of keys. MS June 2022 ,	27/01/2021 Directorate/team face to face meetings in progress Entry to buildings are via smartcard. Screens lock automatically after period of inactivity Clear desk policy and quarterly checks via the intranet and regular clear desk audit Personal & departmental lockers for secure storage of devices and documents Confidential waste bins are provided & appropriate disposal Printers activated by smartcard across all sites Isolated areas/rooms available for sensitive conversations Annual mandatory data security awareness training for all staff Data Security Awareness training for all staff and reviewed monthly and reported to the DPSG. [Assurance Gaps] Telephone calls, especially incoming, cannot always be taken away from the desk and to a separate area. Screens in view of shared office/living space whilst working from home during Covid-19	Executive Lead: Andrew Millward Owner: Matt Spry

NHS Devon Clinical Commissioning Group

NHS DEVON CCG
Risk Report (High Risks Only)

Date produced: 27-10-2021 - 07:29

Produced by: theresa.farris@nhs.net

L = Likelihood | I = Impact

ID	Objectives	Risk Description	Controls	Risk Score	Dates	Action Plan	Assurances Given	Owners
153	Improve service performance [Reporting Committee] Commissioning Committee	There is a risk to patient safety and experience within commissioned acute trust services, due to long waiting times for elective care, including diagnostics, across Devon (adult and child). The risk to safety is greater for patients that fall into the Priority (P) 1, 2 and 3 categories, but risk also includes1 a) Not yet 'seen' patients referred by their GP but yet to be seen by acute secondary care services b) Patients waiting for a follow up appointment for acute services beyond their 'time critical' date In addition, there is CCG and System reputational risk, due to long waiting lists for elective care across Devon. Not in scope for this risk is adult and child community or mental health services. The impact of this risk is; •Patients poor experience of a long wait for definitive treatment •Patients may experience physical symptoms, for example increased pain / reduced mobility as a result of waiting longer •Patients clinical condition may deteriorate (physical harm), further impacting of safety and experience, but also potentially the complexity of the case. Subsequently this may lead to: •Increased level of intervention at the point of procedure, and increased length of stay •Increased support from the wider system, including Health and Social Care. For example, community nursing and social care support if unable to self-care and/ or medication support from primary care for pain control •Increased system support and communication to patients; Primary care activity has increased, due to concerned long waiting patients. Additional work by primary care and Communication teams is required, as patients seek to understand their individual waiting time experience – •Those providing care may suffer burn out due to the level of intensity required to manage lists, but also more complexity as risk grow. This may also impact on •Successful recruitment and retention across the system. •Increased Carer burden for those whose physical and mental health deteriorates as a result of the long wait (HISTORIC ID: Na)	•National and local policies and procedures, including: -Continued prioritisation of patients using National Standards i.e. P1-4. -Mutual aid within Devon and between Devon and other regional providers. •Quality frameworks, including serious incident reporting and complaints and other patient experience processes, ensuring staff and patients are informed about escalate their concerns. •Governance process and arrangements, including reporting of risk from the Surgical Working Group through to Planned Care Board (System risk), the CCG Quality Assurance Committee (System and CCG risk) and the Devon Quality Surveillance Group (System risk). •Quality and Equality Impact Assessments (QEIAs) to measure impact of long wait plans, initiatives and other associated workstreams. •Other safety processes, including individual high priority patients and their risk still be discussed and supported by professionals across one of multiple sites. •Capacity controls, including: - Utilisation of the Independent Sector to manage capacity (low complexity). - Development of Accelerator Site and initiatives. For example, the Nightingale Hospital to provide ring fenced Elective Care capacity. •- Capacity plans, using the Elective Recover Fund (ERF). •Other initiatives, including plans to potentially development and trial of a Single Patient List (initially in Orthopaedics) to ensure that those in most need (based on clinical need and time waited) are offered the next available appointment in the System. NB this offer of choice remains with the patient. •Health Equalities Project (HEP) plans to develop ways to reduce risk for the 20% of the population in the most deprived areas of Devon, plus patients in BAME groups. Work includes Clinical Validation of waiting lists. •'System Harm Group', formation to oversee and implement ways to check for physical harm and poor patient experience during long waits- led within the Planned Care Programme, reporting through the Planned Care Board; Communications, Commissioning and Quality Team matrix working (with providers). •System workforce plans, including active recruitment to vacant posts where this is an impact i.e. consultants. [Control Gaps] •Sufficient Immediate capacity to treat current P2 and P3 patients regardless of the above controls.	25 [19/10/2021] 25 (L=5 x I=5)	Risk Opened: 19/10/2021 Reviewed: 19/10/2021	[19/10/2021] October 21 "Principles for Protected Elective Capacity for 21/22" (e.g. hospital within a hospital) being considered/proposed to Planned Care Programme Board, [19/10/2021] System Harm Group meetings commenced 23 June 2021 ,	•Clinical Validation data; patient experience. •Harm reviews completed at point of intervention to understand true impact of waits •Quality measures/ data, including: - Serious incident and lower level incidents associated with harm due to log waits. - Complaints and concerns; patient, carers, primary care and others. - Staff health and well-being - CQC and regulator assessments, feedback and formal reports. Further thematic analysis planned •Performance data (actual number of patients waiting x time, plus System percentage performance data) to assess level of immediate reduction to risk and to measure against trajectories. •System SLT clearly sighted on risk through governance arrangements (see above). •Individual Trust Board reporting on quality and performance measures around this risk. [Assurance Gaps] •Consistent site of all Trust data to inform risk assessment, workstreams to reduce risk and to measure improvement. •Trusts have yet to join System Harm Group	Executive Lead: John Finn Owner: Jane Sangoor

100	Improve service performance [Reporting Committee] Quality Assurance	There is a risk that the population of Devon will not receive timely access to 999 emergency ambulance care when needed. The impact of this is upon patient experience and safety; public and professional confidence in the system and associated reputational impact. (HISTORIC ID: Na)	October 2021 - Risk reviewed with a view to increasing the score. There is evidence from monthly reports supplied by SWASFT of unnecessary harm, poor patient experience, and reputational damage due to ambulance delays. The reports have included patient deaths which may / may not be related to the delays. SWASFT remain in OPEL 4, critical incident level. There remains a high level of demand. Handover delays remain an issue. National targets for response times remain unachieved and the call stack of patients waiting for ambulances remains high. The issues have been escalated to executive level with risk summits. Each locality is working with acute hospitals to improve hospital flow and ED capacity. A proposal of 'system SI's' has been agreed between SWASFT and CCG's to review cases of response delays caused by system pressures (RC) September 2021 - Risk reviewed and score to remain the same at 20. The wider system demands are being worked upon in each locality. The AJCC are meeting regularly, attendance at QASC continues. Control measures remain in place (RC) August 2021 - Following discussion it was agreed for the score to remain at 20 (RC) August 2021 - Risk reviewed & score under discussion as to whether it should increase. Periods of OPEL 4 status have continued. Periods of high demand have continued. Response times and other performance indicators remain below national indicators. Evidence has been produced by SWASFT of patient harm and poor experience caused by delays and high demand in July 21 through a paper shared with commissioners. Long delays at ED continue in multiple hospital sites. The evidence has been shared with the ICS QSG, Devon UCB working groups and the CCG QAC to identify improvement actions. Control measures remain in place (RC) [Control Gaps] August 2021 - Information on the national paper looking at delays which SWASFT took part in has not been provided (RC)	20 [09/07/2021] ▲ 20 (L=5 x I=4) [05/01/2021] ▲ 15 (L=5 x I=3) [04/06/2020] ▼ 12 (L=4 x I=3) [02/08/2019] ▲ 20 (L=5 x I=4) [21/06/2019] ▼ 16 (L=4 x I=4) [21/01/2019] 20 (L=5 x I=4)	Risk Opened: 21/01/2019 Reviewed: 12/10/2021		March 2021 - Call stacking continues to be reported in Devon, although no related harm has been identified. Ambulance handover delays remain problematic in the western system, although again no harm has been identified (SZ) [Assurance Gaps] October 2021 - There is evidence from monthly reports supplied by SWASFT of unnecessary harm, poor patient experience, and reputational damage due to ambulance delays. The reports have included patient deaths which may / may not be related to the delays. SWASFT remain in OPEL 4, critical incident level. There remains a high level of demand. Handover delays remain an issue. National targets for response times remain unachieved and the call stack of patients waiting for ambulances remains high (RC) September 2021 - SWASFT has remained in OPEL4 and major incident mode in recent weeks. High demand remains, the call stack remains large, and performance indicators remain poor, including extended response times. A Devon specific two week snapshot of reported incidents where patients have suffered long waits identifies potential harm and poor experience, but no deaths. Long delays at ED continue in multiple hospital sites (RC)	Executive Lead: Darryn Allcorn Owner: Russell Cooke

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

134	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Commissioning Committee	There is a risk that Children and Family Health Devon do not recover the current position of increased waiting times and deteriorating RTT positions for CAMHS; Occupational Therapy; Speech and Language; Autism Assessment services. The risk score has again been reviewed (17.06.2021) and remains at 20. Initial trajectories were provided by CFHD December 2020 and Update March 2021. There has been some improvement in the OT service performance as well as Autism Assessment however services overall continue to struggle to make an impact on waiting list numbers and times. The impact of this is that children experience delay in accessing assessment, support and services for their physical, mental and communication development needs which may experience poorer quality and outcomes. CFHD are not yet achieving contracted service standards and NHS Devon cannot be confident that they will deliver the service improvements and transformation as set out in the contract agreed with NHS Devon CCG. There continues to be a lack of operational clarity in terms of service management and different service offer between Devon and Torbay, increasing wait times, regular queries and comments from families and schools, together with concerns regarding leadership and workforce capacity within the services that indicate CFHD are not yet achieving contracted service standards. The issues have been further intensified by the pause in a number of services as a result of COVID 19 and services are not currently being provided at the standard expected with increased wait times and reduced access to services(COVID Risk wave 2 risk ID 18)The CCG were notified 16.06.2021 that CFHD were starting their 'Roadshows' with staff to present their finalised clinical pathways, senior leadership structure and service/workforce models. The detail of this is still to be shared with the CCG and therefore remains unclear of improvements, impact and if risks remain in relation to workforce capacity and gap to deliver contract. (HISTORIC ID: Na)	Increased contact between the CCG and the provider CFHD has been put in place to discuss and scrutinise the performance of services especially in light of the response and pressures of COVID. There are fortnightly meetings to monitor the ASD assessment wait list and recovery plan. Where concern is raised this is escalated to Associate Director and action taken in direct discussion with CFHD Directors. Associate Director of Commissioning (Community Services) formally wrote to CFHD on 20/11/20 requesting that a copy of their Integrated Performance Report and Integrated Governance Group Report are shared with the CCG by 27/11/20. Trajectories for the services which are behind agreed performance level have been requested and submitted. These will be monitored through the Liaison and Restoration meetings that are already established and recovery plans monitored on an individual service level with the appropriate service manager to ensure that the agreed actions are being implemented. UPDATE 21.07.2021 Databook is now split by Devon and Torbay. Good engagement from CFHD at recent Torbay SEND Peer Review and performance data and service plan overview provided. Good engagement with partners on Autism programme and significant progress made on redesign on core assessment team and processes which has released efficiencies and confirmation that once wait numbers have reduced there is sufficient resource in core service to meet demand. CFHD have responded to communication from Director of Commissioning and have provided revised trajectories to achieve ASD waiting list reduction, these will be included in continuing fortnightly monitoring & support calls. UPDATE 17.06.2021 Continued good engagement and focus on ASD waitlist delivery - fortnightly call including NHSEI. Liaison & Restoration mtg held (16.06.2021) - good senior management represenation from CFHD and verbal updates provided. Planned update and attendance at QAC July by CFHD. UPDATE 01.06.21 continued engagement to oversee the ASD wait list recovery programme and development of Learning Disability & Autism investment opportunities through the NHSEI LD&A Programme UPDATE 30/03/21 The CFHD Alliance remains under enhanced surveillance whilst their delivery plan to address the backlog of assessments between April and November 2021 is actioned. Children & Family Health Devon (CFHD) have provided a breakdown of their delivery plan to address the ASD waiting list reduction plan between 1/4/21 – 30/11/21. The plan includes delivery of 2,500 completed assessments by November 2021 through an increase in capacity by employment of 20wte additional clinical staff via agency & 3 wte admin and subcontract with RDEFT and LWSW to complete 300 assessments. In addition internally 12 wte clinicians will undertake 3 assessments pw each; 1 wte clinician (clinical lead) undertakes 2 assessments per week – providing 38 assessments per week. The CCG will monitor progress against this waiting list reduction plan through: Weekly receipt of metrics/data report from internal performance monitoring meetings Fortnightly MS Team Calls between CFHD/CCG UPDATE 24.02.2021 Mtg held between Kevin Wheller, Liz Owen and Mark Tucker and Davina McDougall (11.02.2021) to discuss finance schedule and use of monies carried forward from previous year to address service wait lists. [Control Gaps] Current formal contract management has been paused in line with National guidance during the COVID – 19 period. Issues with service delivery during this period are raised through the contracting email and through the Restoration / Liaison Meetings which have recently been instated.	20 [06/10/2021] ▲ 20 (L=5 x I=4) [21/07/2021] ▼ 16 (L=4 x I=4) [24/02/2021] ▲ 20 (L=5 x I=4) [27/10/2020] 15 (L=5 x I=3)	Risk Opened: 27/10/2020 Reviewed: 13/09/2021	[13/09/2021] Commenced service review of community services across Devon that will support a thorough understanding of the position and causal factors Paper being produced regarding SLT waits for exec team to include outcome of the business case being presented to DCC for additional Covid funding to support waiting list reduction for OT and SLT, [24/06/2021] Stocktake Reset to be formally agreed between CCG and CFHD. CFHD to present update on service transformation and service performance against trajectory to July QAC 21/07 - Remains outstanding - Stocktake remains unsigned although headings are used to guide the liaison & restoration meeting agenda. CFHD did not attend July QAC due to administrative errors, Service performance and transformation postponed to August meeting, [01/12/2020] Alliance Board Performance and Governance Reports requested to be submitted by 27.11.2020. Not received, escalated to Lorraine Webber. 21/07- Remains outstanding and forms part of the Stocktake Reset agreement. Although service updates are verbally provided at monthly liaison and restoration meetings.,	•Performance and assurance meeting papers for meetings described above •Reports to Quality Assurance Committee (Quarterly) •Executive and Senior Manager escalation meetings with CFHD provider eg Safeguarding and CAMHS. •Presentations / reports for local authority scrutiny meetings eg. CAMHS and Autism presented to the Devon County Council Children Scrutiny Group on September 8th 2020 and Devon Children And Family Partnership meeting on October 13th, Group on September 8th 2020 and Devon Children And Family Partnership meeting on October 13th. UPDATE 13.09.2021 Service review commenced Business case prepared for additional funding to support waiting list reduction-pending approval by DCC UPDATE 21.07.2021 Autism fortnightly team call – progress in wait list numbers reducing although currently off trajectory. The target for additional assessments is still likely to be met (end Nov). OT on target for trajectory. SALT however remains below trajectory and long waits with 2907 CYP waiting. Updated recovery plan has been requested. UPDATE 17.06.2021 Verbal update provided to Liaison & Restoration Mtg (16.06.2021). OT Abbreviated pathway has created internal efficiencies and increased capacity. Use of non recurrent funding £31k to recruit additional posts to address waiting list. Current on track for trajectory at 62.3% although improvement agreed is only 73% by March 2022 against contract of 92%. SALT introduced a new clinical decision model; reviewed all families against standards and increased the offer of getting advice at the start and reduced non patient activity which has increased clinical capacity. Non recurrent funding for additional 6 staff. Target to return to pre COVID levels and meet 92% by February 2022 currently on target 56%. All services have now migrated from paper to Care Plus system. It is expected that July data book will report by locality. Recognise the good engagement in wider ICS work and delivery of the LD and Community Nursing Services. UPDATE 01.06.21: Fortnightly monitoring & support calls between CCG and CFHD to review progress against ASD waitlist reduction plan trajectory. Progress reports are also provided to the CCG Exec Director, Devon DCS and NHSEI. UPDATE 26.04.2021 Liaison and Restoration arrangements still in place. Draft ToR written as requested by CFHD. ASD recovery action plan agreed between CCG, CFHD and DCC (March 19th 2021) to clear the Devon waitlist (2900 additional assessments). CFHD agreed to invest £1m of it's £2m received from CCG in addition to contract value for contingency and transformation. Information provided to Dfe and NHSE inspection monitoring visit on March 19th . UPDATE 24.02.2021 Stocktake has been agreed between CFHD and CCG to reset the key priorities. This has identified the areas where there are ongoing concern and what evidence/action is required to move the provider from 'Enhanced Surveillance' to 'Routine Surveillance'. This includes updated trajectories to address wait lists as well as the wider transformation for each service and impacts.	Executive Lead: Jo Turl Owner: Siobhan Grady

UPDATE 21.07.2021
previous gaps remain as stated above

UPDATE 16.06.2021
CFHD have not signed or agreed to actions and requirements set out for them in the 'stocktake reset document' and therefore have not shared to date service updates reports or documentation monthly to the Liaison & Restoration mtgs to provide assurance and have oversight of meeting service trajectories. Although verbal updates are provided there remains a challenge from CFHD as to purpose of the Liaison & Restoration Mtgs and level of scrutiny of the contract. CCG proposed that additional reports would not be required and it would be sufficient to just share reports already completed for their own Partnership Board. Capacity and prioritisation of work is rightly on CFHD organisational transformation however lack of more formal reporting to CCG remains of concern. Databook currently is not split between Devon and Torbay and therefore unable to routinely and easily report to each local authority separately on the joint funded contract. CFHD have also raised that there are some issues with the data provided in terms of completeness and accuracy.

UPDATE 01.06.2021
Liaison & Restoration (L&R) May mtg stood down. Stocktake reset revised and despite no formal sign off is being used to set agenda for meetings to ensure key performance areas are reviewed. Next Mtg due 16.06.21. A number of concerns have been raised with the Assoc Dir regarding minimal communication across key stakeholders about the CFHD planned pathway changes and transformation work. As well as CFHD engagement in wider ICS level transformation meetings to ensure a join up and work not being done in isolation. These areas have been discussed with the Childrens Alliance Director who has set up and chairs a Devon & Torbay Autism Strategy group.

UPDATE 24.02.2021
Regular Liaison & Restoration Mtg did not take place in February – stood down as previous week mtg held between Assoc Dir Commissioning and CFHD and agreement that focus would be on formalising a stocktake to review and reset the priority areas and providing assurance evidence against these. Current financial discussions are delaying progress against plans to address autism waits backlog.

UPDATE 20.01.2021
Exec to exec mtg used for escalation did not take place in January.

UPDATE 20.01.2021 Continuing concerns escalated to AD and Director

[Assurance Gaps]
Some assurances have been provided however there remains concerns relating to governance processes, monitoring of incidents, experience for long waiting patients and referral management process. These are being followed up directly with CFHD Quality lead.

UPDATE 21.07.2021
SALT remains off trajectory despite additional non recurrent staff being recruited. Revised recovery plan requested. Outcome of decision by DCC pending for additional funding to support SALT and reduce waits for Devon children. CFHD did not attend July QAC due to administrative errors, Service performance and transformation postponed to August meeting

UPDATE 17.06.2021
Workforce retention has been raised as a key risk (many leaving to take up post with private ASD provider). Therefore despite new additional non recurrent staff being recruited for wait list they are having to cover some of the gaps left in the core staff workforce as well as meet pressures from increased referrals for SALT. Provision of non complex ADHD in NDevon at risk of being withdrawn by CFHD as believed not to be in contract (Cmty Paediatrician complete in rest of Devon). CCG communicated with CFHD that as service activity and value transferred from Virgin in to new contract and has been provided since April 2019 then if this activity is to transfer to an alternative provider the funding would also need to transfer. Costs have been received from NDHT and timescale suggested April 2022 due to recruitment of paed and merger of RDE & NDHT..

UPDATE 01.06.21
Continued long wait list for SALT and OT. Evidence of impact of service change and investment with any revised trajectories requested for L&R mtg.

UPDATE 26.04.2021
Stocktake Reset Document still in draft and yet to be agreed between CFHD and CCG although CCG still using it as basis for agenda planning and seeking assurance through liaison and restoration mtgs.

UPDATE 24.02.2021
Risk has been increased. Until we receive information there remains an assurance gap. Action and Decision making for Autism waits remains critical. Mtg held between Kevin Wheller, Liz Owen and Mark Tucker and Davina McDougall – CCG finance are waiting on finance schedule from CFHD which sets out the costs to reduce the waiting list over 2 years (with the main bulk of assessments being contracted with Helios - this has still not started despite previously reporting that it had). CFHD still to confirm allocation of how funding held over from previous year could be used to support this scheme. CCG will then need to provide decision as to any further financial commitment.

UPDATE 20.01.2021
Continued concerns in timeliness of agreed reports being shared due to internal governance sign off arrangements, pace of progress is

							safeguarding action plan, lack of understanding of budget and investment made in Autism assessment service. Summary provided to AD & Executive within an SBAR report for escalation with recommendations for : •3 month action plan •monthly exec to exec escalation mtgs •attendance by CCG at internal CFHD mtgs – Quality Committee; •financial summary from April 1st 2019 be provided	
137	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Quality Assurance	There is a risk that the impact of implementation of National Guidance during COVID- 19 may lead to patients who require planned care, including diagnostics, being delayed, deferred or choosing to self-defer, resulting in harm; both safety and experience could be affected. Note: This impact could be further exacerbated if changes in predictions of disease prevalence for the SW Peninsula result in a period of deferment in excess of that recommended by the national guidance. The impact to the CCG is commissioning impacted services that may result in: a) escalation requiring emergency admission and / or treatment for patients. b) early death, harm, including reduction of treatment options and poor experience for patients. c) reputational damage as a result of longer waiting times for patients across the County. (Covid 20 Wave 2) (HISTORIC ID: Na)	October 2021 - Risk reviewed and score to remain the same. System working/processes continue. A new planned care risk has been agreed and will supersede this risk (SW) September 2021 - Risk reviewed and currently being reassessed with a view to closing in light of the new risk owned by the commissioning team that describes the risk to safety and experience, due to long waits for patients (SW) August 2021 - Risk reviewed and score to remain the same as waiting list numbers and the duration of waits continues to increase. System action groups work continues to be reported on through Planned Care Committee and Quality Assurance Committee (IL) [Control Gaps] August 2021 - Elective care long waits remain a significant system restoration risk as previously detailed. Continued sustained System acuity continues to limit the Systems response to addressing these long waits as those who are acutely unwell are prioritised over those who are awaiting a planned intervention (IL)	20 [29/10/2020] 20 (L=4 x I=5)	Risk Opened: 02/11/2020 Reviewed: 12/10/2021		June 2021 - Mitigation to this risk continues with continued attempts to use mutual aid plus additional resource through the Accelerator and Elective Recovery Fund monies presents an opportunity not only for the Devon ICS but other surrounding ICS systems, to improve their positions and an opportunity to create a means of propagating learning. Devon ICS plans bring us close to 100% of 19/20 activity by the end of July 2021, with innovations supported by this opportunity we can move towards 120% (workforce has been considered within these opportunities) (SW) [Assurance Gaps] October 2021 - None identified	Executive Lead: Darryn Allcorn Owner: Sara Wright
146	Be an effective, well-led organisation with an empowered and inclusive workforce [Reporting Committee] Quality Assurance	There is a risk that University Hospitals Plymouth NHS Trust is unable to deliver safe and effective services, due to a lack of robust clinical oversight and risk management in the ED - as highlighted during the CQC inspection (8th March 2021) and subsequent Section 31 letter (15th March 2021). Concerns include: ambulance handover delays, IPC concerns, poor flow through the hospital, in part due to ED, but also the wider hospital and the Trusts ability to ensure mitigation under pressure. The impact of this is that the delivery of patient care may be negatively impacted upon, both in potential harm and poor patient experience. In addition, there is a risk to wider System reputational damage. (HISTORIC ID: Na)	October 2021 - Risk reviewed and score to remain at 20. The Western Urgent care board continues to manage tactical and strategic operational issues and plans and has oversight of these. UHP, NHSE led programme of work looking at Reducing Hospital Ambulance Handover Delays continues and PSQ are aligned with this. CQC visit last week no report on this at present. Situation remains fragile (VC) September 2021 - Risk reviewed and score to remain at 20. The Western Urgent care board is managing tactical and strategic operational issues and plans and has oversight of these. Long delays are increasing within ED and handovers. A new project focusing on UHP and Reducing Hospital Ambulance Handover Delays has begun PSQ are aligned with this. Due to lack of staff over the summer we have no new information to suggest reducing the score (VC) August 2021 - Risk reviewed and score to remain at 20 due to increasing levels of escalation and concern and a prolonged period of OPEL 4 along with the request to step down more routine services due to the increased levels of escalation. The Western Urgent Care Board is managing tactical and strategic operational issues and plans and has oversight of these. Long delays are increasing within ED and handovers. A new project focusing on UHP and Reducing Hospital Ambulance Handover delays is began on the 12/07/21 - PSQ are aligned with this (VC) [Control Gaps] August 2021 - Longest handover delays and waiting times at ED since reporting began and also lack of ability for the trust to undertake its own internal improvement plans due to increasing levels of escalation (VC)	20 [13/07/2021] ▲ 20 (L=5 x I=4) [24/03/2021] 15 (L=5 x I=3)	Risk Opened: 26/03/2021 Reviewed: 12/10/2021		April 2021 - The ED recovery plan is being developed and the Nursing and Quality team are aligned with this process, as with the ED improvement programme. Nursing and Quality continue to work closely with commissioners on the development of the urgent care improvement work (VC) [Assurance Gaps] October 2021 - increasing levels of escalation and concern with continuing and prolonged periods of OPEL 4 and a request to step down more routine services due to the increased levels of escalation. Long handover delays continue and waiting times at ED since reporting began and also lack of ability for the trust to undertake it's own internal improvement plans due to increasing levels of escalation. Long delays are increasing within ED and handovers. (VC)	Executive Lead: Darryn Allcorn Owner: Vanessa Crossey

149	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Commissioning Committee	There is a risk that Primary care is not able or willing to undertake the necessary physical health checks for patients with Eating Disorders. There is no commissioned service for the physical health checks for adults who are within the Specialist Eating Disorder Pathway across the Devon CCG footprint. The impact is that vulnerable patients are exposed to a very significant risk of compromised health states that can cause impairment or death. (HISTORIC ID: Na)	Update 03/08: Commissioning committee approved in principle the preferred option of funding DPT to provide an integrated physical and mental health services for those with an eating disorder. In principle as DPT had not yet reviewed proposals from clinical effectiveness perspective. Confirmation received that would progress with plans. Update 3/6/21: weekly task and finish group continues to meet and an options paper has been written. This is scheduled for commissioning committee for 10th June 2021. The focus of this paper is for those with an eating disorder within Devon and Torbay. •Weekly task and finish group was established with specialist Eating Disorder clinicians and commissioners including GP lead and the LMC. Focus of the group is to scope the challenges around physical health checks and identify options that would enable compliance with the physical health check requirements for patients with eating disorders who are engaged in secondary care services. •The task and finish group will be reporting to Clinical Commissioning Committee within the CCG and Exec to exec within DPT. (This risk is also logged on DPT's Risk Register). •Monitoring and acting on test results is currently not consistent in its approach to ensuring the on-going safety of patients with ED who need a physical health [Control Gaps] Update 03/08/21: Names from DPT, LSW and UHP have been identified to support this area of work. Update 3/6/21: An equivalent Task and finish group needs to he implemented to ensure the needs of those with an eating disorder living in Plymouth are able to access the appropriate monitoring of their physical health needs.	20 [05/05/2021] 20 (L=4 x I=5)	Risk Opened: 05/05/2021 Reviewed: 05/08/2021		Update 03/08/21: The below short term measures are continuing. Work is being led by DPT. Update 3/6/21:Short term solutions are continuing to be implemented. Agreement has been reached as to a preferred model of care to present to commissioning committee. This has been underpinned by a a collaborative, partnership approach which includes LMC, GP clinical leads, providers and CCG commissioners to enable any challenges to be identified and solutions identified. The establishment of a task and finish group seeking to find an immediate (short-term) solution given one primary care services has served notice to stop undertaking testing and acting on results has necessitated a short-term support system from DPT to primary care. Longer term a bespoke service is the likely outcome. However, getting agreement on its role, function and establishment will take time – coupled with the need to find workforce that is currently depleted and hard to find nationally. A paper is being prepared for commissioning committee that seeks to find both a short term and lasting solution to the need for physical health checks for the eating disorder groups. The findings of the recent coroners inquest places responsibility across both commissioners and providers to ensure systems and processes are appropriately in place. [Assurance Gaps] Update: 03/08/21: No update to below as work to identify investment required is not yet complete. Update 3/6/21: Understanding of needs of any short term solutions, whilst developing longer term solutions in Plymouth are yet to be ascertained. These will form part of the task and finish groups that are to be scheduled. Currently the proposed assurances will meet the need but may require significant funding and training of both the team and services it will support (primary and secondary care services). As identified, papers will be taken to CCG commissioning committee.	Executive Lead: Jo Turl Owner: Louise Arrow

151	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Quality Assurance	There is a risk that the overwhelming activity relating to CHC assessments and reviews, and requests for joint funding is impacting upon the ability of both the provider CHC and CCG Complex Care teams to undertake their wider responsibilities around quality assurance and effectiveness. The impact of this will likely be: • clinical risks not being exposed and mitigated - a reactive service only presenting when risks are escalated to the team • escalating costs of packages of care & placements with no scrutiny and no oversight or ability to contribute to the quality assurance or improvement agenda within the independent sector • poor patient and family experience. An individual's care needs could unnecessarily escalate without the correct clinical intervention/oversight • remaining staff working within the team at risk of burn out possibly increased sickness levels • reduced number of staff with the right skills, competencies • limited capacity to ensure new staff receive the correct support and upskilling which will further impact on them functioning fully (Risk 151 to supersede risks 135 and 136) (HISTORIC ID: Na)	October 2021 - Risk reviewed and to remain score to remain the same. The CCG continue to monitor the system pressures around discharge to assess - it has stabilised in the West and North but the Eastern system continues to see high levels of activity. The CCG continues to outsource to absorb the pressures in the East and this is enabling the CCG to meets its backlog trajectory targets with NHSE. The CCG has recently met with NHSE for a quarterly 2 review that involved head of service, programme manager and finance lead - no specific concerns were escalated and the CCG CHC function is viewed as in recovery. Supplementary to this and as part of meeting the internal audit recommendations around the CHC workforce review is nearly complete and will be reviewed in October and recommendations from that will made, in relation to next steps regarding the workforce. The CHC leadership team continue to meet every two weeks and escalate concerns as they arise (SB) September 2021 - Risk reviewed and score remain the same. Discharge meeting is enabling the CCG team who challenge proposed discharge plans and packages and also enable cross-county use of capacity. Consideration being given to outsourcing assessment activity to enable the CCG to catch up on the backlog, supporting patient experience and financial impact on the CCG (JS) August 2021 - Risk reviewed and score to remain the same. Discharge meeting now reinstated with acute providers on a daily basis (Mon - Fri) (SC) [Control Gaps] October 2021 - BI analyst support has been reduced that may impact on ability to understand trends (SB) August 2021 - QAM and QAC have been stood down due to system pressures. Escalation via SLT. Impact on staff absence due to sickness, annual leave and departure from the organisation (SC)	20 [13/07/2021] 20 (L=5 x I=4)	Risk Opened: 13/07/2021 Reviewed: 08/10/2021	[13/07/2021] Workforce modelling currently underway to support the drafting of business cases August 2021 - still underway, taking a lot longer than anticipated due to complexities of CHC work. Initially focussing on the busiest locality (Eastern) to start with September 2021 - modelling expected to be finalised in October with a business case to be presented to SLT & then Execs October 2021 - The internal audit recommendations around the CHC workforce review is nearly complete and will be reviewed in October and recommendations from that will made, in relation to next steps regarding the workforce. ,	October 2021 - The CCG continue to monitor the system pressures around discharge to assess - it has stabilised in the West and North but the Eastern system continues to see high levels of activity. The CCG continues to outsource to absorb the pressures in the East and this is enabling the CCG to meets its backlog trajectory targets with NHSE. Supplementary to the quarterly 2 review with NHSE the internal audit recommendations around the CHC workforce review is nearly complete and outcomes will be reviewed in October and recommendations made in relation to next steps, regarding the workforce (SB) September 2021 - Discharge meeting is enabling the CCG team who challenge proposed discharge plans and packages and also enable cross-county use of capacity streamlining the process. This is only part of the overall work (JS) August 2021 - Workforce modelling still underway, focus on busiest locality to start with (Eastern) - taking longer than anticipated due to complexities of CHC work (SC) [Assurance Gaps] August 2021 - QAM and QAC have been stood down due to system pressures. Escalation via SLT. Impact on staff absence due to sickness, annual leave and departure from the organisation (SC) July 2021 • Business case to be drafted once the workforce modelling has been completed Workforce Capacity gaps: • Limited proactive monitoring of complex cases eg: individuals in receipt of 121 care • No ongoing review of high cost packages & placements with a view to reducing spend • Scheme of delegation is applied but currently not given the in-depth scrutiny it requires to truly understand the request • No proactive quality review of placements or packages within the independent sector • No proactive support to Local Authority quality assurance improvement teams where quality issues have been identified • No proactive review of any individual placements out of county • Limited progress on the CHC audit recommendations (e.g. improving the patient experience and developing a workforce) • No identified resource to undertake the Liberty Protection Safeguards requirements from April 2022 • Limited assurance surrounding personal health budget holders and the third party delegated tasks being undertaken • No workforce capacity to undertake planned reviews for individuals in receipt of funded nursing care, joint funding, or those with Acquired Brain Injuries where the CCG is fully funding the placement (should be annually)	Executive Lead: Darryn Allcorn Owner: Jo Shill

150	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Primary Care Commissioning	There is a risk that the Mayflower group is unable deliver safe and effective services due to a lack of poor clinical oversight and governance processes putting patients at risk. There is currently limited assurance that patients have a fair, equitable and safe access to appropriate appointments. The impact of this is: * delayed assessment, advice, referral, treatment, and care to patients which may result in harm and/or poor patient experience. This may also be resulting in patients using other, less appropriate services, impacting the Devon system or not receiving appropriate treatment at all, * that the delivery of patient care may be negatively impacted upon, both in potential harm and poor patient experience In addition, there could be an impact on the reputation for the CCG with public and professional confidence in the Mayflower group deteriorating. (HISTORIC ID: Na)	October 2021 - Exec approval received and score increased from 12 to 16 due to the risk not being fully mitigated at the current score of 12. CQC have issued a letter of intent which is only one step away from suspension of licence (greater likelihood). Until a future provider is identified the CCG need to understand their ability to mobilise suitable alternatives. No substantial improvements had been made on the warning notices. Mayflower group have provided a copy of their new action plan outlining how they will address each of the concerns identified in the letter of intent. Whilst the action plan has provided the CCG and CQC with some assurance and based on what the CCG has received, CQC will not be progressing to urgent actions at this time – however, this is still a possibility. This therefore has increased the CCGs levels of concern and more robust meetings processes have been set up along with a series of walk-rounds to view the improvements, as not enough improvement has been demonstrated at the meetings. The CCG are aware of CQC being clear, that if there is a material slowing / stop to progress made, then immediate steps would be taken (VC/PG) October 2021 - Risk reviewed and score recommended for increase. CQC compliance meetings are now in progress and have increased assurance levels required due to lack of improvement seen. The practice is in special measures. CQC will reinspect within 6 months and warning notices are in progress. SI, PITCH and patient complaints continue to be identified and ongoing work with the provider continues. There is now an improvement plan to address the CQC concerns in progress and this will be monitored by both CQC and CCG. A series of compliance walk-rounds have begun in order to view the improvements described in the action plan (VC) September 2021 - Risk reviewed and score to remain the same. CQC compliance meetings are now in progress. The practice is in special measures. CQC will reinspect within 6 months and warning notices are in progress (these must be completed by end of September). SI, PITCH and patient complaints continue to be identified and ongoing work with the provider continues. There are now weekly compliance and contract meetings taking place and an improvement plan to address the CQC concerns in progress which will be monitored by both CQC and the CCG. The current contract will not be extended beyond March 2022 and the procurement process is now fully underway. Risk score to remain the same until the CCG sees some improvements and that they have met their deadline of the end of the month, in relation to the warning notices (VC) August 2021 - Risk reviewed and until the CQC reports are published there is no change to risk rating as of this month. There remains ongoing concerns regarding access to timely treatment and diagnosis within the group. SI, PITCH and patient complaints continue to be identified and ongoing work with the provider continues. There remains a lack of assurance around any immediate improvement. There is an improvement plan to address the CQC concerns in progress and this will be monitored by both the CQC and CCG - this will begin in September. The current contract will not be extended beyond March 2022 and the procurement process is now fully underway (VC) [Control Gaps] October 2021 - None identified (VC)	16 [22/10/2021] ▲ 16 (L=4 x I=4) [07/05/2021] 12 (L=3 x I=4)	Risk Opened: 07/05/2021 Reviewed: 22/10/2021		October 2021 - None identified (SD) [Assurance Gaps] October 2021 - There remains ongoing concerns regarding access to timely treatment and diagnosis within the group. No substantial improvements had been made on the warning notices. Mayflower group have provided a copy of their new action plan outlining how they will address each of the concerns identified in the letter of intent. Whilst the action plan has provided the CCG and CQC with some assurance and based on what the CCG has received, CQC will not be progressing to urgent actions at this time – however, this is still a possibility. This therefore has increased the CCGs levels of concern and more robust meetings processes have been set up along with a series of walk-rounds to view the improvements, as not enough improvement has been demonstrated at the meetings. The CCG are aware of CQC being clear, that if there is a material slowing / stop to progress made, then immediate steps would be taken (VC/PG)	Executive Lead: Darryn Allcorn Owner: Vanessa Crossey

148	Improve service performance [Reporting Committee] Quality Assurance	There is a risk that Devon Doctors is unable to deliver a safe and effective service to the population of Devon. This includes their 111 and Integrated Urgent Care Service (Out of Hours). The CQC and CCG have identified this is due to a lack of appropriate workforce, a poor organisational culture and issues within the leadership team. These issues run throughout the organisation, including Clinical Assessment Service (CAS) Hubs, treatment centres, and home visit provision. Their largest issue with workforce relates to call answering and telephone assessments. This workforce issue is caused by high attrition rates, high sickness levels and lack of clinicians willing to do shifts. The impact of this is delayed assessment, advice, referral, treatment and care to patients. This may result in harm and/or poor patient experience. This may be resulting in patients using other, less appropriate services, impacting the Devon system. There has been poor clinical oversight and governance processes putting patients at risk and a lack of organisational learning and an increased risk that the organisation does not learn from adverse events. There is a risk this continues with temporary and vacant positions within the governance structure. There could be an impact on reputation for the CCG with public and professional confidence in Devon Doctors deteriorating. Supersedes risks 105 and 126. (HISTORIC ID: Na)	October 2021 - Risk reviewed and score to remain the same at 16. Developments in the IT infrastructure has increased homeworking capacity allowing clinicians around the country to be utilised. A new location for a further call centre is being identified in a different city to aid with recruitment and training. Safety calls are continuing for patients who experience long waits past triage response times. The stratification of patients continues with the most urgent patients being seen first, reducing risk. The CCG monitoring of performance, staffing and governance across DDoc continues through weekly meetings, and assurances reports (RC) September 2021 - Risk reviewed and score to remain the same at 16. CQC have removed previous conditions, although requirement notices remain in place. Next inspection due in September. Changes in the Governance department are producing an improved situation with fewer outstanding incidents and complaints and better reporting (RC) August 2021 - Risk reviewed and score to remain the same at 16 (RC) July 2021 - Risk reviewed and score increased from 12 to 16. The CQC have confirmed removal of conditions. Awaiting official report, but anticipating requirement notices on governance concerns. Given concerns of performance all controls remain in place including monitoring of improvement plans, with updates and performance provided daily and weekly. Meetings and challenge continue in all aspects. Quality committee attendance, 121 meetings and monitoring of incidents continues (RC) [Control Gaps] October 2021 - 111 metrics indicate a large proportion of calls are abandoned and few are answered within locally agreed time metrics. There remains an increased demand in OOH primary care with a decreased workforce under increasing pressure and time delays. Demand in both areas is still high and the workforce remains stretched (RC)	16 [12/07/2021] ▲ 16 (L=4 x I=4) [02/06/2021] ▼ 12 (L=3 x I=4) [06/05/2021] ▲ 16 (L=4 x I=4) [22/04/2021] 12 (L=3 x I=4)	Risk Opened: 26/04/2021 Reviewed: 12/10/2021		October 2021 - The governance workforce is increasing, education across the organisation is continuing and the backlog of incidents outstanding is reducing. There remains some concerns with how incidents are managed and processes used. The CCG remains closely involved as new processes are embedded (RC) September 2021 - Changes in the Governance department are producing an improved situation with fewer outstanding incidents and complaints and better reporting. All assurance measures remain in place (RC) [Assurance Gaps] October 2021 - The issues of performance, staffing and governance continue. The delays in answering calls, providing clinical assessment and treatments in a timely manner could be causing unnecessary harm, poor patient experience and pressure in other services as patients use alternative providers. (RC) September 2021 - Performance in 111 and OOH services remains poor. Long waits to answer calls, high call abandonment figures, and long times to assess patients remain. This is due to high demand, and continued staffing challenges (RC)	Executive Lead: Darryn Allcorn Owner: Russell Cooke

108	Improve service performance [Reporting Committee] Primary Care Commissioning	There is a risk that due to current and forecast significant challenges, the sustainability of general practice (including workforce, demand, capacity and impact of COVID) is severely affected. The impact is that the delivery of general practice is compromised, and all areas of the healthcare system, including patient safety, could be affected. It is acknowledged that the risk will vary from locality to locality over time, with the need to focus resources where need is identified. This risk replaces risk 09 (SDT) and 68 (NEW Devon) Risk 117 closed 27 May 21 and merged into Risk 108 (HISTORIC ID: Na)	Reviewed with Head of Primary Care (N&E) - Jan 21 / Feb 21 / Mar 21 / Apr 21 / 4 May 21 / 27 May 21 / 1 Jul 21 / 2 Sept 21 / 6 Oct 21 Dec 2020 - Review with Deputy Director for Primary Care 5 Oct 21 –Current status update: LMC GPAS GP alert status as 1st October 21 shows North and West Devon Opel 4, East and South Opel 3. A number of practices continue to experience problems with COVID outbreaks in practices. We have seen an increase in the number of requests from practices to temporary close patient lists. 2 Sept 21 - process in place to approve at pace applications for exemptions to self-isolation requirement for household contacts subject to appropriate risk assessment and identified urgent need. Income protection agreements in place for LES and DES. Although agreed locally, any proposals to pause QOF are not currently allowable through NHSE. Current issue with availability of blood tubes is also likely to impact on primary care capacity. 1 Jul 21 - Comms campaign to publicly support General Practice. Campaign included an open letter, media releases, briefings for MPs and Councillors, and a social media campaign to highlight positive public reactions to excellent Primary Care working practices. Mitigations in place: - roll out of national COVID expansion fund - vaccination system workforce offer to PCNs - income protection for LES services where practices still actively involved in mass vaccination programme - implementation of primary care specific Phase 4 work stream with direct links to system Phase 4 processes. Jul 21 - Regular updates to PCCC on progress on workforce strategy delivery (including ARRS). Primary care team have met with all PCNs to review ARRS progress and to support every PCN to maximise recruitment opportunities under the scheme. 6 Apr 21 - new guidance re expansion of Additional Roles Reimbursement Scheme in for 2021/22 at system level to ensure that max benefit can be achieved from the scheme continues as part of workforce strategy 6 Apr 21 -Local Income protection for local enhanced services on the basis of PCN extending active participation in the vaccination programme for the associated period of time. Feb 21 - new guidance re expansion of Additional Roles Reimbursement Scheme in for 2021/22 including paramedics and mental health practitioner. Oct 20 - CCG attending virtual BMJ job fayre - stand promoting SW region. Attended virtually by Primary care team. 6 Oct 20 - LMC GP alert system sent out on weekly basis highlights either localities or practices of concern. It is acknowledged that the risk will vary from locality to locality over time, with the need to focus resources where need is identified. 16.12.19 risk score not adjusted due to current list dispersals (from 2 practice closures) 14 Nov 19 - Risk score has been reviewed in light of CQC contract suspension of one practice within Western system, given (material) impact on 3 practices covering circa 25,000 patients. Score has not been adjusted as this was felt to be a manifestation of the risk rather than an escalation of it. 10 Oct 19 - BMJ Job Fayre in London on 4th & 5th October 19; stand promoting SW region - supported by CCG staff and Plymouth GP. - Attended by Primary care team. 2 Sept 19 - Plymouth Prospectus circulated to Plymouth practices. Others were sent to practices in South Hams, West Devon and the rest of Devon to inform them of the prospectus and encourage them to send expressions of interest for when CCG launch our longer term transformation plans 7 Aug 19 - Reworked as Plymouth Prospectus; financial implications being reviewed; on track for 1 Sept 19 launch. Jul 19 - 100 day plan in design for Plymouth system 20 Jun 19 - risk reviewed at Primary care operational group. No further update Apr 19 - Work continues to support practices in working closer together and with wider parts of the system and also building on the skill mix development as outlined in the contract reform GP International Recruitment Scheme. Three candidates offered positions on the GPIRS following interviews and educational needs assessments March 2019 GP Strategy STP Workforce Group & Strategy Locality Workforce Groups	16 [01/07/2021] = 16 (L=4 x I=4) [02/12/2020] ▲ 16 (L=4 x I=4) [06/10/2020] ▼ 12 (L=3 x I=4) [29/05/2019] 20 (L=5 x I=4)	Risk Opened: 29/05/2019 Reviewed: 06/10/2021	[02/09/2021] 2 Sept 21 - Recognised concern regarding resilience of practice nurse workforce. Nursing workforce strategy in development and will be taken through the Workforce Implementation Group (WIG) (Sarah Hall) , [02/09/2021] 2 Sept 21 - Primary care team working with Collaborative Board Chairs regarding possible short term non-recurrent funding that may be available to support ideas that would alleviate some of the immediate pressures (Paul Green) 5 Oct 21 - short term non recurrent agreement that up to £12.5k will be used to support CPCS (Community Pharmacy Consultation Service) , [01/07/2021] 1 Jul 21 - Linking with NHS England on implementation of Community Pharmacy consultation Service (CPCS). ,	Jul 21 - Monitoring / assurance • A GP capacity expansion fund dashboard • Monthly review of Early Warning Dashboard by new Primary Care Quality and Performance Group, including assessment of Electronic Declarations (E-DEC), PALS queries, Complaints, SEAs • Monitoring QOF achievement though review of CQRS extractions and quality indicator reports • Ongoing liaison with LMC to support practices with identified resilience issues • Monthly liaison with CQC • Any performance, quality or contractual concerns would be followed up under existing processes Encouraging collaborative working on a locality basis to establish increased resilience. Work with the Provider Organisations to establish broader based models of care. practice resilience toolkit Heat map devised to identify vulnerable GP practices Regular resilience meetings with Devon LMC Work continues to develop Primary Care Networks and fill roles [Assurance Gaps] None identified	Executive Lead: Jo Turl Owner: Paul Green

			GP Provider Collaborative Groups Regional Workforce Board 100 day plan in design for Plymouth system Regular review at Primary Care Operational Group Regular review at Primary Care commissioning committee Feb 19 - GP framework associated with the long term plan, having been released, is being reviewed for opportunities to further mitigate this risk [Control Gaps] Current and forecast significant challenges to sustainability of general practices including workforce, demand and capacity Variable and limited capacity in general practice and practice groups to transform to improve sustainability and enable system wide developments without support In part a lack of evidenced change to new models					
142	Commission high-quality and safe services that reduce health inequalities and improve health outcomes [Reporting Committee] Quality Assurance	Due to the Covid 19 pandemic there is a risk within the Patient Safety & Quality team and the likelihood of a further reduction in capacity, the team cannot fulfil all their functions in providing assurance on provider quality and safety as well as specialist support within the CCG. The reduction in team capacity is emphasised with members of the team being redeployed to support high intensity workstreams such as PPE / Restoration and Transformation along with staff that are leaving the organisation, resulting in the equivalent of 9 FTE posts being unavailable to do this work. The impact of this is; •The CCG are unable to gain appropriate levels of consistent quality and safety assurance to improve the quality of commissioned services for the population of Devon •Some areas of work will not be routinely managed •The inability to appropriately inform and support the Commissioning cycle across all services •Limited engagement/support with providers •Remaining staff working within the team at risk of burn out •Maintaining staff retention due to reduced motivation/job satisfaction •Reduced resilience within the team should there be long term staff sickness/unplanned absences •Reduced number of staff with the right skills, competencies •Limited capacity to ensure new staff receive the correct support and upskilling which will further impact on them functioning fully (COVID Risk wave 2 risk ID 41) (HISTORIC ID: Na)	October 2021 - Risk reviewed and score to remain the same at 15 (VC) September 2021 - Risk reviewed and score to remain at 15. NHSEI PSQ Officer secondment has been ended and member staff returned to full duties (VC) August 2021 - Risk score increased to 15 - approved by CNO 30/07/21 (SD) August 2021 - Risk reviewed and suggested increase in score to 15 due to workload exponentially increasing, particularly with regards to report writing and the preparation ahead of ICS transition along with sickness absence levels increasing (VC) [Control Gaps] October 2021 - There remain 2 gapped band 8a posts, 1 x with vaccine team, x 1 other band 8a posts are currently advertised with MH expertise (re-advertised as no applicants on 2 previous rounds) and 1 band 8a now going on secondment and this also advertised as fixed term secondment opportunity. 1 x band 7 also partially gapped (VC) September 2021 - There remains 2 gapped band 8a posts, 1 x with vaccine team and 1 x awaiting newly recruited member of staff into team – likely start date end of September. 2 x other band 8a posts are currently advertised 1 x PSQ lead with MH expertise (re-advertised as no applicants on first round) and 1 x PSQ lead with primary care expertise – these are unlikely to have personnel in post before the end of October (VC). August 2021 - There remains 2 gapped band 8a posts, 1x with vaccine team and 1x awaiting newly recruited member of staff into team - likely start date September. 2x other band 8a posts are currently advertised 1x PSQ lead with MH expertise and 1x PSQ lead with primary care expertise - these are unlikely to have personnel in post before the end of October due to interviews not taking place until end of August (VC)	15 [30/07/2021] ▲ 15 (L=5 x I=3) [12/01/2021] 12 (L=4 x I=3)	Risk Opened: 13/01/2021 Reviewed: 12/10/2021	[13/01/2021] January 2021 - Job advertisements uploaded to NHS jobs February 2021 - One post (Band 7 PSQ - 22 hours) has been temporarily filled the PSQ team now has a new gap with a member of staff taking up a post in the CCG. There will be a gap whilst this post is advertised March 2021 - The PSQ team still has x1 Band 7 focussed part time on purely Infection Prevention Control, this will be reviewed over the next 2 weeks. 2 Band 8a gaps, 1 post deployed to the vaccine programme, the second post is recruited but we await a start date to be confirmed. April 2021 - In February we confirmed there would be a gap whilst the vacancy was being advertised. This has been filled on a 1 year fixed contract. The 1 Band 7 post continues to be redeployed due to IPC SLT member being off for a month. In March we confirmed that one of the Band 8a posts was recruited to & were awaiting a start date but this post will not to be filled in the near future - HR process being undertaken - remains gapped May 2021 - 1 vacancy was re-advertised but Execs have not yet agreed appointment - likely to be re-advertised but this has not yet been agreed September 2021 - 2 x band 8a posts are currently advertised 1 x PSQ lead with MH expertise (re-advertised as no applicants on first round) and 1 x PSQ lead with primary care expertise – these are unlikely to have personnel in post before the end of October October 2021 - There remain 2 gapped band 8a posts, 1 x with vaccine team, x 1 other band 8a posts are currently advertised with MH expertise (re-advertised as no applicants on 2 previous rounds) and 1 band 8a now going on secondment and this also advertised as fixed term secondment opportunity. 1 x band 7 also partially gapped,	January 2021 •Recruitment to backfill / fill job roles •Health & Wellbeing - Clear / regular contact with team through 121's, coffee and chat, PSQ weekly meetings and huddles with wider Directorate, SLT daily meetings •Access to Employee Assistance Programme, Occupational Health, local mental health support and various health & wellbeing support tips & advice on the CCG intranet •Monitor sickness rates •Monthly Quality Assurance Report taken to Quality Assurance Committee [Assurance Gaps] October 2021 - Currently the workload is exponentially increasing, particularly with regards to report writing and the preparation ahead of ICS transition. Sickness absence levels are increasing (VC)	Executive Lead: Darryn Allcorn Owner: Vanessa Crossey

Board Assurance Framework (BAF) 2021 to 2022 With sub objectives V1.6		V 1.7										
	CCG Objectives	Board Assurance Framework Risk Ref	Principle Risks *There is a risk that.....*	Delivery Date	Corporate Risk Register mapping	Initial Risk Score	Score at last review	Risk Movement (Trend)	Risk Appetite /Target Score	Assurance Score	Lead Director	Date BAF Risk Reviewed	*Comments*
1	**Commission high-quality and safe services that reduce health inequalities and improve health outcomes**												
	We will ensure that we are clear about the outcomes we are commissioning from new and existing services and ensure that contracts are agreed to achieve these.	BAF 1a	We do not commission services based on the outcomes that they will achieve	Mar-22		9	9	⇔	6	8	Jo Turl John Finn	19/10/2021	
	We will work with our partners to reduce health inequalities and deliver on the 8 Urgent Actions outlined in Phase 3	BAF 1b	We do not deliver the CCG contribution to the Phase 3 Inequalities action plan	Sep-21		16	8	↓	4	8	Ginny Snaith	21/10/2021	
	We will embed the commissioning cycle so that our decision making is based on a strategic evidence base and prioritisation framework	BAF 1c	We do not base our decision making on robust evidence of good practice and strategic intelligence	Dec-21		9	9	⇔	6	9	Kelvin Grabham	26/10/2021	
		BAF 1d	We do not implement a Population Health Management approach throughout the organisation	Jun-21		9	9	↑	8	10	Jo Turl John Finn	19/10/2021	19/10/2021 risk score increased back to intial score as the likelihood has increased due to potential risk that PCNs do not have capacity to engage. 19/10/2021 JT
	We will consider the use of new technology during the process of commissioning new services	BAF 1e	We do not make the most of opportunities to use digital technology	End July 2021		6	4	↓	6	8	Jo Turl John Finn	19/10/2021	
	We will ensure that patient and public views are sought in everything we do	BAF 1f	Our plans do not reflect the views of patients and the public	Mar-22		6	4	↓	4	12	Andrew Millward	30/06/2021	
2	**Improve service performance**												
	We will ensure that we have robust mechanisms for monitoring progress on delivery of our plans	BAF 2a	The CCG does not meet its statutory requirements and objectives because it does not have effective mechanisms for monitoring progress	Mar-22	109, 100	15	20	↑	6	9	Chief Operating Officer	19/10/2021	
		BAF 2b	The System and Locality Care Partnerships do not establish robust mechanisms for performance management	Mar-22		6	6	⇔	4	11	Chief Operating Officer	21/10/2021	
	We will work with our partners to ensure delivery of the operational system plan	BAF 2c	We do not have full commitment from system partners to deliver operational system plan so change is not delivered	Mar-22		8	4	↓	4	8	Chief Operating Officer	20/10/2021	
	We will have robust processes in place for identifying and responding to emerging risks	BAF 2d	The system does not have robust mechanisms for identifying and responding to emerging risks	Mar-22		9	9	⇔	4	8	Ginny Snaith	21/10/2021	
	We will deliver the phase 3 restoration plan to maximise planned care during winter and corona virus	BAF 2e	We do not implement the phase 3 restoration plan including maximising planned care during winter and corona virus	Jul-21		15	15	⇔	4	8	Chief Operating Officer	29/06/2021	Review and replace risk to reflect 2021/2022 and link to new operating plan . BAF risk 2f added August 2021
	We will deliver the phase 3 restoration plan to maximise planned care during winter and corona virus	BAF 2f	We do not meet our planned elective care activity levels during the first half of the year, due to summer UEC pressures and corona virus (NEW August 2021)	Mar-22		20	20	⇔	8	8	Chief Operating Officer	09/08/2021	New August 2021 to replace BAF 2e approved by executive
3	**Achieve financial sustainability**												
	We will ensure that the CCG delivers a break-even position for 20/21.	BAF 3a	We do not deliver a break-even position for the current financial year.	Mar-22	124	3	3	↓	4	12	John Dowell	19/10/2021	19/10/2021 risk score reduced JD to intial score as H2 financial envelope now confirmed and better than previous planning assumption
	We will agree a medium-term plan that will deliver against the financial ambition of the Long Term Plan	BAF 3b	We cannot agree a medium-term plan that will deliver against the financial ambition of the LTP	Mar-24	106	16	16	⇔	6	12	John Dowell	19/10/2021	
	We will deliver our agreed efficiency programme for 21/22	BAF 3c	We do not deliver our agreed efficiency programme for 21/22	Mar-22	144	9	12	↑	6	10	John Dowell	19/10/2021	
		BAF 3d	We do not deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression	Apr-21	144	4	6	↑	4	12	John Dowell	19/10/2021	
4	**Be an effective, well-led organisation with an empowered and inclusive workforce**												
	We will increase staff satisfaction by addressing the issues raised in the staff survey	BAF 4a	We do not address the issues raised in the staff survey	Mar-22		3	3	⇔	4	12	Andrew Millward/ Sam Tribble	26/10/2021	
	We will support staff through the ICS transitions process	BAF 4b	We do not manage the transition process for CCG to ICS well.	Dec-21		9	9	⇔	4	10	Simon Tapley/Nick Pearson	09/09/2021	
	We will achieve an improved NHSE assurance rating	BAF 4c	We do not improve our NHSE Assurance rating	Mar-22		8	8	⇔	6	8	John Dowell	19/10/2021	
	We will grow and develop our staff to meet their potential and the organisation's needs	BAF 4d	We do not grow and develop our staff to meet their potential and the organisation's needs	on going		8	3	↓	4	11	Andrew Millward/ Katey Kerley	26/10/2021	
	We wil increase the diversity of our staff to reflect that of the Devon population	BAF 4e	We do not increase the diversity of our staff to reflect that of the Devon population	Mar-22		9	9	⇔	4	12	Andrew Millward/ Sam Tribble	26/10/2021	
5	**Lead the system's response to the coronavirus pandemic**												
	We will support staff health, wellbeing and morale during the COVID pandemic	BAF 5a	There is a risk that staff will become tired and overworked so we do not have sufficient capacity	Sep-21		6	3	↓	4	12	Andrew Millward/ Sam Tribble	26/10/2021	
	We will deliver our Primary Care strategy to increase capacity and capability in Primary Care	BAF 5b	There is insufficient capacity and capability in Primary Care to meet demand	Mar-22	**108**	12	16	↑	8	8	Jo Turl	19/10/2021	
	We will maintain robust incident management arrangements	BAF 5c	That we do not deliver our function as a system leader because we do not have robust incident management arrangements	Jan-21	**129, 130, 131**	9	3	↓	4	8	Andrew Millward	26/10/2021	

Risk Assessment Scoring Guidelines

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

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

Assessing the likelihood/probability of risk

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

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

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

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

Overarching Risk Score and Management Response

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

Summary of Risk Appetite and Acceptable Risk Score

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

Adequacy of Assurance scoring

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

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

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

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

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

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

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

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Jo Turl - Director Out of Hospital Commissioning John Finn - Director In Hospital Commissioning
Risk: BAF 1a – we do not commission services based on the outcomes that they will achieve				**Reviewer** **Jo Turl/John Finn**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**19/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	Existing contracts which do not fully articulate the outcomes expected. Not all existing contracts articulate the outcomes expected. However increasingly contracts agreed in 2021 do articulate the outcomes expected.
Risk score at last review	3	3	9	
Appetite:			6	**Rationale for risk appetite:**
				As a strategic commissioner all revised and new contracts should commission for outcomes thus the risk appetite is lower than the current risk score
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
A service review document which clearly articulates the outcomes required. Ensures that as commissioners we are clear about the outcomes we want to commissioning from a new or existing service. We are including training for commissioners on the use of the service review document Implemented the use of the commissioning proposal checklist which ensures commissioners need to have considered Locality profiles identify need. Revised or new contracts have focus on outcome measures to meet this need. A service document which clearly articulated the outcomes desired has been developed. This ensure as Strategic Commissioners within an ICS we are clear of the outcomes commissioned. We are including training for commissioners on the use of the service review document. As we transition to an ICS we are including training for all commissioners on the use of the service review document The commissioning cycle is embedded in commissioning/planning function to ensure clear articulated outcomes				Commissioning Committee meets monthly which requires all commissioning reviews and decisions to follow the service review guidelines and checklist Identified contracts due to expire in next 18 months and identified lead to take forward process
Control Gaps				**Assurance Score:**
Existing contract which may not have the outcomes articulated Ensure that when we made a commissioning decision ensure we have been through the evaluation process				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
As we review services or contracts coming up for renewal we will follow the commissioning review guidance to ensure we embed the outcomes in future commissioning arrangements Currently described in the QIPP process we are set to undertake a review of the non statutory contracts in priority order For the 21/22 operating plan which will focus on recovery of elective backlogs, newly commissioned services in Ophthalmology, Orthopaedics and urology will be commissioned to meet the GIRFT outcomes The commissioning committee assures that all commissioning plans through the committee adhere to the commissioning cycle				Non identified
Narrative of anticipated timeline				Narrative update

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Commission outcomes-based services, for example the western integrated care partnership*	Complete	Mar-21	
07/01/2021	Training for the Commissioning Team	In progress	Jul-21	Jo Turl and John Finn as the accountable executives have clearly described the requirement for commissioner training with an agreed timeline

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Ginny Snaith - Board Secretary
Risk: BAF 1b – we do not deliver the CCG contribution to the Phase 3 Inequalities action plan				**Reviewer** **Ginny Snaith**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**21/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	4	4	16	Operational capacity of staff to consider health inequalities as part of commissioning process
Risk score at last review	2	4	8	Phase 3 inequalities plan has been realigned to national health inequalities programme 25/08/2021
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Sep-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Inequalities workplan agreed by system Project team Health inequalities executive group (exec level representation from all organisations) Director of Public Health, Torbay appointed as SRO senior responsible officer				health inequalities executive leadership group chaired by SRO Reporting to partnership board Regional reporting to NHSE/I Input to system operational plan including Elective Recovery Fund (ERF) gateway criteria Long Term Plan management group
Control Gaps				**Assurance Score:**
Access to data - i.e. provider and BI capacity to analysis Operational capacity of staff to consider health inequalities as part of commissioning process The Health inequalities Team insufficient capacity to deliver workplan System signoff and Implementation of plan				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Development of proposals for resourcing workstream				QEIA process is not being routinely followed
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	ongoing monitoring and delivery of the Health inequalities workplan	In progress	Sep-21	

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Kelvin Grabham - Director of Strategic Intelligence
Risk: BAF 1c – we do not base our decision making on robust evidence of good practice and strategic intelligence				**Reviewer** **Kelvin Grabham**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**26/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	reflects current situation and work
Risk score at last review	3	3	9	
Appetite:			6	**Rationale for risk appetite:**
Delivery Date	Dec-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Developing the commissioning cycle to support the decision making which includes creation of a strategic evidence base and prioritisation framework Training for commissioners to access and use best available evidence				Strategic Intelligence team is in place Commissioning Committee provided with assurance that decision are based on evidence and best practice Commissioning checklist in place A web-based evidence base continues to be developed as strategic intelligence work is completed. This includes various population data, mapping of services and patient flows and reviews including EOL, proximity to services, elective future demand, RTT modelling, urgent care demand and the MH Covid impact.
Control Gaps				**Assurance Score:**
Evaluation of existing services due to lack of clarity of outcomes				9
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Building on the current process develop process to review existing services				no gaps identified
Narrative of anticipated timeline				In line with development of the commissioning cycle
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Deliver strategic commissioning cycle training for CCG staff	Completed	Dec-20	Initial strategic commissioning cycle training for CCG staff was delivered at a dedicated all staff briefing in December
May 21	Develop and deliver a future programme of commissioner training	In progress	Dec-21	A training and development programme has been produced to enable commissioners to access and utilise best available evidence to inform commissioning decisions. This includes quality improvement, project management, prioritisation and evidence gathering & interpretation as part of a programme running from May 21 to Dec 21. This programme is being supported by the SW AHSN.

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Jo Turl - Director Out of Hospital Commissioning John Finn - Director In Hospital Commissioning
Risk: BAF 1d – we do not implement a Population Health Management approach throughout the organisation				**Reviewer** **Jo Turl**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**19/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	
Risk score at last review	3	3	9	Risk of likelihood has increased due to potential risk that PCNs do not have capacity to engage. 19/10/2021
Appetite:			8	**Rationale for risk appetite:**
Delivery Date	Jun-21			
Controls: (What are we currently doing about this?)				**Assurances:**
we have a population health management ICS programme in place Commissioning checklist and service review document includes population health management (PHM) as a core part of the needs assessment The CCG have identified BI resources to develop of PHM data Locality Directors will have the responsibility for ensuring the PHM data is used at place and PCN level Business case agreed at executives to role out implementation of PHM over the next 18 months Most posts now appointed to.				Commissioning committee will review all commissioning decisions are being made to ensure a full needs assessment undertaken PHM being led by the interim medical director of the ICS & Chair of the CCG Intensive investment in development and learning
Control Gaps				**Assurance Score:**
There is a need for additional BI capacity Population health data not currently available at CCG/Place level Support for PCNs to engage in PHM				10
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Control gaps above will be adequately covered by the Business case agreed by executives Implementation of the business case will provide capacity for BI, place based commissioning and action learning set Both H1 and H2 operating plans conform to national requirements to reducing health inequalities				
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**

Corporate Objective: Commission high-quality and safe services that reduce health inequalities and improve health outcomes				Director Lead: Jo Turl - Director Out of Hospital Commissioning John Finn - Director In Hospital Commissioning
Risk: BAF 1e – we do not make the most of opportunities to use digital and modern technologies to commission services to meet best practice				**Reviewer** **Jo Turl/John Finn**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**19/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	2	6	The CCG has identified following Covid, that current service provision has the potential to increase health inequalities
Risk score at last review	2	2	4	
Appetite:			6	**Rationale for risk appetite:**
				Recovery from Covid is hampered by current urgent care challenges, impacting on our ability to reduce health inequalities
Delivery Date	End July 2021			
Controls: (What are we currently doing about this?)				**Assurances:**
All commissioned services should be in accordance with national best practice as indicated in the commissioning checklist QEIA will identify areas of inequalities and actions will be taken to mitigate the lack of access to digital technologies				Commissioning Committee and forward planner for the committee
Control Gaps				**Assurance Score:**
Ensure there is a follow up to any areas of inequality identified Service policy is not fully aligned to the IMT policy Service policy not fully aligned to the HIP 2 strategy				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
As part of Phase 4 recovery and included as a guiding principle in the 21/22 operating plan, the use of new technologies to support the delivery of outpatient care across a full spectrum of health services, e.g. acute, community and children, will be core to our CCG planning; taking into account all the learning form the Covid pandemic. Through the Targeted Investment Fund (TIF) over £5 million of digital investments are being made to maximise the impact of digital on elective care.				Alignment with the STP digital strategy
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**

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

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2a – the CCG does not meet its statutory requirements and objectives because it does not have effective mechanisms for monitoring progress				**Reviewer** Al Wilkinson
Corporate risks	**109, 100**			**Date Last Reviewed:**
Risk Scores				**19/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	5	3	15	the risk is scored 15, as the CCG will not meet its statutory targets in 20/21. However, this is not due to the lack of effective mechanisms, but to the impact of the COVID pandemic on performance against key Constitutional targets. The 21/22 H1 operating plan will establish performance trajectories against which the system will monitor its progress during 21/22
Risk score at last review	5	4	20	Linked to corporate risk 109
Appetite:			6	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Performance Leads in post who are assigned to localities to monitor performance against constitutional standards and performance targets and also provide a lead on specific systemwide areas of focus				Formal sub committee of Board - Finance & Performance committee
R&T cell have been co-ordinating delivery of phase 3 plan and reports regularly to commissioning committee and executives on a weekly basis				Access to provider quality committees & CCG Quality Assurance Committee
The CCG Patient Safety & Quality team has maintained regular dialogue with providers regarding the impact of failures to achieve statutory targets and, through provider quality committees, has ensured a focus on preventing harm.				Quality surveillance group
With effect from May 2021 - LCPs have established monthly improvement forums where performance issues are discussed and action plans agreed and any requests for system support agreed				System performance group
A senior lead for performance improvement for the ICS has been appointed, this is an additional post to increase oversight of this agenda				Exec to Exec provider meetings
Control Gaps				**Assurance Score:**
Monthly LCP and system processes not yet working as intended/required Vacancy in the performance team				9
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
implementation of Performance framework Further development of integrated performance reporting				Exec to Exec provider meetings not in place for all contracts
Narrative of anticipated timeline				

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Feb-21	Recruitment of Performance Lead	complete	01-Apr-21	3rd Head of Performance appointed - comes into post on 5 April 2021.
Feb-21	SPG reconvened in Feb 21	complete	18-Mar-21	SPG not convened in Feb 21 due to COVID response. Meeting set up for 18 March.
Feb-21	Performance Improvement Framework paper	complete	mid-March 2021	Paper being presented to System CEOs on 5 March for consideration. Will then be finalised and shared more widely. Locality meetings that will facilitate performance improvement discussions are in place.
Feb-21	Integrated Performance Reporting	on going		Core IPR being produced and shared with ICS Partnership Board. Community, children's and primary care indicators being considered for inclusion. Development delayed due to capacity in quality, BI and performance teams
Feb-21	21/22 contracts	delayed		Planning guidance for H2 published 30/9/21, but contracts remain implied only for system partners

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2b – the System and Locality Care Partnerships do not establish robust mechanisms for performance management				**Reviewer** **Al Wilkinson**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**21/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	3	6	it is unlikely that the LCPs will not establish robust mechanisms for performance management. The impact is moderate, as there are Heads of Performance in place and will be other governance structures within the ICS with a focus on performance.
Risk score at last review	2	3	6	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Performance Leads in post who are assigned to localities to monitor performance against constitutional standards and performance targets Heads of Performance use provider board reports and provider internal performance forums to gather intelligence on issues and to track action plans A senior lead for performance improvement for the ICS has been appointed, this is an additional post to increase oversight of this agenda				Through the ICS governance and NHSEI oversight Regular informal meetings with locality directors and system operational team to ensure good joint working
Control Gaps				**Assurance Score:**
NEW LCP West has recently been agreed and infrastructure to support is being developed LCPs are still under development and require infrastructure to ensure performance Regular performance review meetings agreed by system to stand down Vacancy in the performance team				11
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
implementation of Performance framework Further development of integrated performance reporting Ensure 21/22 contracts set out clear expectations around performance improvement				
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Design and deliver an integrated performance reporting framework to address challenging performance and reduce inequalities (link to action in risk 2a)	closed	Mar-21	Performance Improvement Approach paper being presented to System CEOs on 5 March for consideration. Will then be finalised and shared more widely. Locality meetings that will facilitate performance improvement discussions are in place.
Feb-21	Integrated Performance Reporting	on going		Core IPR being produced and shared with ICS Partnership Board. Community, children's and primary care indicators being considered for inclusion. Development delayed due to capacity in quality, BI and performance teams
Feb-21	21/22 contracts	delayed	30-Jun-21	Planning guidance for H2 published 30/9/21, but contracts remain implied only for system partners

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2c – we do not have full commitment from system partners to deliver operational system plan so change is not delivered				**Reviewer** Al Wilkinson
Corporate risks				**Date Last Reviewed:**
Risk Scores				20/10/2021
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	4	8	Likelihood of partners not committing to improve performance is very low. However, the potential impact if this did happen is significant.
Risk score at last review	1	4	4	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
LCPs are under development and all partners are contributing to this There is sign up by all system CEOs to a 21/22 operational planning process that uses system work streams and a				CEO oversight of the 21/22 planning process ongoing monitoring through ICS chief executives group Reported to JET
Control Gaps				**Assurance Score:**
				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Feb-21	Operational Planning Process	complete	Jun-21	National operational planning process delayed until early April, but System core group meeting on 26 February to set out expectations and timeline.
Jun-21	Implementation of the plan vis PMO and reporting to system chief executives	in progress		Regular reporting to CE from July 2021 onwards

Corporate Objective: Improve service performance				Director Lead: Ginny Snaith - Board Secretary
Risk: BAF 2d – the system does not have robust mechanisms for identifying and responding to emerging risks				Reviewer Ginny Snaith/Theresa Farris
Corporate risks				Date Last Reviewed:
Risk Scores				21/10/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	3	3	9	good controls in place which need to be maintained and embedded
Risk score at last review	3	3	9	
Appetite:			4	Rationale for risk appetite:
Delivery Date	Mar-22			

Controls: (What are we currently doing about this?)	Assurances:
Regular reporting to committees	Committee overview
Head of Governance and Risk Manager attendance at directorate team meetings	Audit Committee oversight of BAF/CRR/COVID
Regular Risk Co-ordinators meetings and training	Executive review of risk
Training available via teams	Governance forward planner for risk reporting in place and embedded
Chairs reports template to identify risk escalation to GB	Assurance scoring mechanism is available on web based register
Review of minutes by Governance team to escalate risk actions appropriately	Directorate team meetings
Risk and Governance Manager meeting with Executives to update the BAF.	Internal audit review of CCG risk management 2020/2021 given significant assurance
Control Gaps	**Assurance Score:**
Risk Management training at board level	8
ICS risk management processes to be agreed	
Sharing of risk mechanisms with system partners	
Mitigating Actions: (What should we do?)	**Gaps in Assurance: (What additional assurances should we seek?)**
regular reporting by SLT, and members of Exec and senior officers attending SLT can discuss and identify any emerging risks for consideration, action and escalation.	Actions are followed through to ensure emerging risks are recorded and actioned appropriately through the risk management framework policy.
Adjustments to RMF in line with internal audit recommendations	Assurance scoring on web based register currently not used
Development of ICS risk management arrangements	

Narrative of anticipated timeline	

	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Apr-21	Review Risk Management Framework to accommodate internal audit recommendations.	in progress	Jul-21	RMF being presented to Audit Committee July 2021
Jun-21	ICS Risk Management to be developed	in progress	Oct-21	This is being led by the Chair of Audit Committee/Vice Chair GB

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

Corporate Objective: Improve service performance				Director Lead: Chief Operating Officer
Risk: BAF 2f – We do not meet our planned elective care activity levels during the first half of the year, due to summer UEC pressures and corona virus (NEW August 2021)				Reviewer Al Wilkinson/John Finn
Corporate risks				Date Last Reviewed:
Risk Scores				09/08/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	5	4	20	This represents a very high risk, but there is mitigation in place, through enhanced UEC oversight, incident response arrangements, mutual aid processes and use of ERF/Accelerator funding
Risk score at last review				
Appetite:			8	Rationale for risk appetite:
				In order to ensure that the system achieves its recovery trajectories, the likelihood needs to be rare or unlikely
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				Assurances:
UEC daily processes re-established to manage pressure across the system, with weekly Clinical Silver and system Gold Incident Management arrangements re-established to support the system in COVID response Delivery plan in place for H1 Op Plan, including work to maximise productivity through existing surgical and diagnostic 04.08 at Clinical Ops, agreed 2 actions. 1. A plan to be agreed and signed off by CEOs on 11.8 on how to support South Devon Health Care Trust to bring up elective capacity again. As of 09/08 this paper has been written and will be worked through with operational leads at SD and RD&E. 2. At RD&E and NDHT a proposal to pay enhanced rates for a very limited time to support RD&E and NDHT to bring up further elective capacity				Formal sub committee of CCG Governing Body - Finance & Performance committee System assurance - report through Planned Care work stream governance and to System CEOs Oversight of UEC situation through Devon UC Board Oversight of all performance risks at System Performance Group and reported through to ICS Partnership Board System CEOs receive monthly report on progress against H1 deliverables and of risks to delivery/mitigating actions Reporting to Gold Command on support of actions on 11/8
Control Gaps				Assurance Score:
From June onwards the urgent care system has significantly deteriorated and has had a detrimental effect on recovery in H1.				8
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Mutual aid process in place to provide system support for both planned care and for UEC/COVID pathways, to support 09.08 when system begins to de-escalate there needs to be a clear plan on how orthopaedics can begin again in South Devon and UHP We have continued to work to move down the intensity gradient, maximising our capacity undertaken in day cases across the Devon system. We have also been prioritising trust transfers into the IS sector to ensure patients get their required surgery.				System sign up to short term action to support South Devon.
Narrative of anticipated timeline				

	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
04.08.21	Paper to be written to support TSDFT to bring up elective capacity again and taken to CEO meeting on 11.8	In progress	11.08.21	
04.08.21	Pay enhanced rates short term to NDHT & RDE to support bringing up further elective capacity	In progress	31.08.21	
09.08.21	When system begins to de-escalate there needs to be a clear plan on how orthopaedics can begin again in South Devon and UHP	Not yet started??	end September 21	
09.08.21	Report to Gold Command on support of actions	In progress	11.08.21	

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell - Chief finance officer
Risk: BAF 3a – we do not deliver a break-even position for the current financial year.				**Reviewer**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**19/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	1	3	3	Confidence of delivery in H1 good therefore likelihood low. H2 likely to be more challenging hence likelihood increase to 2
Risk score at last review	1	3	3	19/10/2021 Risk score reduced as H2 financial envelope now confirmed and better than previous planning assumption balanced H2 plan to be presented to Governing Body in November 2021
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Financial plan approved by Governing Body Budgetary control over expenditure Monthly review of financial risks and mitigation				Regular reporting to Finance Committee and Governing Body Internal audit of all financial control process Report to NHS England on risks and mitigations
Control Gaps				**Assurance Score:**
Non identified				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Narrative of anticipated timeline				

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

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell - Chief finance officer
Risk: BAF 3b – we cannot agree a medium-term plan that will deliver against the financial ambition of the Long Term Plan				Reviewer
Corporate risks				Date Last Reviewed:
Risk Scores				19/10/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	4	4	16	required recovery trajectory not yet issued by NHS England. Financial allocation has been issued for H1 by NHS England. Allocation for H2 has been confirmed. This is a reduction in comparison to H1 but remains manageable for remainder of 2021/2022 financial year. 2022/2023 is likely to be a further reduction hence risk score remains unchanged.
Risk score at last review	4	4	16	Savings and efficiency plans require further development
Appetite:			6	Rationale for risk appetite:

Delivery Date	Mar-24

Controls: (What are we currently doing about this?)	Assurances:
Medium Term Financial plan approved by Governing Body Budgetary control over expenditure Financial recovery trajectory agreed with NHS England Savings and efficiency plans approved by Governing Body and delivery responsibility assigned to executive team leads	Regular reporting to Finance Committee and Governing Body Internal audit of all financial control process Report to NHS England on risks and mitigations Confirmed that Devon ICS is in SOF tier 4. Exit from tier 4 will require a financial recovery plan to be approved by NHS England.
Control Gaps	**Assurance Score:**
Further control required to achieve the shift in investment towards out of hospital services	12
Mitigating Actions: (What should we do?)	**Gaps in Assurance: (What additional assurances should we seek?)**

Narrative of anticipated timeline	

	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Dec-20	Reset the medium-term plan to ensure that we deliver against the financial ambition of the Devon Long-Term Plan. This includes shifting the balance of investment towards out of hospital services by 2023/2024 and will mean financial sustainability with expenditure contained within allocated resources on an ongoing basis (living within our means)	In progress	Sep-21	A work programme to produce a financial recovery plan that aligns to the Devon ICS long term plan has been agreed by the ICS CEO group and will be presented to CCG Finance Committee - summer 2021

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell - Chief finance officer
Risk: BAF 3c – we do not deliver our agreed efficiency programme for 21/22				Reviewer
Corporate risks				Date Last Reviewed:
Risk Scores				19/10/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	3	3	9	
Risk score at last review	4	3	12	Likely efficiency requirement in H2 of 3%. Due to ongoing pressure from the pandemic it will be unlikely that this can be delivered in full from prescribing, CHC and independent sector contracts. Any shortfall will be mitigated by non recurrent measures, but will need to be addressed recurrently in 2022/23. 19/10/2021 - efficiency requirement in H2 now confirmed at slightly less than the 3% anticipated. Risk score unchanged however as recurrent savings plans remain below the required amount.
Appetite:			6	Rationale for risk appetite:
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				Assurances:
Efficiency programme based on realistic assessment of improvement opportunity Detailed delivery plans in place and regularly monitored				Regular review at Executive team and reporting to Finance committee Internal audit review of process
Control Gaps				Assurance Score:
Identify process to address any financial shortfall identified through the controls above				10
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Continuous process to identify pipeline of efficiency opportunity				
Narrative of anticipated timeline				
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Dec-20	Deliver agreed efficiency programmes in each financial year through to 2023/2024. These should be informed by ongoing assessment of value for money in our use of resources	In progress	Sep-21	A work programme to produce a financial recovery plan that aligns to the Devon ICS long term plan has been agreed by the ICS CEO group and will be presented to CCG Finance Committee - summer 2021 The CCG will need to develop efficiency plans for major areas of direct spending including primary care prescribing and CHC.

Corporate Objective: Achieve Financial Sustainability				Director Lead: John Dowell -Chief Finance Officer
Risk: BAF 3d – We do not deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression				**Reviewer** John Dowell
Corporate risks				**Date Last Reviewed:**
Risk Scores				19/10/2021
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	2	4	
Risk score at last review	3	2	6	Additional resource to deliver all programmes in long term plan currently being assessed. This may require additional efficiencies to be identified from elsewhere in the CCG running costs in order to remain within overall running costs ceiling.
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Apr-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Budget setting. Budgetary control over recruitment and non-pay expenditure				Reporting to Finance Committee and GB. Internal Audit of budgetary control processes
Control Gaps				**Assurance Score:**
Directorates funded establishment structure charts require updating for improved control				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
				No gaps identified
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression; and make best use of available resources	Complete	Apr-21	
Feb-21	Update of directorate structure charts/establishment	Complete	Apr-21	
May-21	Report on total budget position against running cost allocation to CCG executive	Complete	May-21	Review indicates overspend against running cost allocation if all current vacancies filled. Controls and mitigating actions agreed by CCG Executive Team
Jun-21	Reset running costs budgets to align with functions of ICS corporate body.		Jan-22	

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR and IT, NHS Devon
Risk: BAF 4a – We do not address the issues raised in the staff survey				Reviewer Sam Tribble
Corporate risks				Date Last Reviewed:
Risk Scores				26/10/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	1	3	3	We have had the 2020 staff survey results and these show improvement again. Devon CCG was classed in the top quartile of improving CCG. There are still some areas requiring improvement and will be addressed during the year. Note - 2021 Staff Survey now live
Risk score at last review	1	3	3	
Appetite:			4	Rationale for risk appetite:
				It is within the CCGs powers to address many of the issues raised in the staff survey and it is important to maintain key staff
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				Assurances:
Each Directorate will review the results of their staff survey and agree actions We now have agreed new CCG objectives Increased staff engagement and listening events Well embedded organisational Vision and Values Celebrate You now an annual event				Remuneration and Strategic Workforce Committee HR Dashboard to SLT, Execs and Governing Body Monthly meeting of Staff Partnership Forum Staff Partnership forum have agreed to have oversight of action plan from staff survey 2020
Control Gaps				Assurance Score:
non identified				12
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Staff survey action plan will consist of three elements 1. Staff Partnership Forum has agreed to focus on two of the issues raised in the staff survey - How staff feel about communications between themselves and senior management and 2. We are revising the OD programme to focus on some key elements of the staff survey 3. We have asked each directorate to review the results and agree and action plan with their staff				non identified
Narrative of anticipated timeline				Business as usual
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Dec-20	Directorates have been asked to review the 2020 staff survey and come up with an action plan for their teams by ??	Complete		
Dec-20	Implementation of talent management approach including talent conversations	ongoing		
Dec-20	Implementation of Health and Wellbeing Strategy - launch of strategy and health and wellbeing champions	ongoing		

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Simon Tapley - Deputy CEO
Risk: BAF 4b – We do not manage the transition process for CCG to ICS well.				**Reviewer** **Nick Pearson**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**09/09/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	
Risk score at last review	3	3	9	Monitoring of national policy and local situation
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Dec-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Executives have discussed this and once we have clear directions will agree an action plan Staff Partnership Forum Linked to priority 10 of the OD development plan 'Preparing our workforce for transition to an ICS' ICS operating framework published 16 June 2021 Learning from other local ICS organisations to inform our action planning HR framework (employment commitment) published June 16 CCG transition workstream established with leads across functions Staff engagement underway NHSE/I guidance: August/September: 08/2021 Working together at scale: guidance on provider collaboratives 08/2021 Building strong integrated care systems everywhere: guidance on the ICS people function 08/2021 HR framework for developing integrated care boards 09/2021 ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector 09/2021 ICS implementation guidance on effective clinical and care professional leadership 09/2021 ICS implementation guidance on working with people and communities 09/2021 Guidance on the development of place based partnerships as part of statutory integrated care systems				Workforce and Remuneration Committee Governing Body Working group led by non executive lay member Audit Committee ICS Programme Development Group (Chair Deputy CEO) Fortnightly meetings of transition group (Judy Hargadon chairing)
Control Gaps				**Assurance Score:**
Waiting on legislation to pass through government which could result to changes to final policies				10
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
We are actively monitoring national policy and working closely with NHSE/I Membership of transition group includes a representative from NHSE/I region				Due diligence framework issued August 2021 and is being progressed
Narrative of anticipated timeline				Changes expected to take effect spring 2022

	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Prepare staff and the organisation to work within an Integrated Care System (ICS)	in progress	Dec-21	

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: John Dowell - Chief finance officer
Risk: BAF 4c – We do not improve our NHSE Assurance rating				**Reviewer**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**19/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	4	8	there is a plan in place which will improve assessment against criteria
Risk score at last review	2	4	8	
Appetite:			6	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Review of current performance against 2019/2020 assessment criteria has been completed Action plan in response to 2019/2020 inadequate rating in place Executive team leadership responsibility assigned for delivery of action plan Corporate objectives support delivery of changes that will improve assessment outcome				Regular reporting to finance committee, Quality Committee and Governing Body
Control Gaps				**Assurance Score:**
2020/2021 and 2021/2022 criteria unknown				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
ongoing dialogue with NHSE to obtain the assessment criteria				
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR and IT, NHS Devon
Risk: BAF 4d – we do not grow and develop our staff to meet their potential and the organisation's needs				Reviewer Katy Kerley
Corporate risks				Date Last Reviewed:
Risk Scores				26/10/2021
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	2	4	8	Making good progress against the delivery of the CCG's people plan, however the impact of the pandemic on our workforce and therefore delivery of this priority maybe adversely impacted. 13/05/2021 the current score reflects all the work completed to mitigate the risk
Risk score at last review	1	3	3	
Appetite:			4	Rationale for risk appetite:
				It is in the CCG's control to deliver against this objective based on feedback and learning from staff to continually improve processes.
Delivery Date	on going			
Controls: (What are we currently doing about this?)				Assurances:
Reviewing the results of staff survey, agreeing action plans and organisational learning Promoting health and well-being champions and delivery of an extended well-being programme for all staff Developing and implementing an apprenticeship approach which supports the growth of new and existing talent Hosting and supporting graduates who are part of the Graduate Management Training Scheme Implementation and roll out of CCG Talent Management approach CCG Mentoring programme Staff training - Quality Improvement/Commissioning cycle & project management Measuring and supporting the development of a just and learning culture Governing Body and Executive Director team development programmes Preparing our workforce for transition to an ICS Developing and growing our people policy				Remuneration and Strategic Workforce Committee HR Dashboard to SLT, Execs and Governing Body Monthly meeting of Staff Partnership Forum Talent Management Panel Equality, Diversity and Inclusion Group (sub group of Staff Partnership Forum) GB development programme complete Developing and growing our people policy approved at Remuneration and Strategic Workforce Committee 12 May 2021
Roll out of 12 new training sessions for staff focussed on key topics has been launched				
Control Gaps				Assurance Score:
No gaps identified				11
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Carry forward any work that has been delayed due to CCG vaccination/pandemic response into 21/22				No gaps identified
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
Dec-20	Grow and develop staff to meet their potential and the organisation's needs: Implement an improved talent management process, linked to Appraisals; Develop and implement a graduate and apprenticeship strategy	Good progress has been made in all of the 10 priorities within the CCG's people plan	on-going	Due to the CCG's concentration on supporting Devon's vaccination programme and our system response to Covid it is likely that delivery of some of these priorities will be delayed.

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR and IT, NHS Devon
Risk: BAF 4e – we do not increase the diversity of our staff to reflect that of the Devon population				**Reviewer** **Sam Tribble**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**26/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	**In 2020 there has been a real focus on improving EDI within the CCG and this work will continue into 2021 (as per "Controls" section below).**
Risk score at last review	3	3	9	
Appetite:			4	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
Embed the newly established Equality, Diversity and Inclusion Group (sub group of the Staff Partnership Forum) to focus our EDI agenda. NED representation within this group. Development and implementation of EDI action plan including actions from the WRES action plan, NHS People plan etc. Review findings of the commissioned STP wide review of the experience of BAME colleagues, through external Agreement received to recruit 2 x EDI posts (1 x 8a and 1 x 7) - this will increase capacity to drive forward our EDI agenda across Devon. EDI recruitment and interview training for senior leaders and board members being delivered as by NHEI guidance for transition to ICS				Strategic Workforce and remuneration Committee Equality, Diversity and Inclusion Group (sub group of Staff Partnership Forum) Executive Team Staff Survey Development of a single EDI action plan to consolidate numerous EDI action plans Review of CCG workforce statistics NOUS report going to GB in May 2021 on BAME actions Received report and recommendations from intercom trust on LGBTQ+
Control Gaps				**Assurance Score:**
non identified				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Continue with controls stated above.				Non identified
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Jan-20	Drive to increase the current diversity of our staff (3.4%) to reflect that of the Devon population (6.9%)	ongoing	expected that good progress will be made toward this action in 2021/22.	
Jan-20	Develop and implement EDI action plan	ongoing	Mar-22	Action plan will be created by April 2021 for implementation within 21/22. June 2021 - Development of a single EDI action plan to consolidate numerous EDI action plans

Corporate Objective: Be an effective, well-led organisation with an empowered and inclusive workforce				Director Lead: Andrew Millward - Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR and IT, NHS Devon
Risk: BAF 5a – that we do not have sufficient capacity as staff are tired and overworked				**Reviewer** **Sam Tribble**
Corporate risks				**Date Last Reviewed:**
Risk Scores				**26/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	2	3	6	In 2020 there has been a focus on ensuring good health and wellbeing for our staff and this work has continued into 2021. Current impact of wave 2 will increase pressure on some staff therefore adjusting the score to reflect this, however assurances are in place to support staff.
Risk score at last review	3	3	9	
Appetite:			4	**Rationale for risk appetite:**
				It is within the CCG's power to ensure there is a robust wellbeing programme in place to support our staff.
Delivery Date	Sep-21			
Controls: (What are we currently doing about this?)				**Assurances:**
Ensured corporately that every member of staff had a formal wellbeing and home working assessment during wave 1. Wellbeing champions in the organisation - ongoing work including (alongside the HR team) holding wellbeing calls with every member of staff. More recently, Wellbeing Champions (alongside the HR team) are ensuring all staff have a further wellbeing call. Individuals concerns are dealt with and themes are fed back for CCG consideration. Focus of the Staff Partnership Forum All directorates are routinely checking in on staff as part of good management practice. Presently reviewing Staff Survey information and reviewing results and next steps. Wellbeing Champions and Staff Partnership Forum (SPF) Chair attended Exec Development Session on 15th September to feed back on how staff are dealing in regards to their HWB and drive conversation re: next steps. All suggestions put forward by Health and Wellbeing champions and Staff Partnership Forum (SPF) chair agreed. Implementation of these will now be overseen by SPF group				Strategic Workforce and Remuneration Committee Staff Partnership Forum Executive Team Staff Survey Wellbeing Champions (through feedback from health and wellbeing conversations) Monitor of staff sickness levels Review of Employee Assistance and Occupational Health data
Control Gaps				**Assurance Score:**
Non identified				12
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Continue implementing the controls listed above, taking action as required.				Non identified
Narrative of anticipated timeline				Regular rolling programme
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
Dec-20	Support staff health, wellbeing and morale	on going	on-going	
Dec-20	Be a learning organisation: Use COVID-19 learning to improve services and working practices Deliver quality improvement and commissioning cycle training Further develop the CCG's mentoring programme	on going	Sep-21	

Corporate Objective: Lead the systems response to the coronavirus pandemic				Director Lead: Jo Turl - Director Out of Hospital Commissioning
Risk: BAF 5b – there is insufficient capacity and capability in Primary Care to meet demand				**Reviewer**
Corporate risks	**108**			**Date Last Reviewed:**
Risk Scores				**19/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	4	12	
Risk score at last review	4	4	16	Risk score increased - demand on GP has increased significantly and this is reflected in the number of GP practice alerts and requests for pastoral and resilience support services.
Appetite:	2	4	8	**Rationale for risk appetite:**
Delivery Date	Mar-22			
Controls: (What are we currently doing about this?)				**Assurances:**
CCG have agreed a framework for GPs to work within to allow them to prioritise urgent care to patients CCG primary care team are working with general practice to reduce bureaucratic burden on them Primary Care including MO actively supporting practices where there are resilience or capacity issues CCG have allowed the flexible use of funding to support the delivery of COVID vaccinations Undertake the primary care webinar to allow feedback from primary care relating to capacity issues which the primary care team can respond to Increased funding and flexibility of funding to support vaccination work				Risk reports through to the Primary Care committee, where we have GP members who can feedback areas of concern LMC impact monitoring We are working with PCNs on the current GP Access Guidance to support improved access where this can be enhanced and take action where practices are struggling.
Control Gaps				**Assurance Score:**
				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Provide support to GP to fully utilise the additional roles reimbursement scheme Comms campaign to publicly support General Practice. Other Regional and NHSE opinions have been sought to inform the campaign. Campaign will include an open letter, media releases, briefings for MPs and Councillors, and a social media campaign to highlight positive public reactions to excellent Primary Care working practices. Plan to establish a group in each locality to take transfer of work issues forward – LMC to support setting this up. Plan to recommence clinician to clinician groups. Conversations between CCG, RDE and DPT have commenced. Interface agreement discussed at PCOG and Dr Degan to move this forward. We are working with PCNs on the current GP Access Guidance to support improved access where this can be enhanced and take action where practices are struggling.				
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
25/02/2021	Vaccination cell looking at provision of vaccinations being delivered sustainably moving forward	in progress	Jun-21	

Corporate Objective: Lead the systems response to the coronavirus pandemic				Director Lead: Andrew Millward Accountable Emergency Officer
Risk: BAF 5c – that we do not deliver our function as a system leader because we do not have robust incident management arrangements				**Reviewer**
Corporate risks	**129, 130, 131**			**Date Last Reviewed:**
Risk Scores				**26/10/2021**
	Likelihood	**Impact**	**Risk Score**	**Reason for current score:**
Initial Risk Score:	3	3	9	Turnover is higher than expected, so controls have not reduced the likelihood
Risk score at last review	1	3	3	
Appetite:			4	**Rationale for risk appetite:**
				all controls in place
Delivery Date	Jan-21			
Controls: (What are we currently doing about this?)				**Assurances:**
We have a robust incident structure and process in place designed by EPRR experts with appropriate cell structure to support Have in place a daily/weekly meeting rhythm to ensure appropriate information flows across the system Clear roles and responsibilities within the arrangements Staffed by deploying staff from across the CCG to provide resilience and share the experience across a wider cohort of people A new Winter Operations Room in place from 1 November to manage demands from flu, covid and other pressures over				Wave one incident review and resulted in a action plan. The action plan is being regularly reviewed by the executive team Regular updates at Governing Body Part of the regional and national response structure which includes daily reporting Regular calls with regional operational centre were we are held to account for our response. Oct 2020 system exercise to test our COVID response and preparedness for wave 2 National incident level has been stood down to 4 to 3, the incident response has been scaled back proportionately.
Control Gaps				**Assurance Score:**
				8
Mitigating Actions: (What should we do?)				**Gaps in Assurance: (What additional assurances should we seek?)**
Considered alternative support for EPRR. Refreshed on call arrangements to improve resilience and improved incident response. April 2021 - Consultation commenced end of March to implement end May Complete				No external review Robustness of access to external EPRR in the event of in house absence of EPRR leads
Narrative of anticipated timeline				
	Update on actions taken			
Date	**Action**	**Action Status**	**planned completion date**	**Narrative update**
05/01/2021	Increase the pool of admin and meeting support end of January	Complete	end February 2021	Increased the pool of admin staff to support the incident, likely to be trained in early February
05/01/2021	Broaden the pool of the incident management role	Complete	end February 2021	Identified further IMs and training currently underway
23/02/2021	Considered alternative support for EPRR	on going	end June 2021	No additional capacity identified as yet and we are looking at a more resilient on call arrangements including incident response. Proposals to exec early March 2021 April 2021 - Exploring the merits of sharing our EPRR function with Kernow CCG
07/04/2021	Consultation with affected staff regarding a two tier on call system has commenced	complete	End April 2021	
07/04/2021	Scale back of incident response in line with national direction	Complete	Apr-21	

NHS
Devon
Clinical Commissioning Group

AUDIT COMMITTEE

Report title: Internal Incidents Report July 2021 – September 2021				
Date of committee: 10 November 2021 **Date report produced: 21 October 2021**				
Author (s) Name and Title: **Jodie Wyatt, Governance Business Manager**		**Supporting Executive:** **Name and Title: Andrew Millward, Director of Communications Governance, HR and IT** **Contact Details: Andrew.millward@nhs.net**		
		Report Approved by: **Name and Title: Ginny Snaith, Board Secretary** **Date 27.10.21**		
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 is to summarise the number of reported internal incidents and accidents, (hereafter known as incidents), reported within NHS Devon Clinical Commissioning Group (CCG) for April – September (H1).

In line with the Internal Incident Policy, the CCG is required to meet its legal responsibilities in respect of reporting to external agencies. The CCG is committed to the commissioning of high-quality care and services and the achievement of a high standard of health, safety, and welfare at work for all employees, visitors and other persons engaged in CCG activity.

The reporting of CCG internal incidents and accidents is not only a legal requirement but also an essential part of the CCG's risk management process.

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

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

Joint Executive Team
Key recommendations and actions requested:
The Audit Committee are asked to note the bi-annual (H1) report of CCG internal incidents and be assured there are processes in place to ensure incidents are managed appropriately, and lessons learned taken forward.
Impact on Strategic Objectives
(Delete as applicable) Commission high-quality and safe services that reduce health inequalities and improve health outcomes Improve service performance Achieve financial sustainability Effective, well-led organisation with an empowered and inclusive workforce Lead the system's response to the coronavirus pandemic
Reference to other documents or accompanying papers:
Internal Incident Policy
Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services	Highlights areas of required improvement	
Health Inequalities		
Equality (staff or public)		
Resource and Finance		
Legal		
Engagement and Consultation		
Risk	Highlights areas of risk to CCG colleagues, CCG reputation and the population we serve	

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.

Devon CCG Internal incidents report:

1. Introduction

1.1 This report summarises the number of reported internal incidents and accidents, (hereafter known as incidents), reported within NHS Devon Clinical Commissioning Group (CCG) for the period 1 April to 30 September 2021.

1.2 This report does not apply to commissioned services. Incidents that occur within NHS provider organisations should be reported and investigated internally in accordance with that provider organisation's policy. This is in line with health and safety legislation, national patient safety guidance and requirements of relevant regulatory bodies.

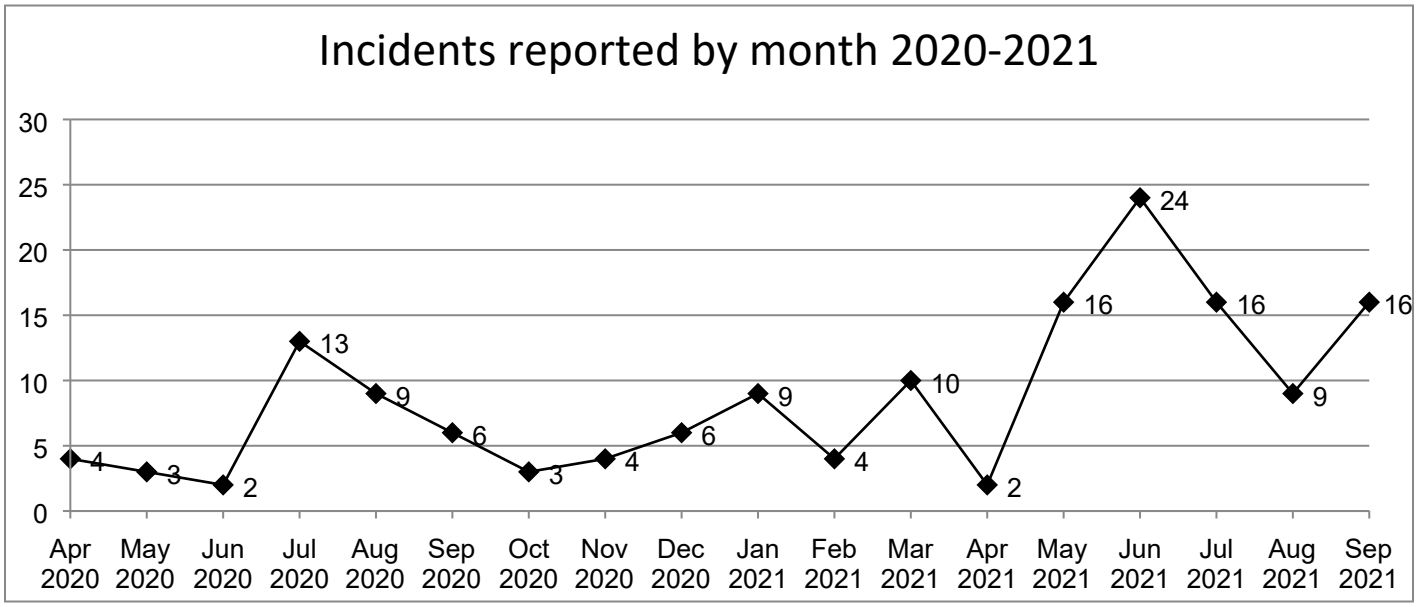
2. Reported Incidents

2.1 There were 83 internal CCG incidents reported between 1 April to 30 September 2021.

- April – 2
- May – 16
- June - 24
- July – 16
- August – 9
- September - 16

2.2 These figures represent an increase in the number of incidents from the same period of 2000/2021, shown in the chart below– further information can be found in section 3.1.

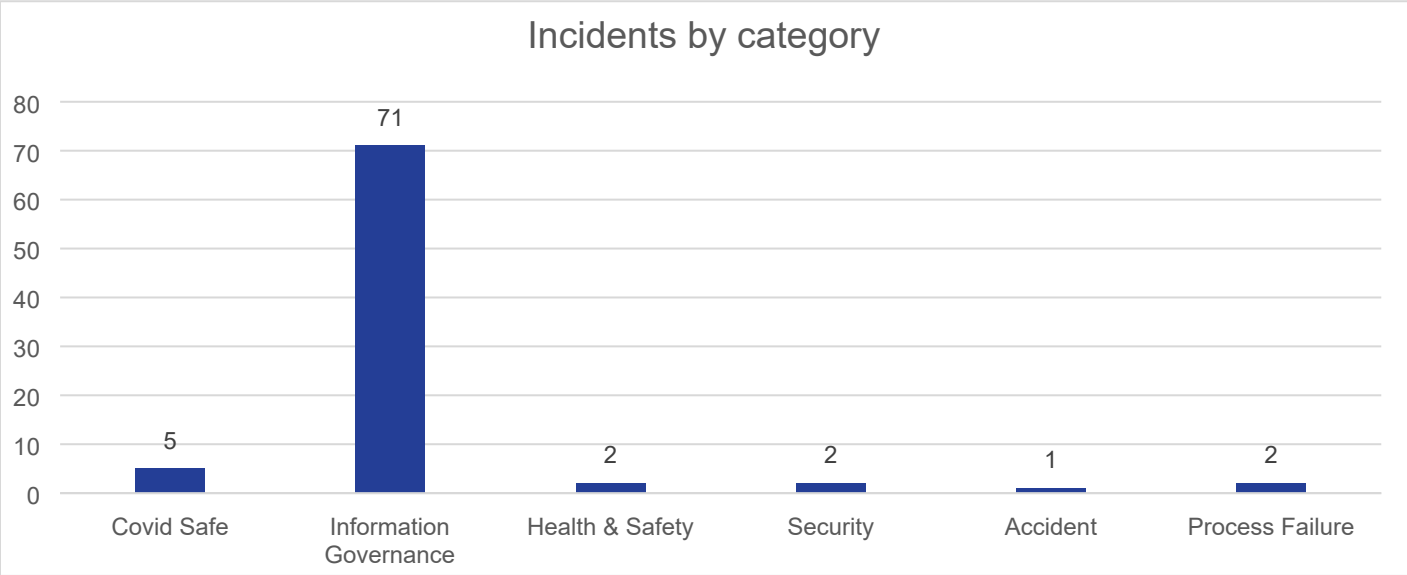
2.3 June saw a rise in information governance cases being reported, this may be attributed to discussions between the DRSS managers and the Information Governance Officer as to what should be being reported.



Open internal incidents

2.4 Of the incidents reported during this time frame there are none which remain open or under investigation.

3. Types of incidents reported



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- 10 emails sent to the wrong recipients.
- 5 Errors made by GPs, not picked up by DRSS.
- 2 Letters sent to the wrong recipients.
- 2 Errors made at a GP practice, which should not have been put on the CCG's Datix system.

3.8 In addition to internal reporting, certain categories of incident require reporting to external agencies. There have been no external agency reports during this time.

4. Actual Incident and Near Miss

Incident

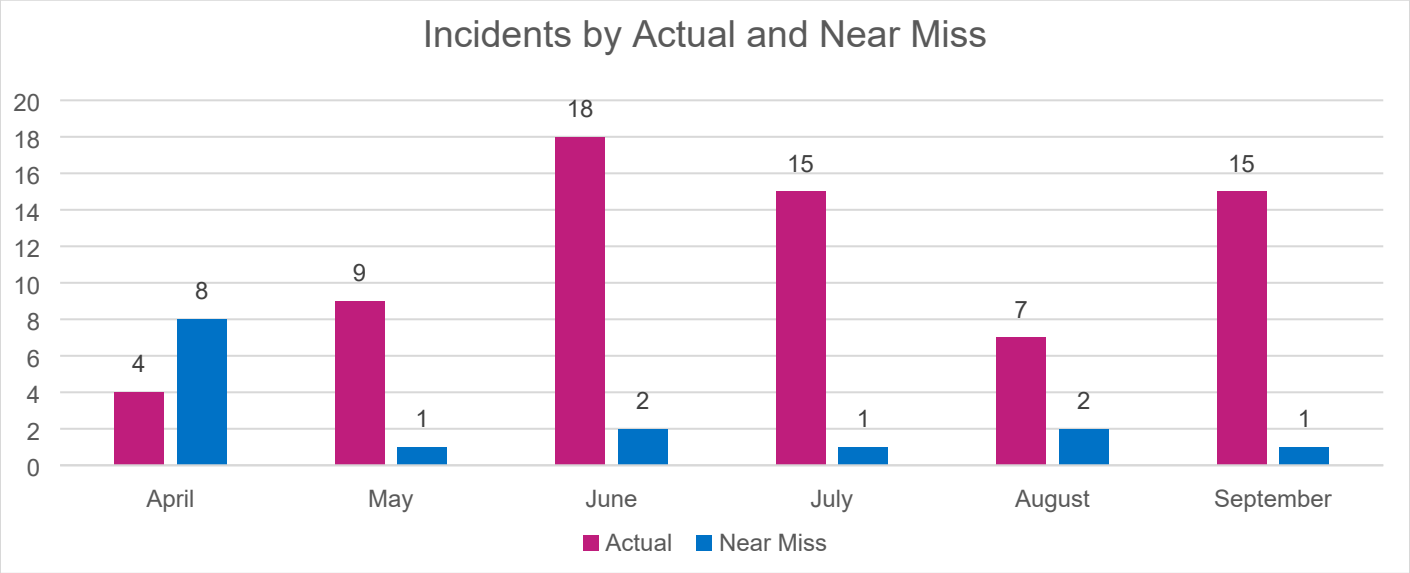
An incident is any accident, event or circumstance that could or did lead to harm, loss or damage to people, property, reputation, or other occurrence that could impact on the organisation's ability to achieve its objectives.

4.2 **Near Miss**

A near miss is any incident that did not actually lead to harm, loss or damage but had potential to do so. Reporting such incidents is vital, as they may identify changes in procedures, processes and systems which could prevent further similar occurrences from causing actual harm, loss or damage.

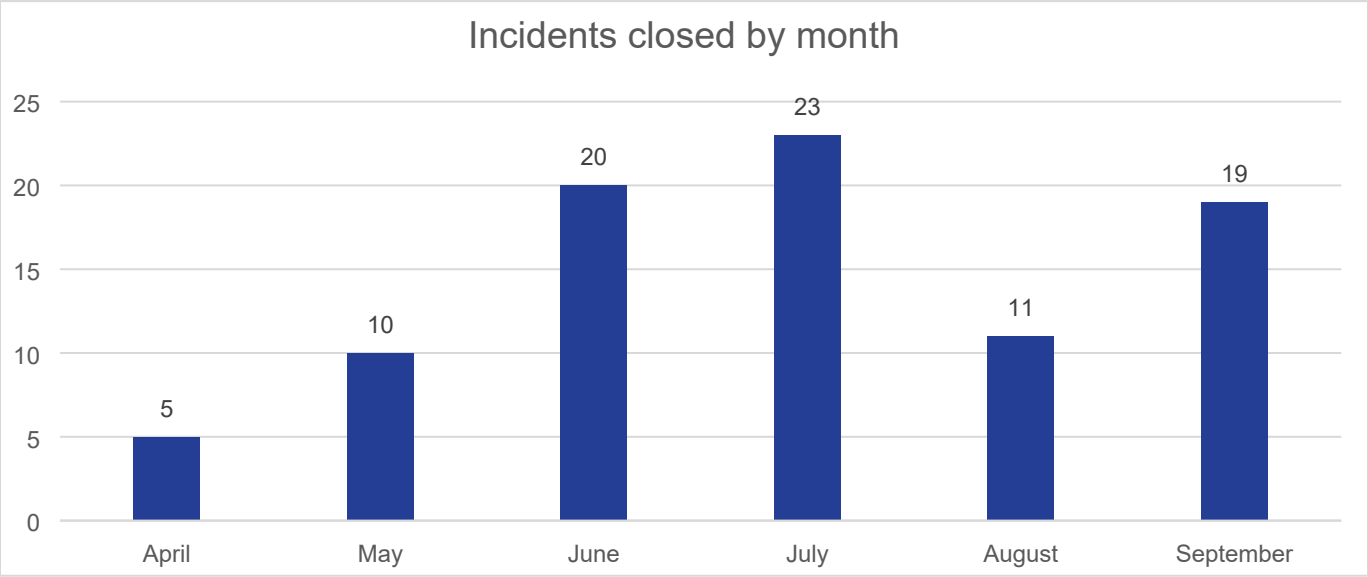
4.3 The below chart shows that of the 83 incidents reported during the timeframe 68 were actual incidents

and 15 were near miss incidents.



Closed incidents and learning

5.1



5.2 Learning from incidents is critical to the delivery of safe and effective services within the CCG. Each incident and the subsequent findings ensuing from the investigation are a learning opportunity.

5.3 Key learning during this time period has been:

- Care must be taken when processing patient data to ensure there are no delays in the patient receiving the care they require.
- Discussions required around the Site Safety Coordinator and the Strategic Accommodation Representative roles and the possibility of them coming together into one job description. This will ensure monitoring of all areas of office management, including enabling a process for invoices to be cross referenced before approval.

- People can become complacent as time moves on with Covid restrictions that are in place. Therefore, ensuring the communication is continued around the importance of these restrictions and any updates are key to ensuring these are adhered to at all times.

6. Opportunity to develop or improve

6.1 The Information Governance Officer will continue to work with DRSS staff to identify information governance breaches which should be reported onto the CCG Datix system.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Primary Care Commissioning Committee (Public)

Date of Governing Body: 25th November 2021

Date of Committee covered in this report: 4th November 2021

(Minutes of this committee meetings to be available as an addendum)

Chair's Name and Title: Judy Hargadon

Contact Details: judy.hargadon@nhs.net

Recommendations brought to Committee for approval or agreement

The **Deputy Director's report** confirmed the additional information requested by October PCCC meeting regarding the procurement of provision in Exeter for the homeless and vulnerably housed.
The PCCC supported the recommendation for the existing contract with the provider of medical services at Clock Tower Surgery to be extended for an additional 12 months whilst a county-wide evaluation of homelessness provision needs is undertaken, and a procurement procedure is carried out.

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

Finance Report detailed the financial position to 30th September 2021.

Three areas were highlighted:

1) Service Development Funding (SDF, previously known as GPFV) has been received for H1. Unlike previous years, most allocations will only be made available to the CCG subject to us satisfying NHS England and Improvement that CCG is actively incurring the cost of the schemes, and that the resource is needed, via a quarterly review process.
2) More detail around Contingency commitments has been added to the report
3) Allocations for H2 have now been allocated to budgets and integrated into the system plan. From next month there will be a full year report.

The **Risk Report was** discussed at the meeting, and it was noted that it has been necessary to raise risk scores with regard to Transference of work to Primary Care and Assurance concerns with Mayflower group. Mitigating actions for these risks were explained to the meeting. New risks, regarding antiviral Prophylaxis for care homes and primary care data sharing have been added to the register.

The **Deputy Director's report** flagged that practice development sessions have been re-started under specific parameters (one PCN at a time per locality - as agreed with LMC) to ensure sufficient cover across

localities, and that John Dowel has written to Acute Provider colleagues and LCP Directors to make clear that the terms, and the spirit, of the contracts in terms of limiting the transfer of work.

For the **Primary Care Strategy Regular review** the Committee were told That the Nationally set required measures, for areas including improving GP access, which lacked quantifiable targets, have now had locally based evidence added – to give comparison to national figures, and the rating for Managing backlogs and demand in Primary care, which is presently at red, due to the considerable system pressure, may be possible to turn to amber as winter funding support initiatives and new ways of working come into place. Time for thinking through new ideas has been particularly hard to find.

The committee had an update presentation on the progress of the **West End Health and Wellbeing Centre** in Plymouth which is a pioneer for a network of wellbeing centres and is to be a blueprint for the standardization of a larger national project of health centres which will come in 3 different sizes and will be based around primary care provision, but will include a variety of wrap around services – mental health, outpatients, voluntary and community services driven by population health needs. The Plymouth centre will include dentistry. A significant amount of work has been completed on the model of care and engagement regarding the services needed by the community**.** It is now at the detailed design stage and the planning application is due to be submitted in December.

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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NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Quality Assurance Committee (QAC) Public Part 1

Date of Governing Body: 25 November 2021

Dates of Committees covered in this report: 18 November 2021

Chair's Name and Title: Glynis Atherton

Contact Details: glynis.atherton@nhs.net

Reports discussed and assurances received

The Committee received updated reports as detailed below

Reports received and noted

Quality and Safety Report

University Hospitals Plymouth NHS Trust (UHP) -
The Western Locality as a system is operating under severe challenge due to demand for all services, vacancy gaps and managing the continued impact of Covid-19. The acute trust is at the centre of this and no more so than in urgent and emergency care. It is evident that the system as a whole is working closely together to mitigate risk and plan additional services to strengthen the system and address local need.

Torbay and South Devon NHS Foundation Trust (TSDFT)
There has been a positive reduction in the number of 12 hour breaches during October. The Trust has completed a thematic analysis internally which was presented at their Safety and Quality committee last month. There was no identified harm in the thematic review. The breaches are now back to a more sustainable number.

Devon Partnership Trust (DPT)
Like their System partners, DPT have experienced significant pressure over the last two months and regularly reported an Opel 4 position, with 100% bed occupancy. This is a national position particularly with older people's mental health beds. We are working closely with them as a system with some placements out of area.

South West Ambulance Service Foundation Trust (SWASFT)
The Trust continues to report increased demand across the system impacting on their ability to respond to 999 calls in a timely manner. Hundreds of hours of ambulance availability is being lost each week by handover delays at the four acute hospitals in Devon.

SWASFT are implementing a pilot process of Extended Diverts across Devon. When a divert is needed a call happens between all stakeholders. Rather than a blanket divert SWASFT will identify postcodes which will be diverted. The divert stays in place for 4 hours, then can be removed or scaled back.

Elective and Planned Care: Provider collaboration to reduce risk

The new planned care risk is now on the CCG corporate risk register and remains at 25. The Surgical Group continues to meet weekly to offer solutions to risk arising from long waits. Other System mitigation plans, including mutual aid, continue but have variable impact.

Primary Care

NHSE/I announced plans for a new £250m Winter Access Fund, available from November through to March, which is intended to address improving access to primary medical services and provide support for general practice. NHSE/I has produced a guide outlining a package of assistance and includes steps to (a) increase and optimise capacity, (b) address variation and encourage good practice and (c) improve communication with the public, including tackling abuse and violence against NHS staff.

Continuing Healthcare
The Provider Continuing Healthcare Teams have completed the backlog of assessments deferred during the suspension of the Framework in 2020. However, an in-year backlog had built as referral activity has increased with the inception of Discharge to Assess Pathways. Workforce modelling is underway with a business case proposed to be submitted for consideration by the end of November. The CCG will need to consider clinical, reputational and financial risks when exploring the request for additional funding to augment the teams The outsourcing contract continues to enable assessments to be completed in a timely manner. The CHC team are meeting their backlog trajectory for Q2 as agreed with NHS England**.**

6-monthly IPC Report
C. Difficile - There is a new NHS England infection Control Project Management Collaborative, which the CCG have signed up to and as part of this, we will be working with University of Plymouth Infection Control team on improving their community, associated C diff analysis.

Safety Systems Annual Report was noted by the Committee.

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 3 November 2021 of which it informs the Committee of any changes since the last Quality Assurance Committee (QAC) on the 21 October 2021. There are **eleven** risks that report to QAC.

- There are no new risks to be added to the Nursing and Quality register in this reporting period.
- There is no risk score movement in this reporting period.
- There are no risks recommended for closure.

Committee Decisions

- Nil to note

Items of concern to be escalated to the Governing Body

- Nil

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

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NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Commissioning Committee

Date of Governing Body: Thursday 25th November 2021

Dates of Committees covered in this report: Thursday 11th November 2021 (Minutes of the committee meeting are to be available as an addendum)

Chair's Name and Title: Dr Claire Hooper, Strategic Lead for Planned Care

Presented by Dr Nick Kennedy, Independent Secondary Care Clinician

Contact Details: claire.hooper2@nhs.net / nick.kennedy3@nhs.net

Reports received and noted

End of Life Care Review

The Committee were provided with a presentation on End-of-Life Care Review. It was noted that the historic commissioning arrangements across Devon vary and that we do not have a core consistent offer. The key objectives of this review are to align to the national ambition and work as well as having local alignment. The Committee approved the scope and approach to which the End-of-Life Care Commissioning Review will be structured, noting that a further update with a set of recommendations will be presented to the Commissioning Committee in February 2022.

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.**
- **Note the addition of risk 153, Planned Care System Capacity. Risk score 25 (L = 5, I = 5)**

The Committee were provided with a presentation update on Risk ID 134 (Operational Delivery by Children & Family Health Devon). It was noted that whilst there have been slight improvements in this area, the risk should remain at a score of 20 until further traction occurs. The Governing Body are due to be presented with an update on this risk area in January 2022 whereby they will be provided with an overview of the concerns and requested to make recommendations on how we can proceed as a system to move this risk area forward.

Committee Decisions
Clinical Policy Committee (CPC) Recommendations • **Decision: The Committee accepted the recommendation made by CPC for the Policy Fidaxomicin for Clostridium difficile infection.** • **Decision: The Committee accepted the recommendation for the governance update in relation to not reviewing any digital images sent with referrals in the process of determining whether the referral meets the policy criteria made by CPC for the Policy: Assessment and Removal of Benign Skin and Subcutaneous Lesions.** • **Decision: The Committee accepted the recommendation made by CPC for the revised indication in line with the new product license for the policy: Ulipristal acetate 5mg tablets (Esmya®) for intermittent treatment of uterine fibroids.** **Consultant Connect Immediate Advice & Guidance** **The Committee were provided with a presentation on Consultant Connect Immediate Advice & Guidance. This service would enable the system to be able to take action to assist with the reduction of referrals into Secondary Care and maximise patient management in the most appropriate place. The Committee approved the recommendation within the report as noted below:** • **It is recommended that the investment is made in Consultant Connect to enable to service to be provided for an initial contract term of twelve months.** **The Committee requested that the Mental Health aspects were included within the Consultant Connect Service to maximise the benefits. It was noted that this would be included in the funding agreed at the Committee and that the clinical pathway for Mental Health would be agreed afterwards.**
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.

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