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

MS Teams - refer to the formal invite for the joining link

28 October 2021 09:30 - 28 October 2021 12:25

AGENDA

#	Description	Owner	Time
1	To note *Regular breaks will be taken during this meeting		
2	Patient Experience Verbal	Carol Parkin/ Steve Seatherton	09:30
3	Welcome and apologies and questions from members of the public Verbal	Chair	09:50
4	Register of Interests (ROI) Paper DOI NHS Devon CCG Governing Body @ 13 Oct 2... 5	Chair	
5	Minutes of the last meeting and action log Paper 1 Draft Public GB minutes 30.09.2021 v1.docx 9 Master Action Log - PUBLIC v3 nc.xlsx 18	Chair	
6	Clinical Chair's Report Paper 1 cover sheet chair's report.docx 19 2 Chairs Report Oct 21cd.docx 21	Clinical chair	10:00
7	Accountable Officer's Report Paper AO report Oct21cd.docx 23	Accountable Officer	
8	PROGRAMME OF WORKS - items for recommendation, decision and assurance		10:20

#	Description	Owner	Time
8.10	Finance Report - month 6 Paper GB_Report_FPC_Month 6_FINAL_2021-22 (GB Co... 36 GB_Report_FPC_Month 6_FINAL_2021-22 GB.doc... 39	Director of Finance	
8.20	CCG Objectives Paper Devon CCG Cover sheet template OCT.docx 56 GB objective monitoring paper Oct - approved NP.d... 59	Director of Communications, HR, IT and Governance	
8.30	Plymouth West End Health & Wellbeing Centre - project overview Presentation GB Cover Sheet -Ply HWBC.pdf 82 Plymouth Health and Wellbeing Centre Overview -... 84	Director of Commissioning - out of hospital	
8.40	Children and Family Health Devon Transformation and Performance Update Paper CFHD pp CCG QAG 21.10.21 Final.pptx 95 GB CFHD Performance and Transformation update... 138	Director of Commissioning - out of hospital	
9	LOCAL CARE PARTNERSHIP (LCP) REPORTS Paper Final Governing Body Update - South LCP (Septem... 141 Locality Update - Eastern Sept-Oct 2021 Final.docx 145 Locality Update - Northern Locality October 2021 v... 149 Plymouth LCP Update Report - October 2021V2.do... 152 Plymouth-West Devon Locality Report for GB OCT... 156	Locality Directors	11:20
10	ASSURANCE COMMITTEE CHAIRS' REPORTS including items of escalation Paper	Assurance Committee Chairs'	12:00

#	Description	Owner	Time
10.1	Finance [P] Finance Committee Chair Report October 2021 v1.... 160		
10.2	Audit [P] 1 Audit Committee Chair Report 06.10.21 V0.2cd.d... 162 [P] 2 Audit Commitee Risk Report 06 Oct 2021 v1.1.d... 165 [P] 3 DRAFT Standards of Business conduct policy v3... 177 [P] 4 Data Protection Framework, Strategy and Action... 208		
10.3	Primary Care Commissioning [P] PCCC Public Chair Report -October 21.docx 231		
10.4	Quality [P] QAC Chair Report Part 1 21 October 2021cd.docx 234		
10.5	Commissioning [P] October GB - Commissioning Committee Report 14... 237		

Declaration of Interests Register - NHS Devon Governing Body
Register updated and generated by the Governance Team - 13 October 2021

Register last updated 12 October 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 Working with Industry and Sponsorship Group	No interests declared		19/01/2017	23/03/2021	Personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Fox	Matthew	Governing Body Locality GP NHS Devon CCG	Member of Governing Body A & E Delivery Board (SD&T)	GP principle, Barton Surgery, Dawlish. Director, Dawlish Medical Group Associate Medical Director TSDFT from 1 April 2019 Barton Surgery have rented a room to Chime. University of Exeter Medical School, Academic tutor and student teacher GP Locality Clinical Director Primary Care Network - The Coastal Network F2 academic tutor through the Deanery	Spouse is a co-owner of Barton Surgery Pharmacy Building	22/09/2016	17/04/2021	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay and South Devon NHS Foundation Trust
Dr	Greenwell	David	Governing Body Locality GP	Member of Governing Body Member of Finance and Performance Committee Remuneration and Workforce Committee(Non exec rem) Member Devon Joint Clinical Effectiveness Group (JCEG)	GP partner at Southover medical practice Member of an independent cooperative that provides out of hours medical cover to Devon Prisons Shareholder in Devon Doctors on Call Member of Upton Vale Baptist Church (personal interest) Member of Clinical Cabinet Primary Care Network - Torquay	Spouse is freehold owner of Southover Pharmacy	20/08/2015	22/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Hargadon	Judy	Non Executive Lay Member - Primary Care and Prevention Geographical remit - Southern	Member Governing Body Member Audit Committee Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee Equality, Diversity and Inclusion Group IUCS Procurement Oversight Group (Chair)	Member of Women's Equality Party New management board chair at PenARC, – the National Institute for Health Research (NIHR) Applied Research Collaborations (ARCs) South West Peninsula	Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019	25/05/2021	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be involved in decisions about the CCG funding academic research	NHS Devon CCG
Dr	Harrell	Ruth	Director of Public Health, Plymouth City Council	Devon STP Clinical & Professional cabinet NHS Devon CCG Governing Body Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Strategic Commissioning Partnership Primary Care Commissioning Committee (PCCC)	Director of Public Health for Local Authority		26/10/2016	18/08/2020	General	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Plymouth City Council
	Harris	Penny	Strategic Advisor - Long Term Plan	Attendee of Governing Body CCG Execs and Clinical Chairs Senior Leadership Team (SLT) Strategic Commissioning Partnership Joint Executive Team Meeting Finance and Performance Committee Strategic Commissioning Programme Board Commissioning Committee (CC DOI) System Restoration and Transformation Group Devon Urgent Care Board	Director of KERR Darnley Ltd Providing commissioning advice to variety of CCGs and Coaching/contract training Director of Kerr Mediation ltd - working alongside LMC law taking on primary care mediations commissioned by the LMC.		23/07/2019	29/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	KERR Darnley Ltd
Dr	Johnson	Paul	Clinical Chair NHS Devon CCG Interim Medical Director ICS Devon	Member of Governing Body (Chair) Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting Commissioning Committee (CC DOI) Strategic Commissioning Partnership Attendee Devon Joint Clinical Effectiveness Group (JCEG) 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 businesses and investors. April 2020 working one day a week for Somerset CCG on their Clinical Strategy and the Taunton/Yeovil merger strategy (11 Feb 2021) Trustee of St Margaret's Hospice Somerset Non Executive Director Go-Op Learn. A Co-operative organisation providing training opportunities (May 2021) Member of Western Provident Association on Anaesthesia (May 2021)		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	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 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: 30 September 2021 Time: 09:30 – 11:33Location: Via Microsoft Teams

Item	Discussion	*Action*
1	These minutes are a precis of the meeting which was streamed live. If you would like to view the recording of this meeting please click here. The chair welcomed everyone to the meeting and gave a warm welcome to the guest speaker Leila Manion (LM) who was going to talk to the governing body about her experience of accessing health services from her perspective. **Patient experience – experiences.** Leila described her medical conditions and the medication and support services that she needs to support her wellbeing. She explained that during the pandemic she struggled to get a confirmed diagnosis for one of her medical conditions. LM praised the staff at the RDE for their support and was pleased to report that the referrals process for Talkworks who are a mental health and wellbeing support services was very efficient. GP access for LM during the pandemic had been satisfactory as well as her communication through e-consult and she did not need to have any face-to-face appointments. The challenges she had faced though were when she needed to speak to the appointment people to arrange face to face appointments for blood checks. LM also raised concerns about access occupational and physiotherapy, and the long waits for this service. LM mentioned the vaccination process which was simple and was accessed through her GP services, and she was glad that she did not have to attend vaccine centre as she was anxious about catching COVID-19 due to fatiguing conditions. She added that she wished for more people to continue with mask wearing and social distancing and that Freedom Day had not been so freeing for her, or for those that were vulnerable. LM felt that there was a chance for people who are living with long term conditions unless proactive may be forgotten in the system, as there are many NHS departments to interact with, and that services and departments to not appear to talk to each other. LM works as an engagement lead for Living Options Devon who support disabled people to live their life how they choose, and she works with hard-to-reach people and vulnerable groups to hear and learn from their experiences during the pandemic and gave summary of some of those. Below is a list of areas for improvement: • The need to ensure communications are accessible • Digital – some users have struggled to use these tools due to no equipment or lack of skills	

	• Hearing impairment – automated systems are difficult to use • Face to face services to be increased as easier to communicate. The lack of face-to-face appointments may have led to service users not talking about issues or hidden vulnerabilities and safeguarding issues being missed • Parking at needs at acute hospitals has been challenging and stressful when attending appointments NB thanked LM for sharing her concerns about services those that are not talking to each other, which remains a national issue. GT wondered if care navigators for people with complex needs to support other like LM to navigate and support them for the care they need. GA agreed and thanked LM for raising and suggested for a single point contact to access systems through patient pathways. MF mentioned that most GP and nursing staff do want to see patients face to face and that virtual appointments with clinicians can take place but recognised that there are some treatments do need to be carried out in a hospital environment. JT described the different arrangements in Devon around care management and the work that is being developed on the Home First Strategy that will be used to support people at home to enhance community services and asked if LM would be willing to work with the CCG on this and LM took up this offer. **The Governing Body received and noted this update.** *Leila Manion and Darin Halifax left the meeting.*	
2	**Welcome and Apologies** NB welcomed everyone to the busines section of the meeting, and the following apologies were recorded for: Simon Kerr Penny Harris David Greenwell Ruth Harrell – Sarah Lees deputising James Wooldridge Judy Hargadon	
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 29 July 2021, and these were approved as a true and accurate record of the meeting. **Action Log** <u>Children's review and waiting times update</u> JT noted that there was a delay in this update report and GA raised concern and felt the Governing Body had already been waiting a long time to receive this report. JT gave assurance that work is actively underway, and that extra capacity had been put in place. The with contract recovery meetings had be stood back up which includes executive attendance and escalation to CEOs if required.	

	JT was pleased to report that we have seen an improvement in autism and speech and language therapy waiting times. She added there is additional resource and a good set of outcomes detailed in the Long-Term Plan along with the establishment of a children's board including commitment from the local authorities. It was agreed for an update report to be presented to the Governing Body at the meeting in October. *Post meeting date this has been added to the forward planner.*	
5	**Clinical Chair's report** PJ did not propose to add anything further to this report but highlighted that he is now a board member of the South West Academic Health Science Network (SW AHSN) representing Devon ICS. He was encouraged with their focus and plans and was optimistic the ongoing relationship will embed skills and connections to make improvements across the system. PJ advised that NHS England have published guidance on professional and clinical leadership. This will be helpful to strengthen and diversify which is welcomed and that we must sure we apply the principles at all levels of our Integrated Care System (ICS) at place and neighbourhood. **The Governing Body received and noted the contents of the Chair's report.**	
6	**Accountable officer's report** There was nothing to add to the report, but JM noted that the ICS chair appointment which has been a national process, will not be announced at the earliest until the end of October as all appointments requires secretary of state approval JM advised the members that Devon ICS is working with the regional and national team regarding our level 4 oversight recovery framework and support programme. The first meeting is taking place on Monday 4 October where we will be looking at what other programmes and resource, we need to put in place to produce our exit criteria at the end of October. We are planning our next response phase for COVID-19 and winter. An urgent care summit has been arranged to examine a strategic approach which is different to what we have done before. We are cognisant that staff have been working incredibly hard to support our pandemic response and the next phase must be something quite different. We recognise we have challenges, and we need to ensure we fulfil and address the support required as we move forward and co-create about how staff resilience will give us the ability to work through the next phase. JM was privileged to be part of the judging panel for the 'Celebrating You' awards which had received a high number of nominations and she conveyed her thanks to all those that had been involved in this process. NB was pleased to hear the comments about support staff and the co creation of new ways of working and asked would this involve patients. JM responded that consideration has been given to shift working and would not involve patients at this stage, and AM added that there will be a range of staff involved in the planning. **The Governing Body received and noted the contents of the Accountable Officer's report.**	

7	**Accelerator Programme Update** JF asked the members to take the paper as read. He did give a potted history of the journey to date and the delivery of targets and the funding received as part of capital bids. He was pleased to report that the Devon system has been energised in being part of the accelerator progamme and he explained the governance arrangements that have been put in place. He referred to the tables in the paper on page 3 and that we do not know the accelerator position for the end of July as the data was not yet available. Reporting requirements include regular data and reports submitted to NHS E as part of the accelerator programme. JF referred to the Nightingale and UHP capital bids and touched on the individual site work and future plans to increase activity. He also described some pathways. The accelerator programme has been extended to the end of November 2021 to support emergency pressured and we are expected to reach delivery of 120% against the 19/20 baseline by the end of October. There are plans for the accelerator programme to continue with delivery of two capital bids and it is anticipated that the new Royal Eye Infirmary site will be built by the end of March 2022 and recruitment for both schemes is underway. JF pointed out some of the key learning from this programme such as: • Pathway working • Joined up recruitment • Change in culture – clinicians stopping at place working, and now working as a Devon wide system which is a real step change. Clinicians remained fully involved from the start of the programme to implementation and visited other hospitals to bring back best practice. JF expressed his excitement working on this programme and that this was a fantastic blueprint of ICS working to take forward. GAth asked how the change in practice and culture will be embedded into ICS and this would be through clinicians and their support and ambition to deliver pathways and getting them on board was the way to embed best practice in going forward. JF explained that the operating model and that this programme allows for an opportunity for staff willing and motivated to work at the Nightingale. JWo referred to page 3 and the activity chart and asked that in moving forward we do not create inequalities across the patch and JF responded to confirm that the next report should see a reduction in inequality. JM acknowledged that there is a need for different conversation with patients and staff around the current backlog and waiting lists which are concerning and there is a need for help in managing that. NK felt that one of the important things was that we make sure staff in the Nightingale Exeter are brought into the pathway working and the cutting-edge efficient pathways we have learnt from around the country, and if we are able to deliver that really well, we will	

	stand a good chance of improving delivery and performance and we should focus on this. CB asked if we are also taking active learning from other accelerator sites around the county. JF acknowledged that clinical leadership had not come across as much as other accelerator sites, however we have had good clinical support which was a catalyst for transformational change. **The Governing Body noted the information in the accompanying report regarding the Accelerator Programme, including the requirement to deliver 120% of activity (against 19/20 baseline) by October.**	
8	**Finance Performance Report** JD noted the report in the pack included the financial position for the first five months of this financial year. He drew attention to the onset of the pandemic where the health service was funded in financial blocks of six months with the first known as H1. He referred to the table in section 3 of the report, which confirmed the overall position and was pleased to report that we were on course to manage the financial envelope allocated to us. Following the reimbursement of £8.9m on the hospital discharge scheme and other adjustments we will reach an overall break-even position. JD directed the members to page 55 of the pack and reminded theme of the adjustments made to our financial allocation for a normal year. The reason for highlighting this issue was that the Devon system pre pandemic financial challenged, and that we have managed to take benefit of the additional allocations. He did warn the members that as we move toward the second half of the financial year and into 22-23 the system will start to see how quickly the allocations will start to reduce. Following the recent announcement of additional funding for the NHS there is more confidence the rate of reduction will be shown in more details for the fist six months of this report at the next months report to the Governing Body. **The Governing Body received and noted the month 5 financial position.**	
9	**Quality and Performance Report** SR presented the quality and performance report and noted this was a new style of report in a completely different format than previously. The new format is aiming to pull together improved quality and performance report with the longer term aim to include finance and workforce into the same report to make this a truly integrated report. SR shared her screen and referred to the executive summary and the national focus to support systems to bring providers back into a position to increase the approach for planned care. She acknowledged that the system had been under pressure during the summer and that recently urgent care pressure had slightly eased, with the numbers of patients with COVID-19 in hospital seeing a reduction and this will continue incrementally overtime as pressure eases. She warned the members that with the COVID-19 forecasting the pressures and challenges to remain. We are now seeing empty beds allocated to COVID-19 patients, but there was a nervousness at this stage not releasing them back	

into the overall bed pool, there is a watch and wait to see what happens with the COVID-19 infections.

SR reported that there is a national focus on planned care for those patients waiting 104 weeks or over and cancer treatments. SR advised that an urgent care summit had been planned for end of next week to include all provider and social and health representatives to review key areas to identify opportunities to create capacity. There will be an increased validation for 111, primary care and support for access and ambulatory crews navigating where to send patients without having to go through emergency departments.

A discharge workshop is being arranged to address the issues in creating capacity and there are daily urgent care calls and cell working to support options available.

SR explained the format of the report and what some of the signs and symbols meant and that this new format is work in progress. She welcomed feedback from the members as to what other data they would like included.

DA drew the Governing Body's attention to the impact on patient experience including access increase, long waits challenges which has not gone unnoticed. Reduction in serious incidents reported across county remains in a good position and that we have a decent culture of reporting level harm which has reduced and this was positive.

CHC teams continue to respond to complex cases and demand and there is a focus on discharge around reablement services and intermediate care. DA was pleased to report that we are seeing reductions in COVID-19, but outbreaks remain which is in turn impacting on primary care. We are closely monitoring patterns as we approach autumn and winter.

SR added that there has been an impact on workforce and we have seen consequences and pressure on staff resilience and for those requiring to isolate has meant greater pressure on colleagues.

GAth wondered if the section on quality seemed to focus on complaints and pitch reports and how can we bring more life into reports. DA agreed that the reports were a two-dimensional view of patient experience and in moving forward we need to get the balance right around quantitive and qualitative. He suggested a rotational focus on triangulating patient experience including narrative as well metrics.

GT raised concern around the greyed areas in the data indicators not defined for children's services. SR was not able to answer specifically but took an action to investigate this outside of the meeting.

ACTION 1
SR to check on the data in the quality and performance report relating to children's services.

The members welcomed the report and progress made acknowledging there was more to do on the presentation format

The Governing Body received and noted the contents of the quality and performance report.

10	**Local Care Partnership (LCP) Reports** Plymouth There was nothing further to add to this report Western Devon SMC pointed out that this report does have an overlap with Plymouth but there were different workstreams. JT explained the format of meetings, which were different in areas, these meetings were a good vehicle for our partners get together and gave her encourage for these to continue. GT referred to page 3 and concerns around the reduced uptake in COVID-19 boosters and was this limited to Western or across Devon. DA gave assurance that uptake across Devon was positive and that there had been an increased number of sites added to the offer. The uptake is being monitored twice weekly and where there are gaps alternative options are being offered. LS felt there was a general balance the LCP reports but seemed to be NHS centric and wondered when we would begin to see reports include community, voluntary and LA interface. JM responded to confirm she had visited all the LCPs and there was a good mixture of health and social care leaders with co-chairing arrangements around the table, so the approach is being taken. Over the next few months there are plans for several LCP development session and this could be discussed further then. SMC asked about monitoring the uptake of booster vaccinations in the elderly population for the over 80s and are we making sure there is the opportunity for them to access this if they want it. DA confirmed that the data in the sit rep (situation report) details the percentage of eligible individuals at all age groups and that it would be easy to identify any hot spots for those not taking up the offer and is being monitored at the programme board and acting as needed. Southern There was nothing to add to this report. Northern JWo referred to the patient experience and LM, our guest speaker and that we need to try and develop a concept like One Northern Devon. Such as listing the challenges and how we can help systems to be flexible around individual patients flow and to help patients navigate through a complicated system. SMC supported enabling patients that can advocate for themselves and that we must ensure that the NHS does not inadvertently disempower them. LS added that interfaced services are important, and we should take on our responsibility and do networking behind to avoid patients being moved one place to another unceremonious, NK asked about the issues with spirometry and was there a system approach to transform and solve. JWo confirmed that the problem related to national training requirements which was a problem well before COVID-19. This Devon wide issue is currently being reviewed and we are working with the LMC to identify a solution. Eastern There was nothing to add to this report.	

11	**Assurance committee chair's reports** Primary Care This report was taken as read.	
12	**Reflections** None	
13	**Any other business** None	
14	**The meeting closed at 11:33**	

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) **	Chief Nurse, NHS Devon CCG
David Greenwell – Dr (DG) A	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Gaynor Appleby (GApp) **	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG
Glynnis Atherton (GAth) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
James Wooldridge (JW) A	Associate Non-Executive Director, Devon CCG
Jane Milligan (JM) **	Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG)
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Finn (JF) **	Interim Director of Commissioning – in hospital, Devon CCG
John Womersley – Dr (JWo) **	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) **	Director of Commissioning - out of hospital, Devon CCG
Judith Hargadon (JH) A	Non-Executive Director/ Lay Member – Primary Care
Lincoln Sargeant (LS) **	Director of Public Health, Torbay Council
Matt Fox (MF) **	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** **	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) A	Clinical Lead Representative, Eastern Locality, Devon CCG
Sheila Roberts (SR) **	Interim Chief Operating Officer, Devon CCG
Shelagh McCormick – Dr (SMc) **	Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST) **	Interim Accountable Officer, Devon CCG
Steve Brown (SB) **	Director of Public Health, Devon County Council
In Attendance	
Nikki Coombes (NC) ** **Minute Taker**	Executive Assistant, Devon CCG
Dame Suzi Leather (DSL) **	Chair of the Integrated Care System for Devon (ICSD)

Sarah Lees		Consultant in Public Health, Plymouth City Council
Darin Halifax (DH) **** item 1**		ICS Lead for the Voluntary, Community and Social Enterprise Integrated Care System for Devon (ICSD)
Leila Manion (LM)**		Living Options
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	29-Jul-21	Children's review and waiting times update to be added to the Governing Body forward planner for October 2021.	26-Aug-21	Jo Turl/ Nikki Coombes	Post meeting update this action has been completed. 30.09.2021 It was agreed for an update report to be presented to the Governing Body at the 28 October meeting					FOR CLOSURE
2	30-Sep-21	SR to check on the data in the quality and performance report relating to children's services.	28-Oct-21	Sheila Roberts						OPEN

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Chair's Report				
Date of committee: 28 October 2021 **Date report produced: 19 October 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:**		
Public or Private (Governing Body only):	**Public**	√	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This report contains updates on:

- Introduction
- NHS Clinical Commissioners – The CCG Legacy
- South West Academic Health Science Network (SWAHSN)
- Allied Health Profession (AHP) Week
- Clinical and Professional Cabinet
- James Wooldridge

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

This month on top of all the current challenges and pressures we have had to deal with, I have found some real encouragement in the wealth of multi-disciplinary clinicians we have working within Devon. This was all too evident in the Academic Health Science Network (AHSN) annual report, the Allied Health Professional celebration week, and the presentation at Clinical Cabinet from the Mental Health Professionals. Our Integrated Care System will be stronger, more resilient and more able to meet the complex needs of our patients because of them.

2. NHS Clinical Commissioners – The CCG Legacy

It was a privilege to be part of an NHS Clinical Commissioners panel on 6 October to contribute to a document they are creating to capture the great work that CCGs have achieved in the last few years. This in part will be a celebration and recognition of all the hard work of all of my colleagues within NHS commissioning, and in part, a chance to capture all we have learnt about commissioning and clinical leadership that we must not lose as we establish Integrated Care Systems. I look forward to sharing the product of this work in the near future.

3. South West AHSN

In my report last month I mentioned the ongoing work of the AHSN and their upcoming annual review. This is now available on their website and I'd encourage you to read it and see some of the pieces of work they've been involved in over the last 12 months:

https://www.swahsn.com/wp-content/uploads/2021/09/SWAHSN-Annual-Review-2021-PUBLISHED.pdf

4. AHP Celebration Week

14 October was National AHP week and to celebrate our AHP Council put on a series of lunchtime presentations showcasing some of the great work that colleagues are doing around the county. Joining them at the beginning of the week I was inspired to hear how Occupational Therapy is becoming embedded in one of our primary care teams, technology is being used to support diabetic patients with foot conditions managed by podiatrists and the work that the AHP faculty is doing. This certainly demonstrates the great care and innovative practice our AHP teams provide and how it will be essential in the Integrated Care System that we work much more collaboratively with our colleagues from all clinical and professional backgrounds.

5. Clinical and Professional Cabinet

Clinical and Professional Cabinet (CPC) met on 14 October. Key agenda items included an update on our Long Term Plan, clinical criteria for orthopaedic surgery at the previous Nightingale Hospital site and an insight into the ‘day in the life of an approved mental health professional’.

6. James Wooldridge

Finally I would like to pay tribute and remember James Wooldridge who has been a valued member of our Governing Body as an Associate Non-Executive for the last two years. He sadly died earlier this month and for us in the CCG leaves behind a legacy of prioritising health and wellbeing (our own as much as our patients’), parity of mental health and an open and honest approach. He will be missed by many in the CCG and our thoughts are very much with his wife.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Accountable officer report				
Date of committee: 28 October 2021 **Date report produced:** 18 October 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:** 18 September, 2021		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This report contains updates on:

1. **Integrated Care System development and transition**
2. **Vaccination and COVID-19 latest**
3. **Quality and performance update**
4. **Recovery Support Programme**
5. **Operational plan update**
6. **CCG assessment**
7. **New GP premises for Mid Devon**
8. **Additional primary care funding**
9. **Black history month**
10. **More awards for Devon**

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 public)		x
Resource and Finance		x
Legal		x
Engagement and Consultation		x
Risk		x

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

Accountable Officer's Report

1. Integrated Care System (ICS) development and transition

Work to establish the ICS continues.

There are now some 16 workstreams established looking at all aspects of the project, including governance, clinical leadership and human resources.

There is also a transition group as part of this work, chaired, as you know, by Judy Hargadon, which meets weekly.

We continue to work closely with NHSEI on the programme, and, are following the various guidance documents as and when published.

As we head into what we expect to be a very busy winter, all of those involved in managing pressures in one way or another are also involved in establishing – or at least contributing to – the establishment of the ICS.

While this is very much part of the day job, I know that everyone is working flat out already – and I'd like therefore to acknowledge and thank people for their hard work in taking this forward.

The goal of greater integration between commissioners and providers together with social care is close and I know that come April, when we expect the ICS to be up and running, we will really see the benefit of this "behind the scenes" work.

The Health and Care Bill itself, upon which the statutory changes rest, is still at committee stage. There were scrutiny sessions throughout September and October, ending on the 21st.

The Bill will then pass to the report stage, where MPs will have a further opportunity to consider further amendments.

Throughout it all it will always be important to keep sight of the end point.

Remember, it will very much be evolution not revolution; building on the local partnerships we've forged over many years to join up services and put more emphasis on improving health.

I will, of course, provide further updates on the ICS development and transition as we progress towards April 2022.

2. Vaccination and COVID-19 latest

We are seeing increases in the number of people admitted to hospital with COVID-19. It is important to stress that it is predominantly those who have not been fully vaccinated who are in hospital.

If you have not yet been vaccinated, please do so now. It is isn't too late.

Having both doses is the best way to protect against Covid-19 and the potential long-term effects: chances of developing Long Covid halve, according to a study by King's College London, and it significantly reduces the chance of needing hospital treatment and the severity of symptoms.

If you know anyone who hasn't yet been vaccinated – or indeed, if you are one of the people yourself reading this – the easiest way to arrange a jab is search "NHS England vaccination site finder" or book via the national booking system online or call 119.

Details of walk-in clinics are also shared on NHS Devon CCG's social media pages.

Vaccinations are continuing in schools for 12–15-year-olds. Parents, guardians or carers of children in this group are being contacted for consent.

Two in three 18–24-year-olds, and four in five people aged over 16 are fully vaccinated.

And the good news is that overall (up to October 10), 935,930 first doses have been given in Devon while 872,675 second doses have been given; 1,814,294 doses in all.

Boosters are also being administered for those who had their second jab more than 182 days previously.

It has been a very good programme and I pay tribute to everyone involved – whether clinician, volunteer or administrator – for your hard work. Thank you.

3. Quality and performance update

Urgent Care

The Devon system has continued to see unprecedented, sustained pressure on urgent and emergency services. This is due to many factors and is affecting all localities and providers.

The continuing high demand on urgent care across all parts of the system is reflected in the impact upon SWAST who reported REAP 4 (the equivalent of OPEL 4) throughout July, August and September. Although demand on SWAST and 111 in Devon reduced slightly during August), it remains 20% above expected levels for the year to date.

The issues are multifactorial and is affecting all localities and providers, including primary care. The impact of workforce shortages in vacancies but also extractions from COVID related absences, estates issues and the on-going COVID-19 response, coupled with sustained demand, has exacerbated the pre-COVID risks. However, the System continues to work well together to mitigate risks and drive improvement in patient experience and safety. There is a noticeable improvement in relationships between providers and mutual support to share the urgent care pressure.

Ambulance handover delays is a particular issue, with 871 hours lost in Devon in the week to 10 October 2021, the second highest in the south west region which draws with it national attention, understandably. Work is going on across the system and particularly in the Plymouth system, supported by SWAST, NHSE/I and ECIST, to reduce the ambulance crew hours lost.

Planned Care

The impact of sustained urgent care pressure continues to affect planned care patients. Wait times continue to be long for many and the risk of safety issues, poor experience and inequity continues. August performance data shows a total of 11,256 people waiting in excess of 52 weeks - the latest weekly activity data (week ending 10/10/21) shows that this has risen to 12,751, with 649 people waiting in excess of 104 weeks. A new planned care risk, that describes this, has been submitted to the CCG's corporate risk register.

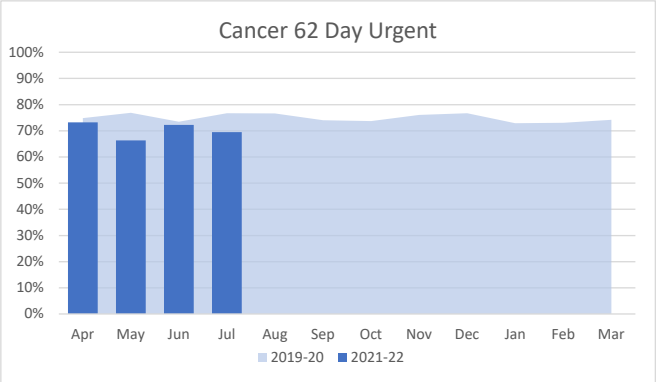
Supporting those waiting has become a key focus for providers and the system. The system 'Planned Care Harm' group will have oversight of system work in relation to harm during long waits (safety and experience). In addition, the group will become active in supporting providers in projects designed to understand, identify and mitigate risk. This group will report through the Planned Programme Board.

Additionally, the System Surgical Group continues to meet weekly, to offer solutions to the risks we face in relation to planned care and long waits, including mutual aid. However, providing capacity to each other remains difficult, as Trusts struggle with their own capacity. Mitigation plans, in addition to mutual aid, continue, but have variable impact (eg: NHS provider access to Independent Sector capacity). Longer term solutions at the Nightingale Hospital are being developed.

Diagnostic performance continues to be significantly below the standard, but is expected to improve over the coming months, as more diagnostic capacity comes on stream.

Cancer

Cancer 2 week wait referral levels continue to be around 125% of pre-COVID levels and 62-day performance remains below the 85% standard.



Cancer surgeries are being prioritised and 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.

A key element of the H2 planning guidance is to reduce Cancer 62 day waiters back to February 2020 levels by March 2022.

On behalf of the System, the CCG are undertaking a review of potential harm due to long waits; serious incidents, complaints, concerns and other available intelligence. This will be reported by the new Harm Group in December and will include any information on harm or poor experience for patients using cancer services.

Primary Care

Primary care demand remains high, with practices reporting reduced resilience, over and above that expected with seasonal leave, and heightened levels of negative encounters with both press and public which are affecting the staff and service. There are calls for positive messaging in support of the services and recognition of the sustained pressure upon the practices, where business as usual is competing with the additional demands of blood bottle and fuel shortages, deliver Quality Outcome Framework (QOF), the Primary Care Network (PCN) contract, covid and flu vaccinations.

Women and Children/Young People

Autism Spectrum Disorder (ASD) - On 23 September 2021 the number of children and young people over 5 years old who are waiting for an ASD assessment within the Devon County Council area is 2,142, a reduction of 815 since March 2021. The average number of referrals has reduced over the last 3 months, from 145 per month to 77. Plans have been confirmed to extend the duration of the additional capacity team to the end of March 2022 to clear the backlog.

Maternity services across Devon have been under sustained operational pressure since June 2021. Units have struggled to respond to an increase in the complexity of patients, coupled with a surge in induction of labour due to changes in national guidance, whilst dealing with workforce shortages, mainly due to the ongoing COVID-19 pandemic. In

response, regional and local systems have put in place a number of measures to ensure the safety of maternity provision, including:

- The development of Diversion Protocol for the South West for mutual aid
- National funding for new posts in midwifery
- Weekly regional sit-reps
- An agreement to explore developing a joint Devon Maternity Escalation and Risk Sharing Protocol

Since COVID there has been increased pressure and referrals into the Speech & Language Therapy service. Pathway changes and increased resources have been made available and recovery trajectories agreed with the service providers.

4. Recovery Support Programme

A steering group is meeting regularly to provide oversight for the Recovery Support Programme.

All ICS systems in the country were given a rating in line with the NHS System Oversight Framework (SOF) 21/22 framework earlier this summer

The Devon programme is aimed at supporting the system to improve its overall rating SOF4 rating.

While considerable work has already been completed, having dedicated capacity and subject matter expertise to accelerate progress in the delivery of a jointly owned strategy will be the central focus for the arrangements.

I chair the steering group on behalf of the ICS with input from system representatives and NHSEI.

Progress against SOF will be achieved through demonstrable system working and the achievement of clear exit criteria.

These are being developed by the steering group, linking with system partners.

I would remind you that there has been some really good progress in Devon in recent months.

We already work very closely with our colleagues in Local Authorities to improve how health and care services work together to benefit patients and service users. We also have forged very relationships with colleagues in the voluntary, community and social enterprise sector.

And, within the NHS, our organisations have strengthened collaboration.

I am confident that we will see overall improvements reflected in future ratings as we build on this progress.

5. Operational plan - H2 planning

Planning guidance for H2 (second part of the year) was published on 30 September. The guidance reiterates the six priorities set out in March for H1:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
F. Working collaboratively across systems to deliver on these priorities.

Some of the key requirements of the plan are: reducing 104 week waits and stabilising waiting lists, improving performance against cancer standards and embedding the actions in the recent UEC 10 point recovery action plan.

The operating plan core group meets weekly to co-ordinate the plan and ensure that technical (finance, activity and workforce) templates are aligned with narrative submissions.

The final deadline for submission is 16 November, but there are interim deadlines for core activity information, elective recovery narrative and finance.

The narrative is limited in H2; in addition to a separate elective recovery narrative submission, the requirement is to set out the assumptions behind activity volumes, actions being taken and risks/issues, in relation to the following areas of the plan:

1. Supporting staff health and wellbeing and taking action on recruitment and retention,
2. Restoring full operation of all cancer services,
3. Restoring and increasing access to primary care services,
4. Transforming community services and improving discharge

However, the H1 narrative plan will be refreshed in its entirety, to inform the H2 delivery work plan.

The ICS shadow Partnership Board has delegated approval of the plans to the System Chief Executives Group.

5. CCG assessment

In light of the ongoing pressures of COVID-19 and updated priorities, NHSE took a simplified approach to this year's CCG assessment programme.

Dispensing with the usual CQC-style four label categorisation, they have provided a narrative assessment, which takes account of individual circumstances within each ICS.

This year the annual assessment has focused on CCGs' contributions to local delivery of the overall system plan for recovery, with emphasis on the effectiveness of working relationships in the local system. The assessment took the form of self-assessment and a follow up meeting between NHSE/I.

Summarised in bullet form below:

The CCG has/is:

- demonstrated its leadership role in managing the wider system response to COVID-19, as well as the work with partners to maintain, and more recently restore services and activity to pre-covid levels

- fully engaged with Integrated Care System and Integrated Care Partnership developments, as well as Primary Care Networks.

- been finalists or winners in a number of awards, notably the HSJ Partnership Awards 2020 (with partners) and HSJ awards (2020) for the Devon Carers' hospital, One Northern Devon and Devon Digital Accelerator.

- maintained robust engagement with patients, particularly development of the CCG's Ethical Framework for Devon and use of the Devon Virtual Voices Panel to engage with ethnic minority community members, people with autism and people with learning difficulties, as well as over-65s.

- ended the year in a breakeven financial position – as have all CCGs across the South West.

Finally, the letter recognises that the CCG leadership team and the entire CCG workforce have worked extremely hard, at pace, and under challenging conditions.

6. New GP premises in Mid Devon

I am pleased to report to Governing Body that a new purpose-built £8 million GP premises has opened in Mid Devon.

It serves the people of Crediton and the surrounding areas thanks to collaborative working between local GPs and the wider NHS.

The new building offers a much wider range of services than they were previously able to from their Newcombes and Chiddenbrook sites in the town.

The two practices merged earlier this year to become Redlands Primary Care and the move to the new site brings them into one facility on Joseph Way in the town.

The project is one of a number of sites across the country to receive major NHS funding to improve facilities.

It was spearheaded by Dr Jo Harris and Dr Peter Twomey, GPs at Redland Primary Care.

The population of Crediton is expected to rise significantly over the next five years. The new facility will provide patients with a state-of-the-art health hub that can tackle the current and future challenges for health and care for a much larger population than it currently serves.

It provides better physical access for frail and elderly people, with ample parking, and is accessible through public transport. It includes 16 multi-purpose clinical rooms across two floors as well as eight telephone/video consultation booths that can be used by different clinicians. There's also better access for frail or elderly people and ample parking.

It's really exciting to see this project come to fruition and I congratulate everyone involved in securing this building for the future of people living in the area.

7. Additional primary care funding

You will have seen in the media that NHS England announced a package of funding for primary care.

It includes a £250 million "winter access fund" for use between November and March 2021, linked to increased appointments, including more face-to-face opportunities.

The primary care team has already held a webinar to talk practices through the announcement and are now working with practices on the detail.

Obviously, we welcome any additional monies to support primary care.

GPs and their staff In Devon have been incredible throughout the pandemic, going the extra mile for their patients. So I would like to once again thank them for their ongoing hard work and dedication during what is undoubtedly one of the most difficult periods for the NHS – and our country - in living memory.

8. Black history month

Like the rest of the NHS, we are celebrating black history month during October.

We launched the NHS Big Conversation on Race in Devon last week and I know that people are already starting to reflect on improving our workplace – and services - for BAME communities.

There is a county-wide panel event on 21st October on the subject of achieving racial equality across both health and care.

Health and social care staff will be contributing to this debate with a panel of speakers, discussing how we diversify our senior leadership, the role of the Devon-wide BAME staff Network and chatting to a nurse who has firsthand experience what it is like to work in Devon when from a minority group.

I'm pleased to say that I'll be joining the event and I'm very much looking forward to it.

Finally, we are raising general awareness. You will have no doubt seen the background screens designed for this purpose by our communications team.

We also have a rolling social media campaign, drawing attention to both national and local events taking place.

Finally, we are using black history month as an opportunity to promote our BAME staff network.

All in all, a lot planned for what is a very important area.

Full details available on the CCG's website.

9. More awards for Devon

Once again I find myself congratulating partners for winning various awards. It's an absolute privilege to do as it really shows what great work we are doing here in Devon.

Devon Partnership NHS Trust did well this month at the National Positive Practice in Mental Health Awards. The trust had an incredible nine teams shortlisted in the awards, six wins and three highly commended.

The success builds on recent improved CQC reports and other awards – putting mental health services in Devon once again in the national spotlight for good reason.

I'd also like to highlight our first system award, a gold – from the Chartered Institute of Public Relations (CIPR). This was for a partnership project involving the police

commissioner's office and Devon County Council targeting people in rural communities/without internet with key messages during the pandemic.

In another, the CCG, Northern Devon Healthcare NHS Trust and the community of Holsworthy were recognised with a gold award for the pioneering engagement in the North Devon town over a number of years.

And well done to University Hospitals Plymouth whose inhouse communications team won a silver award also from the CIPR.

I do look out for award winners across the patch but I cannot hope to capture everyone. If I've missed yours – whether you work in a Trust, Local Authority or the CCG, please let me know and I will take pleasure in showcasing your work in future reports.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: FINANCIAL PERFORMANCE REPORT				
Date of committee: 28th October 2021 **Date report produced: 21st October 2021**				
Author (s) Name and Title: Kevin Wheller, Associate Director of Finance (Northern and Eastern), Mark Adamson, Senior Accountant (Accounting and Reporting) **Contact Details:**		**Supporting Executive:** John Dowell **Name and Title:** John Dowell, Director of Finance **Contact Details:** **Report Approved by:** John Dowell **Name and Title:** John Dowell, Director of Finance **Date:** 21st October 2021		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

The presentation of the Clinical Commissioning Group's (CCGs) financial position in this report seeks to provide the necessary assurance to the Governing Body.

The report details the financial position for the period ending 30 September 2021. It includes the impact of the COVID-19 pandemic and the financial consequences for the CCG during 2021/22.

NHS England (NHSE) has put in place finance and contracting arrangements for the first six-months of 2021/22, 1 April 2021 to 30 September 2021. These arrangements are supported by an additional £8.1bn of funding provided by government, of which £7.4bn is available over the first half of 2021/22 to reflect the on-going impact of COVID.

In addition, the government has provided £1.0bn for elective recovery and £0.5bn for mental health recovery across 2021/22.

The Devon Integrated Care System funding envelope is comprised of an adjusted CCG allocation, CCG primary medical care allocations, a system top-up and a COVID fixed allocation, all based on the second half of 2020/21 funding (the NHS Model). The envelope has also been adjusted for known pressures and policy priorities.

On top of this the CCG will be reimbursed for eligible COVID costs, for example the hospital discharge programme (HDP), for elective recovery costs and the 2021/22 non-NHS providers pay award announced in July.

On the above basis the CCG has received an allocation of £1,231m, including £25.4m for elective recovery and £68.8m for COVID, for the period to 30 September 2021 together with an expectation that budgets are set within the parameters stipulated by the NHSE Model.

Included in the £68.8m COVID allocation is a £7.1m HDP reimbursement relating to the period 1 April to 30 June 2021.

With the expectation that the CCG will be reimbursed for HDP and the recent pay award, we are reporting a balanced position for the period ending 30 September 2021.

The CCG has received notification of the funding for the period October 2021 to March 2022 (month 7 to 12) with the expectation from NHSE that the Devon system will achieve financial balance for 21/22. The team are working through the details to inform the plan for the second half of the year and will report on this and the risks to delivery in the Month 7 Finance Report.

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

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

None.

Key recommendations and actions requested:

The Governing Body is requested to:

Consider, review and discuss the month 6 financial position.

Impact on Strategic Objectives

(Delete as applicable)

1. Improve service performance
2. Achieve financial sustainability
3. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

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

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

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

NHS Devon Clinical Commissioning Group

NHS Devon Clinical Commissioning Group

Finance Report

Month 6 – 2021/22

Contents

Appendices

1. Executive Summary

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Financial Position

The following detailed report reflects the budget set by the NHSE model compared with our expectations of commitments against that budget for the period to 30 September 2021.

	Budget £'000	Actual £'000	Variance £'000	Additional HDP and 3% Non-NHS Pay uplift adjustment £'000	Variance £'000
Year to date position	1,231,017	1,241,804	10,787	-10,787	0

Overall, subject to the CCG receiving the expected reimbursement from NHSE for the HDP as well as the 3% for non-NHS providers that have staff on NHS terms and conditions, the CCG is forecast to balance for the period ended 30 September 2021.

The year-to-date variances mainly arises due to additional costs linked to the COVID pandemic costs and costs relating to the CCG contribution to the 3% pay uplift within non-NHS providers. COVID costs are detailed in section 4.

The remaining variances are detailed in the sections below.

Savings Plan

Based on the prescribing data to month 4 the savings are forecast to amount to £0.8m in line with the CCG's six-month plan.

Risk

The only remaining risk to delivery of the H1 financial position to the 30th September is the receipt of the full allocation in respect of the Hospital Discharge Programme where the costs have exceeded the cap set by NHSE. This currently stands at £3.1m. We have received some assurance from NHSE that it is in the process of being signed off, but have yet to receive official conformation.

The CCG has received notification of the funding for the period October 2021 to March 2022 (month 7 to 12) with the expectation from NHSE that the Devon system will achieve financial balance for 21/22. The team are working through the details to inform the plan for the second half of the year and will report on this and the risks to delivery in the Month 7 Finance Report.

Integrated Care System (ICS)

The ICS has submitted a system plan for the period 1 April to 30 September 2021 which shows an expected balanced position.

As at month 5 Devon ICS had a YTD surplus position of £4.9m, which is £3.3m favourable to plan, and is forecasting a breakeven position as at 30 September 2021.

Providers and CCGs must achieve financial balance within the funding envelopes. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.

2. Financial Assurance Dashboard

NHS England's oversight framework for 2021/22 includes key lines of enquiry for the CCG assessment system covering 5 domains.

- Quality of care, access and outcomes
- Preventing ill-health and reducing inequalities
- People
- Leadership
- Finance and use of resources

The finance and use of resources domain look at how the CCG is remaining in financial balance and is securing good value for money for patients and the public from the money it spends. Indicators are:

- Evidence that the CCG has delivered its break-even target in-year and contributed to the reduction of system deficits.
- Evidence that the CCG has delivered the Mental Health Investment Standard (MHIS).

The indicators below are based on the six month's 2021/22 plan and the oversight framework.

NO.	INDICATOR	Devon CCG
Financial Plan Ratings detail		RAG
1	Planned breakeven	GREEN

NO.	INDICATOR	Devon CCG		%	RAG
		Plan/Target	Actual/Forecast		
In Year Financial Performance		£'m	£'m		
2	Year to Date position (including the expected reimbursement of HDP, ERF and non-NHS pay award)	0.0	0.0	0.0%	GREEN
3	Year to Date position (including the expected reimbursement of HDP, ERF and non-NHS pay award)	0.0	0.0	0.0%	GREEN
4	Running Costs	11.2	10.9	97.3%	GREEN
5	Risk adjustment to deficit (% of allocation)	0.0	0.0	0.0%	GREEN
6	Cash Position (% drawn down)	100.0%	98.1%	98.1%	GREEN
7	BPPC (% paid - value)	95.0%	98.8%	104.0%	GREEN

NO.	INDICATOR	Devon CCG
Achievement of MHIS		RAG
8	Planned delivery of MHIS	GREEN

3. Detailed Financial Performance

The year to date outturn by main service heading is as follows.

2021/22 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021 Month 06 SEPTEMBER	DEVON CLINICAL COMMISSIONING GROUP									
	Year To Date					Current Year Forecast				
	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance (Adv) / Fav	Budget	Non Covid Forecast	Covid Forecast	Total Forecast	Variance (Adv) / Fav
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
COMMISSIONED SERVICES										
Acute Services	591,829	591,585	1	591,586	242	591,829	591,585	1	591,586	242
Mental Health Services	135,230	135,826	-	135,826	(596)	135,230	135,826	-	135,826	(596)
Community Health Services	157,804	148,567	16,459	165,025	(7,221)	157,804	148,567	16,459	165,025	(7,221)
Placements	63,785	63,169	204	63,373	412	63,785	63,169	204	63,373	412
All Other Healthcare	18,429	19,122	(649)	18,473	(44)	18,429	19,122	(649)	18,473	(44)
Primary Care Services										
Prescribing	102,587	102,587	-	102,587	(0)	102,587	102,587	-	102,587	(0)
Delegated Commissioning	92,060	92,062	-	92,062	(2)	92,060	92,062	-	92,062	(2)
Other Primary Care	24,058	21,255	2,590	23,846	213	24,058	21,255	2,590	23,846	213
Primary Care Subtotal	218,705	215,905	2,590	218,496	210	218,705	215,905	2,590	218,496	210
Commissioned Services Subtotal	1,185,782	1,174,175	18,605	1,192,780	(6,998)	1,185,782	1,174,175	18,605	1,192,780	(6,998)
CORPORATE										
Running Costs	11,206	10,873	42	10,915	291	11,206	10,873	42	10,915	291
EARMARKED RESERVES AND CONTINGENCIES										
Other Reserves	34,029	38,109	-	38,109	(4,080)	34,029	38,109	-	38,109	(4,080)
Reserves Subtotal										
TOTAL COMMISSIONED SERVICES	1,231,017	1,223,157	18,647	1,241,804	(10,787)	1,231,017	1,223,157	18,647	1,241,804	(10,787)
Expected Additional Allocations					10,787					10,787
2021/22 Surplus/Deficit					0					0

The YTD and Forecast this month both reflect the position as at 30th September 2021. Further detail of the budgets making up the main service areas is provided in appendix 3.

3.1 Acute Services

Acute services include contracts with our main system acute providers as well as contracts with acute providers in Cornwall, Somerset, Bristol and London. It also includes our contract with South West Ambulance and contracts for acute procedures undertaken in the independent sector and by other Non-NHS providers.

The CCG and system providers have agreed a set of block contract payments that also include top-up payments, growth funding and COVID allocations. The CCG's budget under these financial arrangements has been set to match the payments.

At month 6 there is an overall underspend of £0.2m.

The finance and business intelligence teams are working with our main providers to establish a form of activity monitoring during this period to assist planning for restoration and recovery.

Elective Recovery Fund

In order to address the backlog of elective activity NHSE introduced and Elective Recovery Fund to pay for and incentivise the delivery of additional activity (over and above normal levels) in the period to 30th September 2021.

Our system providers have been delivering additional activity since April 2021. The fund paid for this activity at 100% of tariff for qualifying activity that was delivered above the activity threshold set for each month. The thresholds were based on the following % of the 19/20 activity baseline:

- 70% for April 2021
- 75% for May 2021
- 80% for June 2021
- >85% from July to September.

The system has received £25.4m of funding in relation to the activity delivered. The process agreed for allocation of ERF earnings is shown below

Step 1
Allocation of ERF made to support the cost to deliver the assumed ERF levels included in the H1 plans.

Step 2
Any ERF remaining after step 1 to be used to cover the cost of additional investments approved by the Devon Accelerator/ERF oversight group that will stretch capacity beyond H1 plans.

Step 3
Any ERF remaining after step 2 will be used cover the additional investment required in diagnostics to support elective recovery. Any diagnostic schemes whilst not earning ERF will be approved through the ERF investment process to confirm in support of elective recovery.

Step 4
Any ERF remaining after step 3 will be used to cover organisational CIP targets that rely upon productivity increases. This is to recognise that cash releasing CIP is difficult when the focus is on productivity.

The delivery and distribution of the ERF by provider is as follows:

	Apr £,000	May £,000	June £,000	July £,000	Aug £,000	Sept £,000	Total £,000
Step 1							
North Devon Healthcare	607	421	279	115	119	115	1,656
University Hopsital Plymouth	1,748	1,462	647	484	- 384	43	4,000
Torbay and Southern Devon	661	482	279	78	114	135	1,749
Royal Devon & Exeter	700	805	845	1,075	1,030	905	5,360
							12,765
Step 2 & 3							
North Devon Healthcare	9	63	183	268	348	380	1,251
University Hopsital Plymouth	259	256	728	954	1,038	1,569	4,804
Torbay and Southern Devon	14	19	65	85	95	100	378
Royal Devon & Exeter	9	59	298	526	763	961	2,616
							9,048
Step 4							
North Devon Healthcare	50	50	50	50	50	50	300
University Hopsital Plymouth	250	250	250	250	250	250	1,500
Torbay and Southern Devon	128	128	128	128	128	128	767
Royal Devon & Exeter	175	175	175	175	175	175	1,050
							3,617
Total							**25,430**

3.2 Mental Health Services

The Mental Health budget commissions services for adult, children and young people. The main contracts for the services are with Devon Partnership NHS Trust (DPT) and Livewell Southwest with the CAMHS service for Northern, Eastern and Southern localities being provided by Children and Families Health Devon through a contract with Torbay and Southern Devon NHS Foundation Trust. This section also includes spend relating to adult placements for mental health and learning disability services.

In 2021/22 the CCG has planned to invest £9.6m (4.04% increase) in Mental Health Services based on the Mental Health Investment Standard target.

At month 6 there is a YTD overspend of £0.6m, due to s117 learning disability and mental health services.

3.3 Community Health Services

Community Healthcare services include contracts with ICS partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.

It also includes provision for community based acute procedures delivered through GP practice specialisms and other non-NHS providers as well as joint arrangements with Local Authorities under the provisions of the Better Care Fund.

The YTD overspend of £7.2m relates mainly to COVID costs eligible for reimbursement under the hospital discharge programme.

3.4 Placements

Placements includes Continuing Care budgets comprising of Continuing Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).

The Placements position shows a month 6 underspend of £0.4m which is a result of a lower than anticipated conversion rate in CHC, offset in part by higher HDP breach costs and some continued COVID costs.

There is underlying risk that requires robust financial management. The key risks relate to the backlog of CHC assessments and breaches of the 6-week Hospital Discharge Programme funding (4 weeks in quarter 2).

The reported forecast outturn position is an estimate regarded as the likely scenario, but it is recognised that a range of factors exist which could potentially result in significant financial risk/benefit to that estimate.

Some examples include:

- Fluctuations in the number of clients eligible for financial support
- Assessments exceeding 28 day (NHSE/I situation report monitoring trajectory to return to 80% within 28 days and zero over 12 weeks by Q4 21/22)
- Unexpected exceptional levels of support required for some clients
- Responsible commissioner cases

The CHC control centre will continue to provide senior oversight to manage the financial position.

3.5 All Other Healthcare

All Other Healthcare picks up the remaining community-based provision of healthcare services including hospice care and other voluntary sector grant based commissioned services. This area also includes Patient Transport and NHS 111.

At month 6 there is a YTD overspend of £44k. See appendix 3 operating expenditure for details.

3.6 Primary Care Services

Primary Care includes expenditure on primary care prescribing, GP Medical Services (delegated from NHSE), enhanced services, Out of Hours and other primary care related expenditure including GP IT.

Prescribing

The Prescribing Monitoring Document (PMD), produced by NHS Business Services Authority, will not be provided but a revised profile has been shared instead. We have used this to provide our forecast. The revised profile has meant a reduction in the forecast and a breakeven position is now reported when central drugs are included.
We have also included some spend for Direct Oral Anticoagulants (DOAC) within the forecast provided by the Medicines Optimisation team and a small amount of No Cheaper Stock Obtainable (NCSO), in total £0.5m. There is currently no additional risk around category M drugs and the Medicines Optimisation team are helping us to monitor this.

Delegated Commissioning

As at month 6 we are reporting a small £2k overspend across delegated primary medical care.

Other Primary Care

Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs.

At month 6 there is an underspend of £0.2m. This is due to small overspends in out of hours GP services, home oxygen services and other primary care costs, which are offset by an underspend in Medicine Optimisation.

3.7 Running Costs

The pay and associated costs for the CCG are categorised into administrative (running costs) and programme costs according to whether they relate to healthcare services and are solely concerned with management of the organisation.

Each year the CCG receives a specific allocation for its running costs and has an obligation to report against it separately and mustn't overspend against the limit set.

The CCG's allocation for the first half of 2021-22 is £11.2m. The CCG is reporting an underspend of £0.3m for the first 6 months.

3.8 Resource Allocation

Revenue resources contained within our financial plans and financial systems are set out below.

Planned revenue resources 1 Apr - 30 Sep 21	£'000
Core allocation	922,829
Primary care commissioning	91,812
Running costs	11,206
Total recurrent revenue resources	**1,025,847**
Top-up allocation	72,079
COVID allocation	61,740
Growth allocation	4,845
Programme adjustments	34,009
Elective recovery fund	25,400
Out of system COVID reimbursement (HDP)	7,097
Total non-recurrent revenue resources	**205,170**
Total revenue resources confirmed	**1,231,017**
B/fwd deficit	(251,508)
Cumulative planned overspend	**979,509**

4. COVID-19 Specific Costs

The COVID pandemic has required investment in staff, equipment and in response to national initiatives to assist the transformation of health services in preparedness for the impact on the health of the population.

As at month 6 the CCG has incurred COVID costs of £18.7m. These costs can be summarised as follows:

COVID 19 Commitment Analysis	**YTD** £m
Primary Care, PPE, Staffing and Other Costs	2.7
	2.7
Hospital Discharge	
Devon CCG	4.1
Torbay Council	1.7
Devon County Council	7.6
Plymouth City Council	2.3
Livewell Southwest (Social Care)	0.3
	16.0
Total	18.7

The CCG has put in controls to ensure that COVID expenditure is appropriately procured and approved before commitments are made.

The impact of the national initiative to ensure the care sector remains stable during the COVID period has had a consequential effect on the cost care packages funded through Continuing Care Homes. We continue to work with Local Authorities on the developing strategies for the market management of the care home sector.

In addition to these measures a national initiative to speed up discharge from Hospital and reduce the burden of assessment on decisions supporting discharge NHSE and Local Authority's regulators agreed a hospital discharge programme supported by £1.3bn of NHSE funding. It allows Local Authorities to reclaim the cost of discharge packages and enhanced costs of care to prevent hospital admissions to be reclaimed via the CCG.

5. Risks

The likely consequences of the funding that the CCG will receive for the second half of the year (H2) are currently being looked at by the team. The only remaining risk for the period to the 30th September is the reimbursement of Hospital Discharge costs where they exceed the capped funding set for the CCG.

Devon CCG		**Month 6**
Risk	**Description**	**£'000**
Hospital Discharge Programme	There is a risk that the additional funding required to meet the full costs of the hospital discharge programme (HDP) will not be available to the CCG as it exceeds the capped funding set aside by NHSE.	3,131
Total Risk		**3,131**
Mitigations	**Description**	**£'000**
Hospital Discharge Programme	Assumed that the business case for the additional HDP funding will be successful.	-3,131
Total Mitigations		**-3,131**
Total Unmitigated Risk		**0**

Should the allocation we receive fall short of the excess costs experienced we will seek to understand the reasoning and address appropriate mitigating actions to meet the NHSE objectives of a breakeven position.

The CCG has received notification of the funding for the period October 2021 to March 2022 (month 7 to 12) with the expectation from NHSE that the Devon system will achieve financial balance for 21/22. The team are working through the details to

inform the plan for the second half of the year and will report on this and the risks to delivery in the Month 7 Finance Report.

6. Other Financial Information

6.1 Statement of Financial Position

The statement of financial position (SoFP) provides a snapshot of the CCG's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows the CCG's assets and liabilities (what the CCG owns and is owed), and the bottom part (total taxpayers' equity) which shows how the CCG has been financed.

The CCG's position as at 30 September 2021 is shown in appendix 1.

6.2 Capital

The CCG has received the requested IT capital funding for 2021/22. This amounts to £0.4m, £0.1m for business-as-usual laptop replacements and £0.3m for capital infrastructure.

6.3 Better Payment Practice Code

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

The CCG's current performance against the target of 95% is detailed below:

	Number	£'000's
Non NHS Creditors - % of bills paid within target	99.21%	96.32%
NHS Creditors - % of bills paid within target	97.05%	99.81%

6.4 Cash

There are several key cash performance targets that CCGs are measured against; these are set out in appendix 2.

7 Recommendations

The Governing Body is requested to:

Consider, review and discuss the month 6 year to date performance position including the current risks.

Appendices

Appendix 1: Statement of Financial Position

AS AT 30 SEPTEMBER 2021	DEVON CCG
STATEMENT OF FINANCIAL POSITION	**ACTUAL**
	£000's
NON CURRENT ASSETS	
Property Plant Equipment	1,167
Intangible Assets	0
Investment Properties	-
Trade & Other Receivables	0
Other Financial Assets	-
Total Non Current Assets	1,167
CURRENT ASSETS	
Inventories	748
Trade & Other Receivables - NHS	948
Trade & Other Receivables - Non NHS	14,365
Other Current Assets	-
Cash & Cash Equivalents	2,975
Non-current Assets held for Sale	-
Total Current Assets	19,035
Total Assets	20,202
CURRENT LIABILITIES	
Trade & Other Payables - NHS	- 14,520
Trade & Other Payables - Non NHS	- 171,749
Other Liabilities	- 1,272
Borrowings / Cash in Transit	- 4,950
Provisions	-
Total Current Liabilities	- 192,492
Total Assets less Current Liabilities	- 172,289
NON-CURRENT LIABILITIES	
Trade & Other Payables	-
Other Financial Liabilities	- 85
Total Non Current Liaibilities	-
Total Assets Employed	- 172,375
FINANCED BY TAXPAYERS EQUITY	
General Fund	172,375
Total Taxpayers' Equity	172,375

Appendix 2: Cash

There are several key cash performance targets that the CCG is measured against:

Measure	Month 6
CCGs must operate within their Cash Drawdown Requirement *The Cash Drawdown Requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £1,230.276m for Devon CCG the year.*	98.1% of the Cash Drawdown Requirement has been utilised as at month 6 (100.0% is expected based on a straight-line trajectory at month 6).
CCGs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against CCGs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the CCG has not yet been confirmed.	Notional charges amount to £5,564 for September.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown	The CCG has not met the requirement to manage their cash balances at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made*

Appendix 3: Operating Expenditure

2021/22 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021 Month 06 SEPTEMBER	DEVON CLINICAL COMMISSIONING GROUP									
	Year To Date					Current Year Forecast				
	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance (Adv) / Fav	Budget	Non Covid Forecast	Covid Forecast	Total Forecast	Variance (Adv) / Fav
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE										
NHS Royal Devon & Exeter Foundation Trust	170,215	170,215	-	170,215	0	170,215	170,215	-	170,215	0
NHS University Hospitals Plymouth NHS Trust	160,349	160,143	-	160,143	206	160,349	160,143	-	160,143	206
NHS Northern Devon Healthcare Trust	77,208	77,180	-	77,180	27	77,208	77,180	-	77,180	27
NHS South Devon Healthcare Foundation Trust	129,703	129,708	-	129,708	(4)	129,703	129,708	-	129,708	(4)
NHS Taunton and Somerset	4,850	4,850	-	4,850	0	4,850	4,850	-	4,850	0
NHS South Western Ambulance Trust	25,564	25,871	-	25,871	(307)	25,564	25,871	-	25,871	(307)
Independent Sector	16,151	15,217	-	15,217	934	16,151	15,217	-	15,217	934
Other Acute	7,789	8,402	1	8,403	(614)	7,789	8,402	1	8,403	(614)
Subtotal	591,829	591,585	1	591,586	242	591,829	591,585	1	591,586	242
PLACEMENTS										
Continuing Healthcare	57,131	56,221	204	56,425	706	57,131	56,221	204	56,425	706
Funded Nursing Care	6,654	6,948	-	6,948	(294)	6,654	6,948	-	6,948	(294)
Subtotal	63,785	63,169	204	63,373	412	63,785	63,169	204	63,373	412
COMMUNITY & NON ACUTE										
Livewell Southwest	12,210	11,159	771	11,930	280	12,210	11,159	771	11,930	280
Royal Devon and Exeter Community	29,711	29,722	-	29,722	(11)	29,711	29,722	-	29,722	(11)
Northern Devon Healthcare Community	15,485	15,485	-	15,485	(0)	15,485	15,485	-	15,485	(0)
South Devon Healthcare Community	36,687	35,703	1,676	37,379	(692)	36,687	35,703	1,676	37,379	(692)
University Hospitals Plymouth Community	13,078	13,769	-	13,769	(691)	13,078	13,769	-	13,769	(691)
Children and Families Health Devon	6,048	6,048	-	6,048	0	6,048	6,048	-	6,048	0
Individual Patient Placements	225	586	-	586	(362)	225	586	-	586	(362)
Integrated Urgent Care Service	25	23	-	23	2	25	23	-	23	2
Hospices	4,293	4,331	20	4,352	(59)	4,293	4,331	20	4,352	(59)
MIU Contracts	410	373	-	373	37	410	373	-	373	37
Plymouth Integrated Fund	5,570	4,925	2,342	7,267	(1,697)	5,570	4,925	2,342	7,267	(1,697)
Better Care Fund_Devon CC	20,495	16,674	7,568	24,242	(3,747)	20,495	16,674	7,568	24,242	(3,747)
Other Community Services	13,569	9,768	4,081	13,849	(280)	13,569	9,768	4,081	13,849	(280)
Subtotal	157,804	148,567	16,459	165,025	(7,221)	157,804	148,567	16,459	165,025	(7,221)
MENTAL HEALTH SERVICES										
Devon Partnership NHS Trust	85,597	85,602	-	85,602	(5)	85,597	85,602	-	85,602	(5)
Livewell MH Services	12,255	12,255	-	12,255	(0)	12,255	12,255	-	12,255	(0)
University Hospitals Plymouth MH	9,427	9,427	-	9,427	-	9,427	9,427	-	9,427	-
Children and Families Health Devon	6,877	6,877	-	6,877	(0)	6,877	6,877	-	6,877	(0)
Individual Patient Placements	6,084	6,196	-	6,196	(112)	6,084	6,196	-	6,196	(112)
Section 117	8,743	9,320	-	9,320	(578)	8,743	9,320	-	9,320	(578)
Other Mental Health	6,248	6,149	-	6,149	99	6,248	6,149	-	6,149	99
Subtotal	135,230	135,826	-	135,826	(596)	135,230	135,826	-	135,826	(596)

2021/22 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021 Month 06 SEPTEMBER	DEVON CLINICAL COMMISSIONING GROUP									
	Year To Date					Current Year Forecast				
	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance (Adv) / Fav	Budget	Non Covid Forecast	Covid Forecast	Total Forecast	Variance (Adv) / Fav
OTHER COMMISSIONED SERVICES										
NHS 111	2,661	2,818	-	2,818	(157)	2,661	2,818	-	2,818	(157)
Better Care Fund Torbay	1,734	1,734	-	1,734	-	1,734	1,734	-	1,734	-
Patient Transport Services	4,758	4,622	309	4,931	(173)	4,758	4,622	309	4,931	(173)
All Other Commisionned Services	9,276	9,948	(958)	8,990	285	9,276	9,948	(958)	8,990	285
Subtotal	18,429	19,122	(649)	18,473	(44)	18,429	19,122	(649)	18,473	(44)
PRIMARY CARE										
Prescribing	102,587	102,587	-	102,587	(0)	102,587	102,587	-	102,587	(0)
Enhanced Services	10,331	7,797	2,527	10,323	7	10,331	7,797	2,527	10,323	7
Delegated Commissioning	92,060	92,062	-	92,062	(2)	92,060	92,062	-	92,062	(2)
GP Out Of Hours	6,919	6,861	89	6,951	(32)	6,919	6,861	89	6,951	(32)
Other Primary Care	6,809	6,597	(25)	6,572	237	6,809	6,597	(25)	6,572	237
Subtotal	218,705	215,905	2,590	218,496	210	218,705	215,905	2,590	218,496	210
TECHNICAL										
Coding Errors	-	-	-	-	-	-	-	-	-	-
Suspense	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-	-
TOTAL COMMISSIONED SERVICES	1,185,782	1,174,175	18,605	1,192,780	(6,998)	1,185,782	1,174,175	18,605	1,192,780	(6,998)
RUNNING COSTS										
Pay	9,618	7,823	34	7,856	1,762	9,618	7,823	34	7,856	1,762
Non Pay	1,588	3,052	8	3,060	(1,472)	1,588	3,052	8	3,060	(1,472)
Income	-	(1)	-	(1)	1	-	(1)	-	(1)	1
Subtotal	11,206	10,873	42	10,915	291	11,206	10,873	42	10,915	291
EARMARKED RESERVES AND CONTINGENCIES										
Earmarked Reserves										
Contingency										
Other Reserves	34,029	38,109	-	38,109	(4,080)	34,029	38,109	-	38,109	(4,080)
Subtotal	34,029	38,109	-	38,109	(4,080)	34,029	38,109	-	38,109	(4,080)
NET TOTAL OPERATING COSTS	1,231,017	1,223,157	18,647	1,241,804	(10,787)	1,231,017	1,223,157	18,647	1,241,804	(10,787)
CCG Control Total	(1,231,017)	(1,223,157)	(18,647)	(1,241,804)	10,787	(1,231,017)	(1,223,157)	(18,647)	(1,241,804)	10,787
2021/22 Surplus/Defecit	-	-	-	-	0	-	-	-	-	0

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Monitoring and reporting CCG objectives				
Date of committee: 28 October, 2021 **Date report produced: 19 October, 2021**				
Author (s) Name and Title: Nick Pearson, Chief of Staff		**Supporting Executive: Andrew Millward** **Name and Title: Andrew Millward** **Director of Communications and Engagement of Integrated Care System Devon and Director of Communications, HR and IT, NHS Devon** **Contact Details:**		
		Report Approved by: Andrew Millward **Name and Title: Director of Communications and Engagement of Integrated Care System Devon and Director of Communications, HR and IT, NHS Devon** **Date 19 October 2021**		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

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

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

As a result, a number of actions have been amended and a number of new ones added, and particularly related to the objectives on service performance and financial sustainability. These are marked with an asterisk (*).

The Governing Body will continue to receive updates on a quarterly basis, next one due in January, 2022.

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

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

Report to GB

Key recommendations and actions requested:

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

The Governing Body is asked to:

a) Note the contents of the report

Impact on our objectives

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

Reference to other documents or accompanying papers:

None

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

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

Engagement and Consultation		X
Risk		X

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

Monitoring and reporting CCG Objectives

1. Introduction

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

1.2 It is the third report to Governing Body in 2021 and has been refreshed following feedback from Governing Body members and the requirements of the updated planning guidance, published in September, 2021. **As a result, a number of actions have been amended and a number of new ones added, and particularly related to the objectives on service performance and financial sustainability. These are marked with an asterisk (*).**

1.3 Governing Body will continue to receive updates on a quarterly basis.

1.4 The CCG Objectives for 2021/22 were introduced in February 2021 by the Director of Communications, Human Resources and IT. This year's objectives were co-produced with a wide range of staff and the CCG Governing Body.

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

2. Objectives

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

3. Process

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

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

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

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

4. Cross-referencing with corporate assurance framework

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

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

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

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

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

5. Summary of progress

5.1 The templates overleaf highlight progress against the CCG Objectives for 2021/22, as well as all of the resultant actions.

5.2 Four overall objectives are reporting as rated amber. These are:

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

5.3 One CCG Objective is reporting as red:

- Objective 2: Improve service performance.

5.5 **Table showing overall progress:**

6. Detailed progress by objective

Lead director/directors: Jo Turl and John Finn

Objective 1	**Objective Commission high-quality and safe services that reduce health inequalities and improve health outcomes**		
Overall RAG	Amber		
Action 1	Commission outcomes-based services, for example the western integrated care partnership **Jo Turl and John Finn**	March 2021	Green - completed/ongoing
Narrative **Risks to delivery**	The Western ICP has been commissioned using an outcomes framework developed in partnership with the local system. This framework will be used as a basis for integrated community services in the other localities in Devon. Through the commissioning checklist and the commissioning review documentation, prompts and checks are in place to ensure all commissioned services include outcomes-based measures. Commissioning resource at strategic level.		
Action 2	Deliver strategic commissioning cycle training for CCG staff **Andrew Millward**	March 2021	Green - completed
Narrative **Risks to delivery**	Completed November 2020, session recorded and now included in CCG Induction / available on the Intranet. Further commissioning training as per OD programme in line with appraisal and talent management process / in support of transition to ICS. No risks to delivery identified.		
Action 3	Produce a system outcomes framework report, integrated with performance, quality and finance **Sheila Roberts, Darryn Allcorn and John Dowell**	November 2021 (revised)	Amber
Narrative	Request to move the objective deadline to November 2021 agreed at July's GB meeting. Work is progressing between the quality, performance and finance teams. The reporting format for CCG and System reporting has been combined and will continue to evolve, taking into account feedback.		

	Workforce information will be included as soon as practicable. Links to Objective 2, Action 5.		
Risks to delivery	Risk exists around the BI resource required to enhance reporting.		
Action 4	Produce a web-based strategic evidence base to identify health inequalities	March 2021	Green - completed
Narrative	The evidence base web pages are now in place and are being added to as further analysis is developed and evidence collated. The site will link to the separate inequities tool being developed by Public Health and to PHM data and analysis when it becomes available.		
Risks to delivery	No risks to delivery identified.		
Action 5	Expand the population health management programme across Devon **Jo Turl**	June 2021	Amber
Narrative	Business plan approved and recruitment currently underway. Plan to roll out ALSs on a phased basis over Autumn/Winter.		
Risks to delivery	Level of system engagement due to demands in the urgent care system.		
Action 6	Support the development of five Local Care Partnerships (plus a Mental Health Care Partnership) to produce effective commissioning plans **Jo Turl (MH) and Simon Tapley**	March 2021	Green
Narrative:	This support is being delivered and is ongoing. LCP development continues. There was an LCP development day in Plymouth at the end of September with another planned for Eastern Devon LCP later this month. The Deputy CEO, LCP Directors and other staff also came together in September to work on governance arrangements. A Programme Director, Manager and team are in place to support delivery of the LTP priorities. Locality recruitment is ongoing and vacancies have been reduced. A round of discussions have taken place with each LCP on ambitions with regard to delegated budgets/ decisions, along with the suggested gateways for any authorisation process		
Risks to delivery:	Lack of commissioning resource to support delivery. Mitigation – some temporary cover in place and interim acting up arrangements.		

2. Improve service performance

Lead director/directors: Shelia Roberts / Alison Wilkinson

Objective 2	**Improve service performance**		
Overall RAG	Red		
Action 1	Implement the phase 3 restoration plan, including maximising planned care during winter and during the coronavirus pandemic **John Finn and Sheila Roberts**	March 2021	Green – completed/ongoing
Action 2	Implement the 'Adapt and Adopt' programme **John Finn**	Feb 2021	Green - completed
Action 3	Deliver Devon's system winter plan and develop the 2021/22 system operating plan **Sheila Roberts**	April 2021	Green – completed/ongoing
Narrative	2020/21 winter plan delivered – review and evaluation of schemes undertaken and incorporated in summer capacity plan and refresh of the winter plan. The Devon winter plan is currently being refreshed and the NHSE/I KLOEs completed. The plan will go to the Devon UC Board on 21 October for review. The 2021/22 H1 operating plan was submitted according to required timescales on 3rd June 2021. H2 guidance has now been received and submissions are being co-ordinated through the system planning group, with deadlines between 14th October and 16th November 2021.		
Risks to delivery	No risks to delivery identified.		
Action 4	Implement 'Think 111 First' to help people access the right service for their needs and preserve acute urgent care services for when they are most needed **Jo Turl and John Finn**	Feb 2021	Green – subsumed into action 10 below
Action 5	Design and deliver an integrated performance reporting framework to	March 2021	Green – completed/ongoing

	address challenging performance and reduce inequalities **Sheila Roberts**		
Action 6	Engage with communities, patients and staff to understand healthcare needs and co-produce services **Andrew Millward**	Ongoing	Green – completed/ongoing
Narrative	Ongoing engagement continues for a range of key work: ▪ To inform the Covid-19 vaccination programme, specifically for groups experiencing health inequalities. Insights gained from engagement is informing the outreach approach to vaccinations. ▪ The Community Mental Health Framework for Devon is being co-produced with the communities and the VCSE across Devon and plans are underway to begin engagement with local communities about the updated long-term plan and new hospital programme. ▪ During 2021, the CCG and partners carried out three public involvement programmes connected with the proposed West End Health and Wellbeing Centre in Plymouth. ▪ To ensure we actively seek the views of the public on service changes, we are recruiting lay representatives to join CCG procurement panels. The most recent example of this is the Mayflower Medical Group procurement. Local councillors and Healthwatch volunteers have been part of the group evaluating bids and having their say on the final procurement contract award. ▪ A review of children's services in the community is underway. This will involve engagement with services users, parents and carers, VCSE organisations and provider staff. Feedback will be shared in January 2022. ▪ Healthwatch were commissioned by the CCG in July 2021, to help understand the increasing pressures in the emergency departments (EDs) of the four acute hospitals in Devon. They spoke to 407 people across the four sites, which represents 10% of the total number of ED attendances in July.		
Risks to delivery	No risks to delivery identified.		
Action 7* (NEW)	Accelerate the restoration of elective and cancer care. (21/22 operational plan requirement) **John Finn** a) maximise elective activity and eliminate waits of over 104 weeks, taking full advantage of opportunities to transform the delivery of services, including	Ongoing	Red

	clinical prioritisation of patients on waiting lists. b) Return to – or exceed – pre-pandemic levels of activity in H2 to reduce long waits and prevent further lengthening of waiting lists c) restore full operation of all cancer services, with priorities for recovery remaining the same as in the first half of the year.		
Narrative **Risks to delivery**	a) Through H2 planning we have focussed system capacity on a system plan to reduce 104ww for patients to zero, increasing capacity in 3 ways: • Core acute capacity as detailed in H2 return • Additional capacity via ERF and TIF bids • The delivery for system wide 104 week wait plan b) Through H2 planning, work towards increasing capacity against 19/20 baseline. c) Through H2 planning core cancer capacity above 19/20 baseline. a) The urgent care system remains on Opel 3/4 preventing the delivery of elective and cancer services. b) Non delivery of TIF plans. c) The Devon system does not achieve the threshold of 89% for ERF thus having no revenue to deliver ERF bids.		
Action 8* (NEW)	Manage the increasing demand on mental health services (21/22 operational plan requirement) **Jo Turl** a) expand and improve mental health services and services for people with a learning disability and/or autism through delivery of 2021/22 Mental Health plan b) Recovery of face-to-face community mental health care is to be accelerated	Ongoing	Amber
Narrative	a) H1 analysis judged 93% of deliverables in 2021/22 for the MH operating plan and LTP mental health road map to be low or medium risk for in-year delivery. 5 year performance and finance trajectories are being defined for mental health with system partners; alongside review of Mental Health Investment Standard spending in Devon. This is intended to support assurance of current spend against designated MH priorities, to inform MH strategy and to support the development of MH Provider Collaboratives in the Devon ICS.		

Risks to delivery	21/22 investment of MHIS and Service Development Fund (SDF) and Spending Review (SR) has been cascaded to providers aligned to the LTP priorities. It should be recognised that plans to support increasing demand for most of the priorities connects to workforce recruitment. Whilst providers are reviewing the skill sets of those to be recruited, this is a risk to being able to deliver this needed increased capacity within services. b) Face-to-face service delivery did not completely stop during COVID. A blended model of face to face and/or digital technology was offered which balanced clinical needs with COVID based guidance. Providers are taking the positive benefits of digital delivery combined with, where clinically indicated and/or desired by the person/family face to face delivery. Areas where this has been particularly increased align to teams who provide intensive home treatment offers, eating disorder pathways and Memory Assessment Services. In addition for CYPs, alternative venues have been identified which enable the delivery of group sessions – spaces which enable social distancing. c) Four deliverables are considered to be high risk: • The trajectory for Physical Health Checks to be sufficiently available for people with severe mental illness; Additional capacity from a VCSE provider has been commissioned/contracted to support forecast position of being at 40% by March 22 (national target is 60%). • Improving Psychological Therapies access in sufficient volumes of activity: providers have been looking to recruit marketing roles to support access rates. When in receipt of treatment, recovery is high, as is timeliness of access. with 95% accessing treatment within 6 weeks. • Elimination of out-of-area placements. Plans to increase bed capacity within area are being affected by workforce related issues. • Dementia diagnosis: additional capacity has been identified to support improvement of dementia diagnosis.		
Action 9* (NEW)	Expand primary care capacity to improve access, local health outcomes and address health inequalities (21/22 operational plan requirement) **Jo Turl** a) prioritise local investment and support for general practice as well as primary care networks (PCNs), including supporting recruitment under the Additional Roles Reimbursement Scheme (ARRS)	Ongoing	Amber

	b) support their PCNs to work closely with local communities to address health inequalities and use of technology. c) support practices with access challenges so that all practices can deliver a blended access model, incorporating some face-to-face care		
Narrative **Risks to delivery**	a) Investments in Primary Care include the Primary Care Development fund are in place with a supporting Memorandum of Understanding in place to enable Collaborative chairs to lead this. Recruitment position around ARRS is very good across all PCNs with improvement over the last 12 months; there is a process in progress to utilise the unspent ARRS funding, with applications being received from PCNs. b) The population health management programme is in the process of being rolled out across Devon, following the successful 5 site pilot scheme earlier in 2021. Central and local resource has been recruited to coordinate and analyse the information produced. Data sharing having been recently agreed means that locality level data will be available from November 2021 for PCNs and local community teams to start to work together and identify their populations with greatest need and agree plans to address areas of health inequality. c) Primary Care team working with identified Practices to support the use of digital remote support via clinical pharmacists and GPs. In addition, the winter plan funding for Primary Care announced 14th October – plan for development of this to be drafted by 28th October a) Main risk is the capacity in Primary Care workforce to fully utilise the funding. b) Delay in agreement around data sharing has caused a delay in availability of information at a local level. The Primary Care and community teams who will be central to this work are already stretched by current demand and urgent care pressures, alongside residual Covid pressures. c) Workforce capacity a challenge across all roles in Primary Care – pressures on GPs impacting on staff morale and resilience. Continued impact of Covid on workforce.		

Action 10* (NEW)	Transform community and urgent and emergency care (UEC) to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay. (21/22 operational plan requirement) **John Finn and Jo Turl** a) work with social care to ensure the Hospital Discharge and Community Support policy and operating model are fully implemented b) manage increasing pressure within urgent care and support winter resilience, including embedding actions in the UEC action plan and developing effective integrated operational delivery plans.	Ongoing	Red
Narrative **Risks to delivery**	a) The delivery of SDEC is core to managing urgent care pressures as is the early delivery of community urgent care plans. b) A review of the demand on the FRS has been undertaken and business cases are being finalised to support the additional capacity required to positively impact on calls being answered. Evidence shows diversion of people from ED after contact with FRS. Initially capacity needs to be provided per provider (Short term), with medium term goal being to amalgamate the one service across the footprint to increase capacity and resilience. The UEC plan is being reviewed to establish a benchmarking position to identify next steps. The SDEC programme and the early delivery of community urgent care programmes are delayed and do not deliver in 4th quarter 21/22		
Action 11* (NEW)	Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review (21/22 operational plan requirement)	Ongoing	Amber
	Devon LMNS continues to work across to system to deliver maternity care improvements and has led the development of the recently approved Personalised Care and Support Plans due to be implemented from January 2022.		

Risks to delivery	As part of its response to the recommendations of the Ockenden review, the LMNS has appointed a Risk Midwife and is finalising a systemwide maternity dashboard to evidence progress & compliance. Sustained and ongoing operational pressures due an increase in the complexity of patients and a surge in inductions of labour continue to present a risk to service improvements. Maternity workforce shortages mainly due to the impact of the ongoing Covid-19 pandemic is a further risk to delivery. Staffing shortages within the core LMNS team is an additional risk to delivery against transformation and Ockendon requirements.

Lead director/directors: John Dowell

Objective 3	**Achieve financial sustainability**		
Overall RAG	Amber		
Action 1*	Deliver a break-even system position for the current financial year **John Dowell**	April 2022	Amber
Narrative **Risks to delivery**	Regular reports to Finance Committee and GB confirm CCG financial balance for H1 of 2021/22 has been achieved. Financial envelope for H2 is now confirmed as a continuation of H1 arrangements, with higher efficiency requirement than that in H1, but better than the 3% planning assumption we had been working with. A balanced plan for H2 is expected and will be presented to Governing Body in November. Delivery of efficiencies from CCG direct spending outside of main ICS Provider Sector will be challenging, particularly in light of ongoing operational pressures. Investment in Elective recovery is supported by earnings from the national Elective Recovery Fund (ERF). Pressure in emergency care system is challenging the volumes of elective activity required to secure these earnings.		
Action 2*	Reset the Medium-Term Plan, recognising the impact of COVID, to ensure that we deliver against the financial ambition of the	April 2022 (revised)	Amber

	Devon Long-Term Plan. This includes balancing investment between in hospital and out of hospital towards out of hospital services in the post-COVID environment (by 2023/2024). This will mean financial sustainability with expenditure contained within allocated resources on an ongoing basis (living within our means) **John Dowell, Penny Harris and Jo Turl**		
Narrative	Formal request to move the objective deadline to April, 2022 was approved at July's GB meeting. Financial planning principles and financial recovery strategy for the ICS has been agreed through the System Transformation and Efficiency Committee. Significant progress has also been made on the impact statements from the proposed changes to the delivery system through the implementation of the Long-Term Plan. Reset of the Medium-Term Financial Plan is now expected to be completed for submission to NHSE in the new calendar year (2022), and financial modelling and scenario planning is underway to support our exit from System Oversight Framework level 4 (SOF4).		
Risks to delivery	Required expenditure run rate from 1st April 2022 is likely to be below that of the second half of 2021/22 therefore costs will need to be reduced over a period when we are also required to maximise recovery of service output to pre-covid levels Focus on elective recovery may challenge our ability to shift the balance of investment. Uncertainty of allocation and financial recovery trajectory required. Risk that this may be unachievable when finally issued.		
Action 3	Deliver agreed efficiency programmes in each financial year through to 2023/2024 with key milestones for each year. These should be informed by ongoing assessment of value for money in our use of resources. **John Dowell**	Ongoing	Amber
Narrative	Review of all Long-Term Plan priorities and delivery programmes underway. Financial framework for recovery that confirms the targets for delivery from each of the programmes, based on good evidence of what is achievable will be set to support the medium-term financial plan actions identified above.		

Risks to delivery	Change capacity required. Timescales for delivery will be challenging.		
Action 4	Deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression; and make best use of available resources. **John Dowell**	Ongoing	Amber
Narrative **Risks to delivery**	Running costs remain well within authorised limit for 2020/21, but the allocation for 2021/22 reduces. Efficiencies sufficient to cover any impact of inflationary pressures are therefore required. A full review of both pay and non-pay running costs is in progress, for sign off of budgets by CCG exec team ahead of H2 planning. Continued pressure on capacity to manage pandemic response and resource the change programmes to ensure delivery of the LTP CCG to ICS transition.		

Lead director/directors: Andrew Millward

Objective 4	**Be an effective, well-led organisation with an empowered and inclusive workforce**		
Overall RAG	Green		
Action 1*	Support staff health, wellbeing and morale (21/22 operational plan requirement) **Andrew Millward**	Ongoing	Amber
Narrative	Our health and wellbeing champions have been hugely important in ensuring as strong focus on staff wellbeing. They recently met with the Executive team to highlight some challenges to staff wellbeing and we are currently working with them and the Staff Partnership Forum on a number of actions to enhance wellbeing of staff. Staff wellbeing is a big focus of all Directors and they are regularly checking in on staff and teams. Wellbeing was the area of biggest improvement in the recent Picker Staff Survey 2020/2021. The latest Staff Survey is out at the moment, and is likely to be more challenging.		

	HR Dashboard being shared regularly now with Exec and SLT. Monitoring any changes to absence turnover and mental health related absences in particular. Continuation of wellbeing workshops for staff including yoga; mindfulness; sleep; etc. Wellbeing pages on the intranet and the wellbeing noticeboard are being regularly updated.		
Risks to delivery	Huge pressures and competing priorities are impacting on staff wellbeing.		
Action 2	Deliver the CCG's organisational development programme so that we continue to enhance the culture of the organisation. Doing so will help meet the challenges within the NHS People Plan **Andrew Millward**	September 2021	Green
Narrative	10 objectives identified and implemented to deliver the CCG's organisational development programme 2020/21. Assurance reported to Strategic Workforce and Remuneration Committee. Objectives to be revised April 2021 for 2021/22 delivery. Objectives for 2021/22 have been revised and a report will be presented at the Strategic Workforce and Renumeration Committee on 11.08.21 The report will highlight activity delivered during 2020/21 and to seek approval for revised objectives for delivery 2021/22. Strategic Workforce and Remuneration Committee was postponed in August. The OD programme report will be presented at the meeting on 03.11.21		
Risks to delivery	No risks to delivery identified.		
Action 3	Be a learning organisation: a. Use COVID-19 learning to improve services and working practices b. Deliver quality improvement and commissioning cycle training c. Further develop the CCG's mentoring programme **Andrew Millward**	September 2021	Green
Narrative	a. Initial learning from COVID-19 implemented July 2020 with further actions identified and implemented following HWB conversations with 77% of staff. b. Commissioning cycle training delivered at an all staff briefing in November 2020, session recorded and available on the Intranet / also included within CCG Staff Induction. Quality Improvement (QI) training designed for CCG staff in partnership with the SWAHSN, initial		

	session delivered March 2021 with 2 further sessions scheduled for May and June 2021. Planning underway with SWAHSN for intermediate QI training to complement QI training across the Devon System. 341 staff across the organisation attended QI training. Following this training, Advanced QI training sessions are scheduled for Sept/Oct 2021. Project Management training is available for all staff, delivered over 3 sessions. Recordings of the sessions are available online. c. Delivery of pilot (Cohort 1) CCG mentoring programme Summer 2020 onwards with 2 stage evaluation process undertaken. Evaluation of Cohort 1 mentoring programme to be completed April 2021, requests from staff for mentoring identified as part of CCG appraisal analysis undertaken March 2021. Stage 2 evaluation of the mentoring programme is in progress. Cohort 2 will be identified following completion of this year's appraisal process (31.08.21). Final evaluation (phase 3) of the mentoring programme is currently being evaluated to support any developments to the programme for cohort 2. Those individuals who have highlighted a need for a mentor as part of the appraisal process will be considered as part of a talent panel process.		
Risks to delivery	No risks to delivery identified.		
Action 4	Grow and develop staff to meet their potential and the organisation's needs: a. Implement an improved talent management process, linked to Appraisals b. Develop and implement a graduate and apprenticeship strategy **Andrew Millward**	April 2021	Green
Narrative	a. Revised Appraisal process implemented June 2020 to include talent management process and analysis of appraisal and talent management implementation completed to inform learning and development programme for staff March 2021. Growing and developing our people policy and guidance revised March 2021 – due for approval April 2021. Appraisal and talent management process to run again May – July 2021. Appraisal process running June – August 2021, appraisal paperwork has been partly automated to collect the data in support of collating individual development needs across the organisation. b. Currently supporting 11 apprentices within the CCG and further supporting pharmacy technicians within the Devon system through the		

	apprenticeship levy. Approach to engaging future apprentices within the CCG agreed at Strategic Remuneration and Workforce Committee March 2021. This revised approach by the CCG will support apprentices rotating across directorates within the CCG to gain breadth of knowledge and experience to further support talent development within health as per the identified national priority 2021/22 'supporting staff and growing the workforce'. CCG currently supporting 20 apprentices both within the organisation and through levy transfer to Primary Care. CCG has committed its support to 3 graduates over the next 2 years (2021/22) in partnership with our provider colleagues. One second year graduate in finance (incoming from RDEFT); One second year graduate in general management (incoming from UHPNT); One second year graduate in health analytics (incoming from DPT). Finance graduate has started their second-year placement with the CCG and General Management graduate will start their placement with us in November 2021		
Risks to delivery	No risks to delivery identified.		
Action 5	Prepare staff and the organisation to work within the new Integrated Care System (ICS), including support to staff to undertake development assignments **Andrew Millward**	September 2021	Green
Narrative	A number of training programmes available to all staff have been commissioning and delivery of these has commenced. The training need has been identified by many staff as part of the appraisal process 20/21 and includes topics such as 'Dealing with Difficult Conversations' and 'Recruitment and Interviewing Excellence'. HR transition process underway with clear plan and timeline to enable transfer into and creation of the ICB by April. Agile/flexible working policy in place. Draft agile deployment process has been developed. The new process will work alongside the new talent process which forms part of the appraisal so that we can deploy staff in need of development to undertake specific projects or tasks. Commissioning cycle training provided and QI training, provided in partnership with AHSN, has been provided for commissioning staff and 2 more sessions are planned in 2021. HR principles for the transition into the ICS are in development and HR will work with the project team, being set up to plan and manage the transition, to ensure the workforce are well supported through the process.		

Risks to delivery	HR/OD transition plan approved by Joint Executive Team; Strategic Workforce and Renumeration Committee and Transformation Group July 2021. No risks to delivery identified.		
Action 6	Drive to increase the current diversity of our staff (3.4%) to reflect that of the Devon population (6.9%) **Andrew Millward**	March 2022	Amber
Narrative	Transition into the ICB includes a much stronger focus on increasing board and ICB diversity. This may help to improve our current position further. Regular meetings with the Devon BAME Network, to build relationships and awareness about the CCG and opportunities within it. The CCG has introduced a new EDI role to focus on its diversity agenda, including how we attract a more diverse workforce across our system. Introduced reciprocal mentoring, to understand different experiences/cultures and help the CCG to be more inclusive, support progression and become more attractive to more diverse groups of people. Celebrating diversity – the CCG now has an EDI calendar that focuses on particular awareness events and campaigns (nationally and locally). During October we have been celebrating Black History Month. Staff across the CCG have participated in 'race ahead' conversations, to discuss what they can do as individuals, and what the CCG can do to tackle racism. A panel event with senior leaders is being held for staff across the Devon system, to talk about how we achieve racial equality across health and social care. Diversity group set up for the CCG and is planning the work programme for the next 12 months. The HR team is also planning actions that will help improve our access to advertising roles within more diverse communities in Devon and elsewhere. This action will be prioritised during Q1 and across the remainder of the 21/22 financial year, including the delivery of recruitment training to managers. Development of an equality, diversity and inclusion workplan and a proposal for resources to deliver the plan will be discussed at the Strategic Workforce and Renumeration Committee on 11.08.21. The workplan includes		

	recommendations outlined by engagement work with NOUS and Intercom Trust.
Risks to delivery	Applications received from BAME communities and appointments of BAME staff into roles. HR team do not have complete control of the delivery of this target, it will require leadership from all levels of the organisation.

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

Objective 5	**Lead the system's response to the coronavirus pandemic (delivery of the COVID NHS action plan - *(21/22 operational plan requirement)**		
Overall RAG	Amber		
Action 1	1. Provide system leadership to manage: a. The coronavirus second and subsequent waves. This includes facilitating mutual aid and support; consistent application of national guidance; Best Practice implementation; and a whole population approach (no gaps in service provision) **Was Sonja Manton** **Completed/ongoing** b. Winter pressures, by delivering the 2020/21 winter plan **Sheila Roberts** **Completed** c. Service restoration, by working with partners to deliver the phase 3 plan **Sheila Roberts** **Completed** d. Transition post EU exit **Completed** **Sheila Roberts**	April 2021	Green – completed/ongoing
Narrative	Nil as complete		

Risks to delivery	Nil as complete		
Action 2	Commission specific COVID-19 services to meet population needs: a. Long COVID-19 assessment service **Jo Turl** b. Oximetry **Jo Turl** c. COVID-19 vaccination programme **Darryn Allcorn**	March 2021	Amber
Narrative **Risks to delivery**	a. Long covid services commissioned across Devon– early review and adapting the services in progress b. Oximetry at home services commissioned across Devon– early review and adapting the services in progress **c.** Successful COVID-19 vaccination programme in place – over 1.5M, doses given (approx. 82% of adult population have received first dose and over 65% two doses) as of early July. Exceeding national rates and targets and benchmarking favourably. **Booster rollout underway but take up is low.** Appropriate deployment and take up of new COVID services so that we see most effective use of resources and meeting new needs of the population. Sufficient and reliable vaccine supply (national issue) and sustainability of vaccination workforce for ongoing vaccination and booster programme.		
Action 3	3. Coordinate and lead the system to deliver: a. Adequate Personal Protective Equipment (PPE) **Darryn Allcorn** b. Effective Infection Prevention and Control measures **Darryn Allcorn** c. A joined-up approach to communicating with staff, the public and stakeholders **Andrew Millward** d. Timely Intelligence of population needs **Kelvin Grabham**	March 2021	Green – completed/ongoing

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

Risks to delivery	Staff resilience in future waves Management of COVID alongside Core business – increased tension and pressure of this in future waves Sustainability of COVID response and operating with COVID restrictions in all sectors Resilient primary care: access to data

7. Recommendation

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

The Governing Body is asked to:

a) Note the contents of the report

Appendix A: CCG PMO RAG rating criteria

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

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Plymouth Health and Wellbeing Centre Update				
Date of committee: 28 October 2021 **Date report produced: 19 October 2021**				
Author (s) Name and Title: **Clive Shore, Estates Adviser**		**Supporting Executive:** **Name and Title: Jo Turl, Director of Commissioning – Out of Hospital** **Contact Details: jo.turl@nhs.net**		
		Report Approved by: **Name and Title: Jo Turl, Director of Commissioning – Out of Hospital** **Date: 18.10.2021**		
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:

The proposal is to build a 5,714m2 health & well-being hub on the Colin Campbell Court site which is close to Plymouth City Centre. It is an area of high deprivation and a regeneration priority for the Council. The land is owned by the Council and architects and advisers have been appointed to complete a Full Business Case by end June 2022. The Model of Care workstream is identifying the most appropriate services for the centre and a public engagement process has commenced. Key services will include three GP practices, community integrated care, dentistry, mental health, UHP outpatient services and a range of voluntary and community services, such as Citizens Advice and the Complex Needs Alliance.

The project is in detailed design stage with the full planning application due to be submitted on 10th December. A national team from NHSE/I is visiting Plymouth on 3rd November to assess progress and a national panel will formally review the proposed design at a meeting on 29th November.

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:
The report is for information at this stage. A more detailed report will be submitted in November, that will include details on the Model of Care, Schedule of Accommodation, emerging financial overview and proposed designs. Although the final business case is not due to be completed until June 2022, the November paper will request Governing Body support for the planning application to be submitted in December 2021.
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:
Attached powerpoint presentation summarising the health and well-being scheme
Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services	Will improve GP provision and integrated services	
Health Inequalities	The centre is aimed at significantly reducing health inequalities	
Equality (staff or public)	Improves access to healthcare and community services	
Resource and Finance	Work ongoing with national team regarding revenue affordability	
Legal	This will be the first building owned by the ICS	
Engagement and Consultation	Widespread engagement ongoing. Assessing need for consultation for some UHP services	
Risk	There are several important risks and a detailed risk register is maintained and discussed with the national team each month	

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

Plymouth West End Health & Wellbeing Centre

Project Overview

October 2021

Background and Investment Objectives

St Peter's & Waterside Ward in Plymouth is 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.

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: driven by population health needs

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

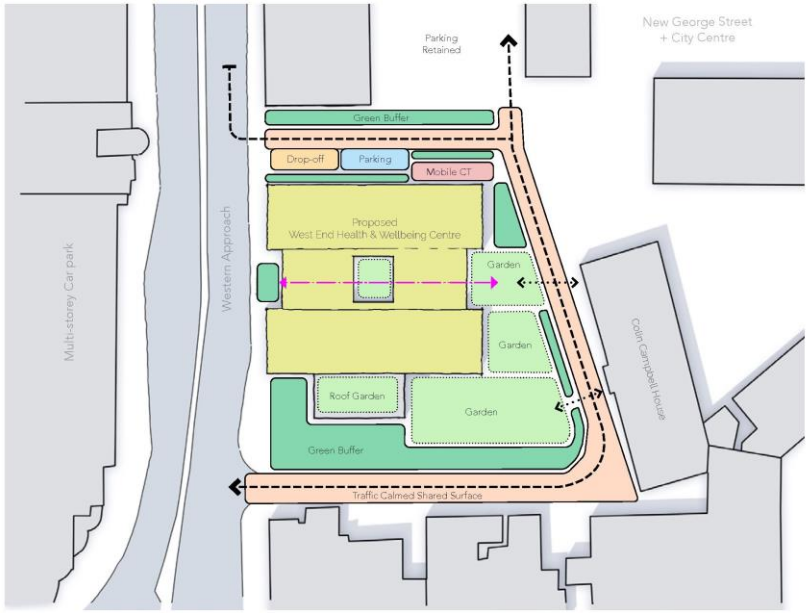
Colin Campbell Court site

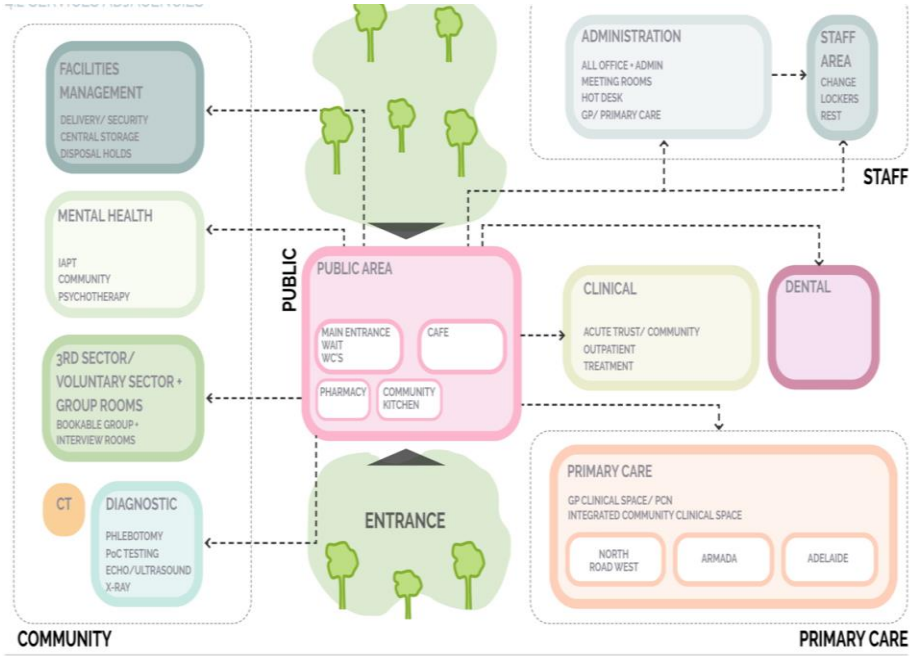
Design aspirations (1)

Design aspirations (2)

Detailed design work started early September

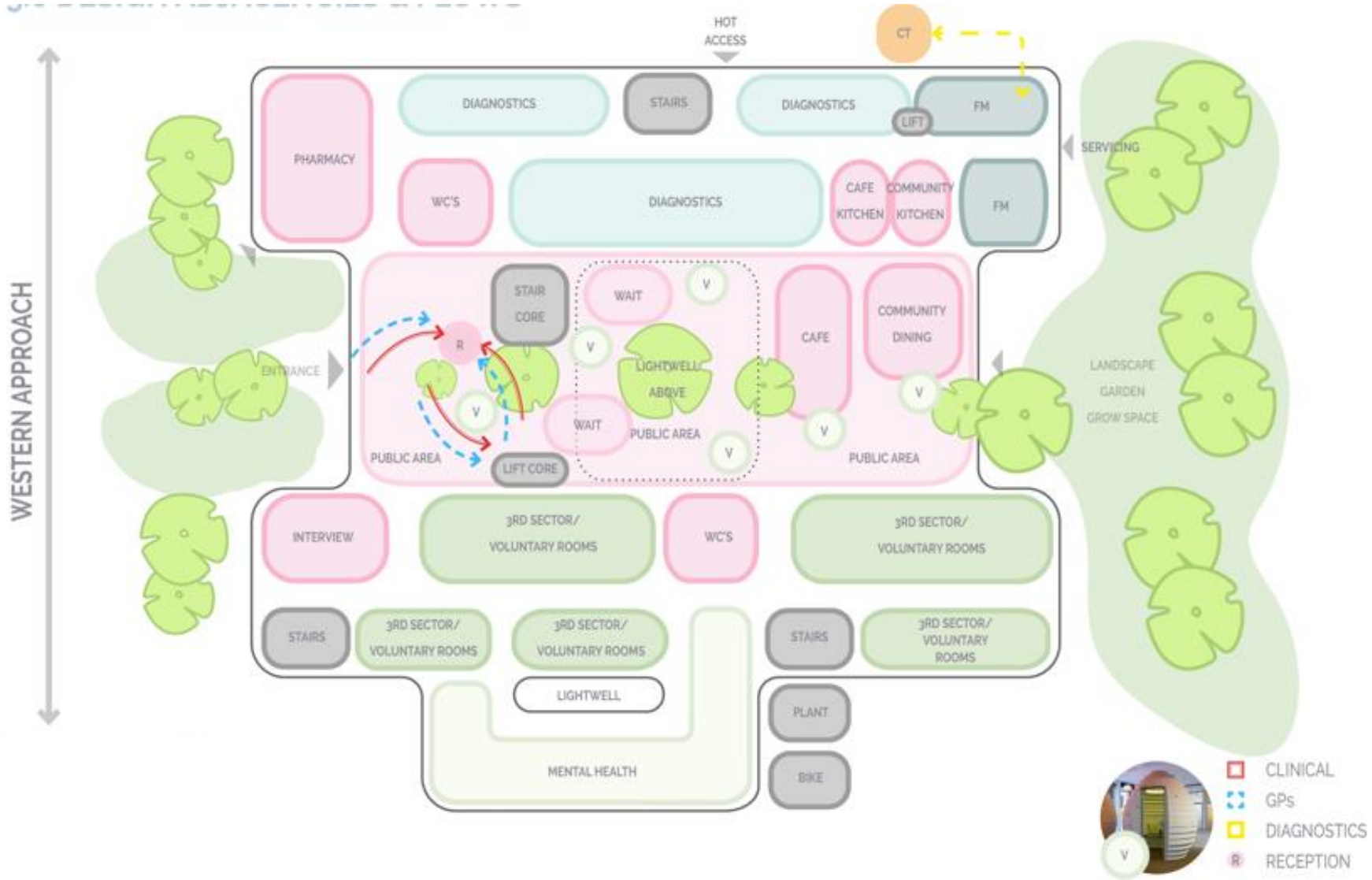
- Three storey new build; 5,750m2
- Adjacent to Western Approach with multi-storey car park opposite
- Sensitive design to complement Colin Campbell House





- 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 overview

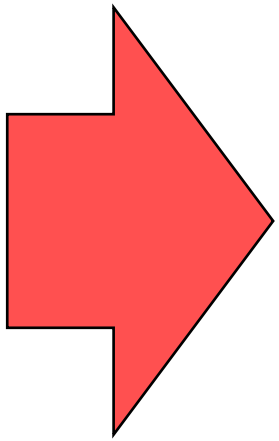


Cross-section view

Priorities and 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 agreements to lease; P22 contractor expressions of Interest
- CCG/ICS Exec and Governing Body updates in October with approvals to proceed in November.



Key Milestones (Best Case*)

- **Dec 2021**: Submit planning application
- **Feb 2022:** Select P22 partner
- **June 2022**: Submit business case
- **Sept 2022:** Business case approval
- **Oct 2022:** Construction starts
- **May 2024**: Building complete
- Note: 6 month delay if require CPO to move an existing business.

* Indicative timeline, subject to change

Questions?

Quality Assurance Committee
Devon CCG
21st October 2021

Children and Family Health Devon
Transformation and Performance

Beverley Mack
Children's Alliance Director

Contents

CFHD Waiting Times and RTT Summary

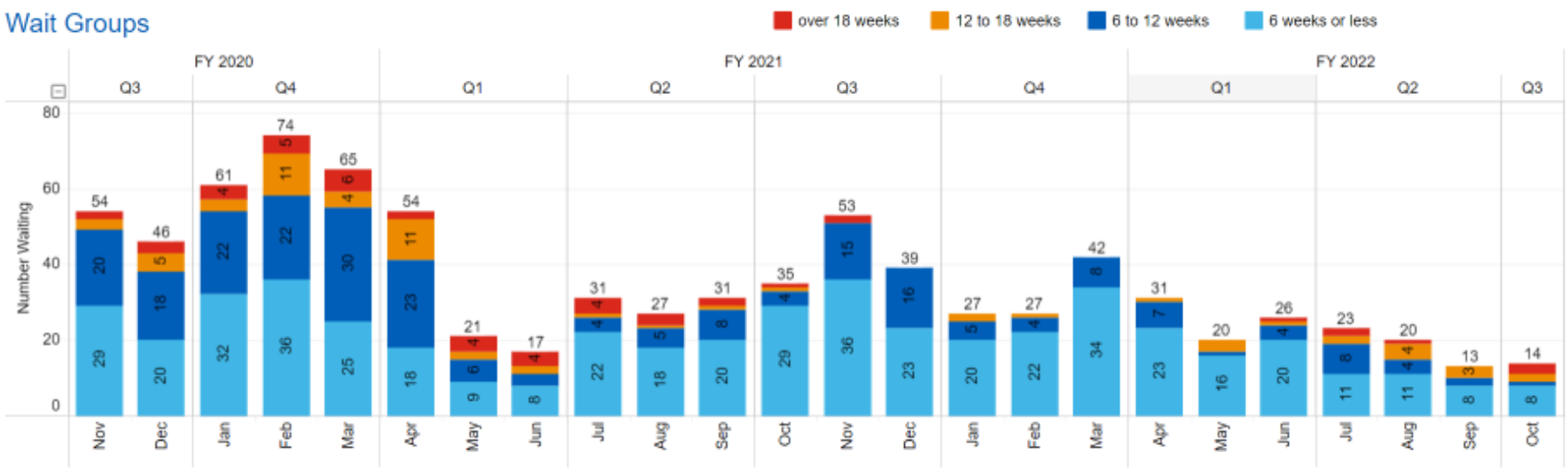
Overall RTT (Incomplete Pathway)

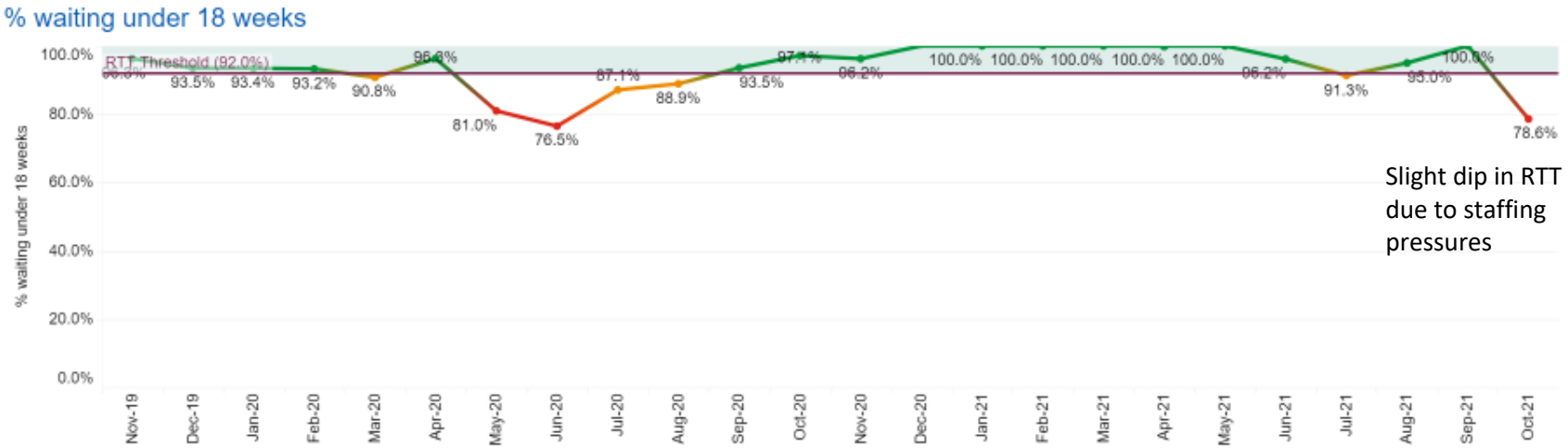
Service	Mean Wait	% waiting ≤ 18 weeks	% RTT ≤ 18 weeks compared to last month	% RTT ≤ 18 weeks over the last 12 months
Community Children's Nursing (CFH Devon)	4.6	100.0%	→	
Learning Disability (CFH Devon)	5.3	100.0%	↑	
Mental Health and Wellbeing (CFHD)	19.4	52.0%	↓	
Occupational Therapy (CFH Devon)	16.3	58.7%	↓	
Palliative Care (CFH Devon)	0.0	100.0%	↑	
Physiotherapy (CFH Devon)	11.3	78.5%	↓	
Special School Nursing (CFH Devon)	5.7	100.0%	→	
Specialist Autism Spectrum Assessment Team (CFHD)	54.9	12.1%	↑	
Specialist Children's Assessment Centre (CFHD)	25.4	40.0%	↓	
Speech & Language Therapy (CFH Devon)	28.9	32.6%	↓	

Learning Disability Service

RTT/Current waiting times	• Current RTT performance 91.3% • Total number on waiting list for first definitive treatment: 23 • Current number of children waiting over 18 weeks across team: 3
Current Trends	• Notable increase in CYP with LD being placed on DSR and/or escalated to CETR. Possible impact following COVID/Lockdown? No emergency beds available, shortage of care staff to support, i.e. maintain family placement and prevent breakdown.
Quality Improvements	•Early support Learning Disability Pathway- support offered at point of request for help, increasing engagement, early risk identification, timely/targeted intervention •Behaviour and Sleep Workshops continue to have a significant impact on waits for parents and positive outcomes and feedback • Burdett Trust pilot to support awareness of Annual Health Checks for CYP with LD - Devon-wide Pilot working with Primary and Acute Care •Further 2 x team members to be trained as reviewers for LeDer •Talking Mats training now completed for all LD staff - already having a significant impact in ensuring the voice of all CYP is captured (e.g. MCA/Best Interests decisions) • Dedicated Pathway lead for Sleep now appointed to support service development
Service Developments	• LDAP - Successful bids to develop and expand current service offer to include Mild/Moderate Learning Disability and crisis provision - recruitment in progress

Learning Disability Service
Waiting times and RTT



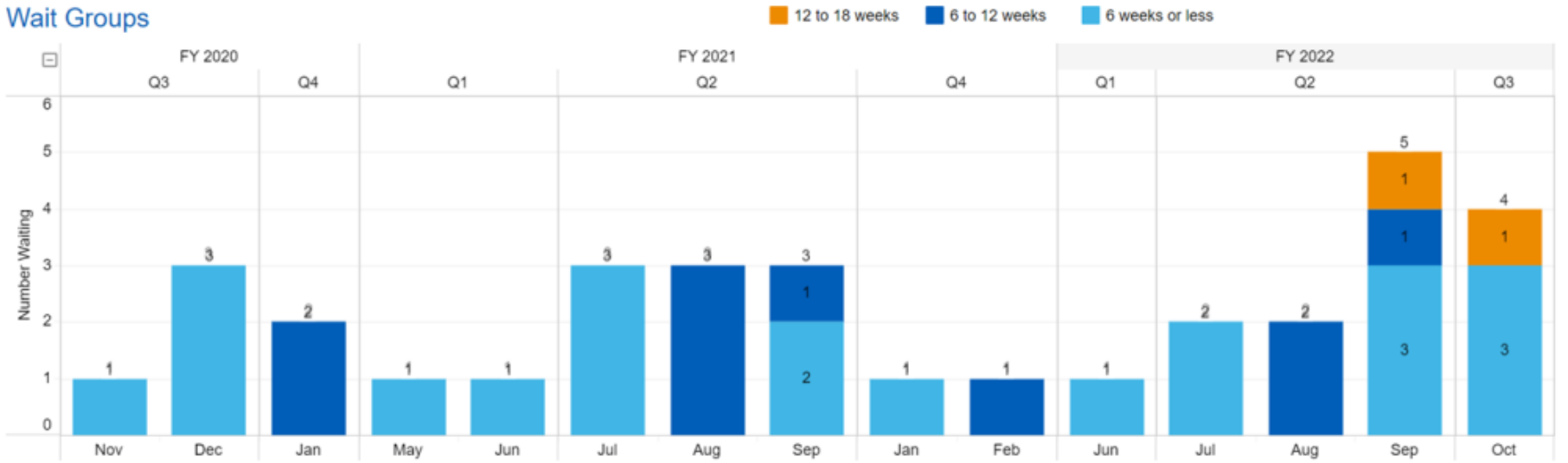


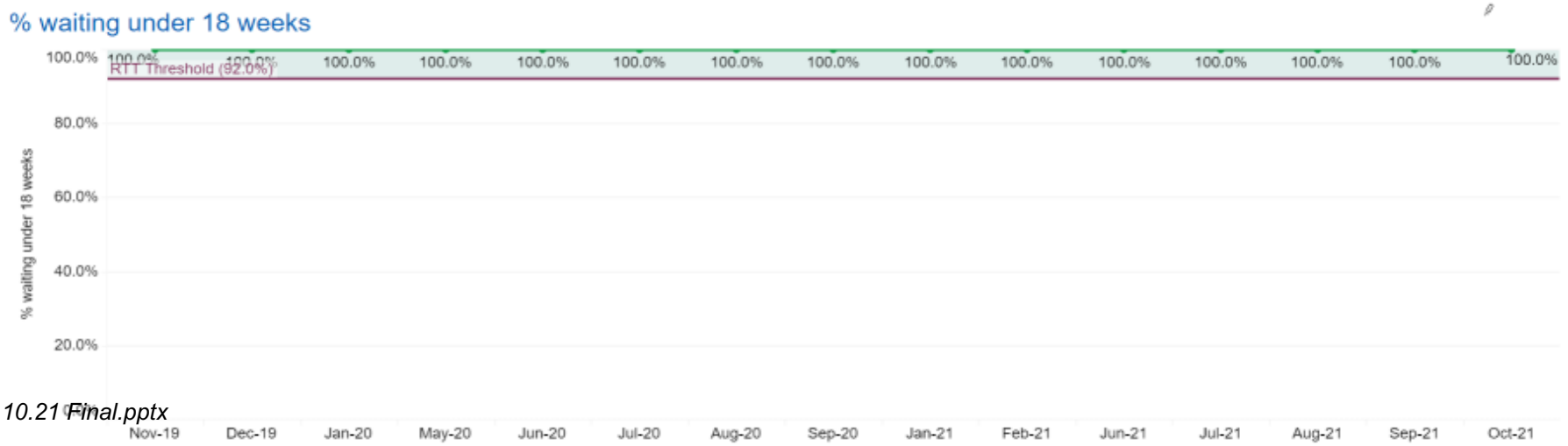
Slight dip in RTT due to staffing pressures

Children's Specialist School Nursing Service

RTT/ Current waiting Times	Current RTT performance 100% Total number on waiting list for first definitive treatment: 4 Current number of children waiting over 18 weeks across team: 0
Current trends	Managing children in schools with COVID restrictions and complexities Service remains on trajectory despite pressures in the system
Quality Improvements and impact	Supporting phlebotomy service so children not needing to attend hospital for blood testing
Service developments	LDAP – successful bids to develop and expand current service offer to include Mild/Moderate Learning Disability – recruitment in progression

Children's Specialist School Nursing Service
Waiting times

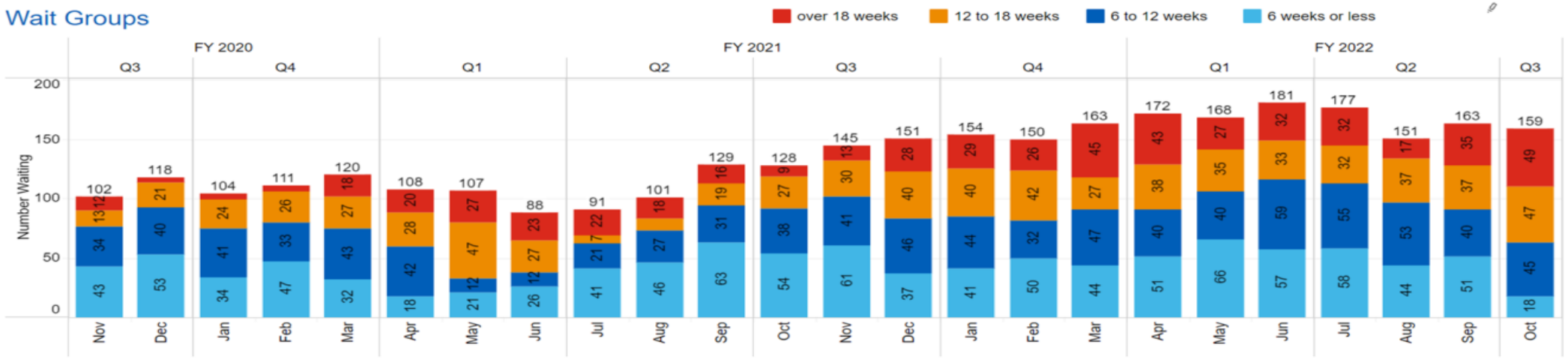


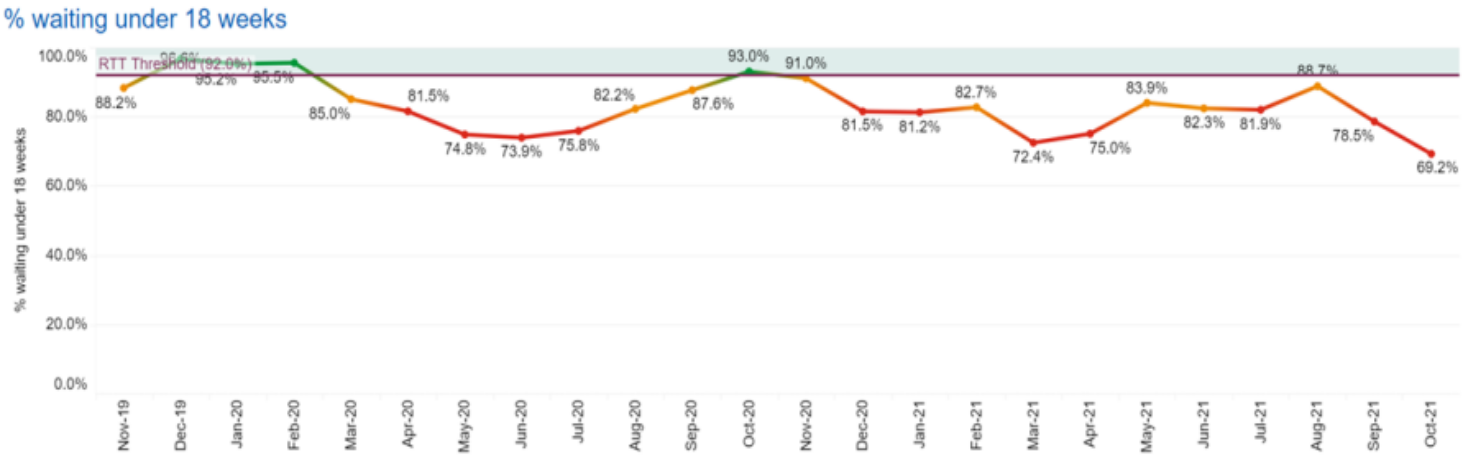


Physiotherapy Service

RTT/ Current waiting Times	• Current RTT performance: 78.5% • Total number on waiting list for first definitive treatment: 159 • Current number of children waiting over 18 weeks across team: 49
Current Trends	• Challenges in managing additional demand for rheumatology • Significant increase in demand for paediatric respiratory physiotherapy, result of COVID and RSV infections • Small team so performance impacted by leave/absence • Increase of referrals into service from last year – average referral acceptance is 48 p/m • 13% increase of children on caseload
Quality Improvement	• Time in motion study to commence in November to identify service improvements • New clinic structure and clinic planning to be implemented • Introducing new clinic contacts and model around BAU efficiencies • Lead undertaking NMP course to support prescribing in relation to spasticity – will reduce pressure on consultants
Service Developments	• Physical and Sensory Pathway Development • Business Case for rheumatology and respiratory – gap in provision

Physiotherapy Service Waiting times and RTT





Team is 7.4 WTE, currently 2 members on leave impacting on RTT. Unable to bring in additional capacity as CFHD physiotherapy is provided in Torbay and South Devon only

Speech and Language Therapy Service

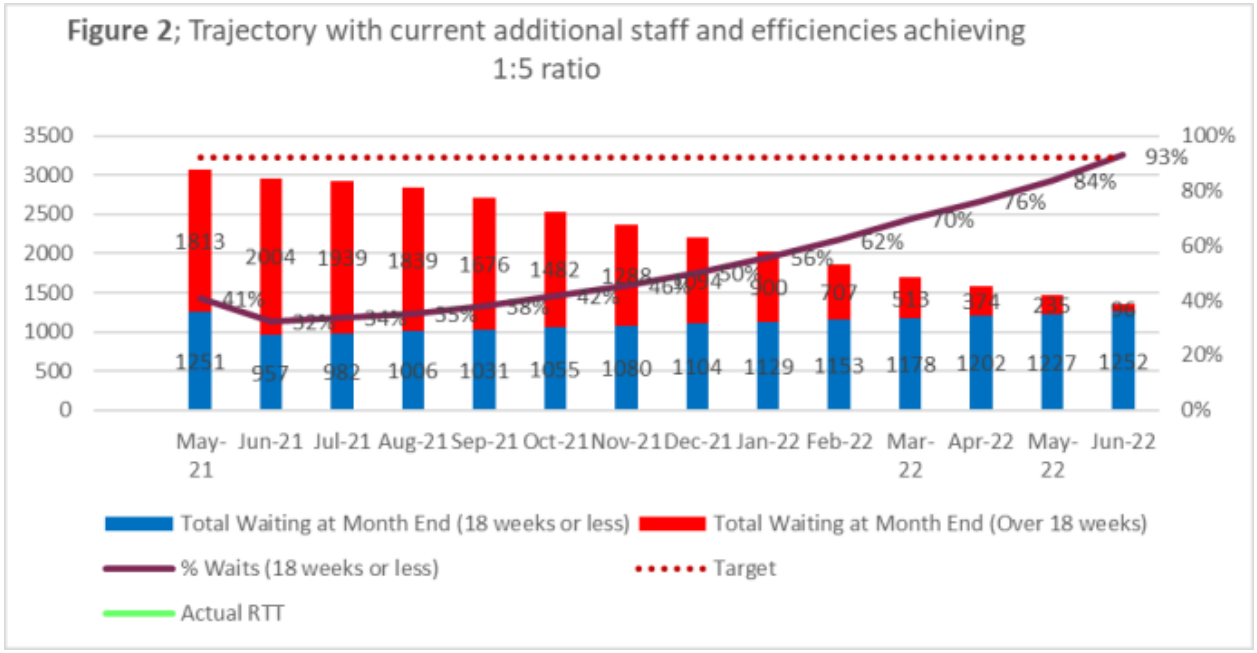
RTT/ Current waiting Times	• Current RTT performance: 25.9% • Total number on waiting list for first definitive treatment: 2832 • Current number of children waiting over 18 weeks across team: 2049 • Median wait in weeks is 29.6 and mean wait is 32.7 weeks
Current Trends	• Demand – Pre-Covid average of 390 accepted referrals pm; 28% increase post Covid Wave 1. Currently, average of 387 accepted referrals pm with average assessment capacity at 344 pm • Currently, 2500 open cases. Current heightened caseload caused by loss of 5000 appointments in first lockdown, delaying 1000 initial appointments and the ongoing intervention for 2500 children and young people, resulting in very limited turnover of cases • RTT has continued to fall due to legacy waits, impact of service suspension followed by lower treatment activity during lockdowns, subsequent heightened caseload as a result of Covid delayed treatment interventions e.g. reduced face to face interventions, duration of treatment longer due to increased complexity and acuity – impact of lockdowns etc on vulnerable CYP leading to reduction in discharge rate. This trend will continue until December 21. • Initial Appointments show sustained recovery at 93% of pre-COVID activity and 20% of total appointment capacity – 320 new appointments completed August 21. • Assessment is not effective for preschool children through remote appointments
Quality Improvements	• Training gaps analysis led to specific training of workforce across all pathways. This will remove treatment bottle necks • Increased range of interventions now being delivered in groups and individual sessions • Initiating monitoring of outcomes using Therapy Outcome Measures and experience feedback from families • New pathway developments starting to have a positive impact • Waiting List Recovery Plan in operation funded by CFHD non-recurrent funding • Service improvements have increased the team's efficiency and capacity; currently delivering 2,500 appointments per month • Developing patient initiated follow up via advice line, drop in clinics • Increased management oversight of quality –embedded learning taking place
Service Developments	• IACCS is now a 'game changer' and one of 6 priorities for the Devon system • Improved pathways with infant and early years' services • Greater integration of specialities in new model

Speech and Language Therapy Service
Waiting list recovery plan

CFHD funded waiting list recovery

- Increasing clinical capacity (6 Wte) - August 21 – March 2022 focussing on initial referrals and group interventions
- Whole service review of pathways and clinical decision making – ensuring equity across the service and evidence based pathways, in line with RCSLT guidelines and policy. Target to achieve 1:5 ratio of initial : follow up per referral.

Waiting list reduction trajectory



DCC Covid recovery funding to support the reduction of the waiting list

- Provision of online resources and videos to support community offer
- Additional clinical capacity (2wte) to provide advice and support hotline to preschools, SENCOs
- Additional clinical staffing through bank and agency to offer both virtual and f2f consultations, interventions and support
- Role out of Hanen training to community settings so up-skill staff within the system to reduce pressure on referrals into service

Autism Assessment Service

RTT / current waiting times	• Current RTT performance: 12% - now on upward trajectory • Total CYP on waiting list : 2,030 – reduction of 825 since April 2021 • Current CYP waiting over 18 weeks 1,923
Current Trends	• Reduction in average number accepted referrals pm reduced from 155 pre-Covid, 145 post Wave 1 of Covid and 77 during 2021/22. • Reduction may be a sign of greater implementation of the 'graduated response' with support offered to CYP/families with or without a diagnosis
Quality Improvements	• ASD waiting list recovery plan in operation during 2021/22 – reducing waiting list; average wait reduced by 8 weeks since April • Significant re-design of assessment pathway leading to 100% productivity increase in assessment activity per wte. One day assessment and feedback process – well regarded by families • Increased clinical capacity to reduce waiting list backlog - creation of remote clinical team and sub contract with Livewell. • Increasing engagement with parents / carers • Early risk identification and timely/targeted intervention; bookable clinical consultations whilst waiting • Increased support offered at time of request for help
Service Developments	• LDAP bids – successful bids to develop and expand current service offer • Development of multi-disciplinary Neuro-diversity pathway in new service model • Development of Devon wide CYP Autism Strategy adopting Green et al developmental model

ASD Waiting List

	April	May	June	July	Aug	Sept	Oct	Total YTD
Devon CYP waiting	2855	2755	2598	2416	2252	2142	2081	Waiting list reduced by 825
Assessments	107	144	254	314	214	278	90	1,401

Waiting list numbers trajectory April 2021 to March 2022

Projected progress indicates achievement of 92% RTT by March 2022

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Average Referrals projected							77	77	77	77	77	77	
Number of Assessments completed	107	144	254	314	214	278	260	310	310	310	310	310	2,811
Number of CYP on waiting List	2855	2755	2598	2416	2252	2142	1882	1649	1416	1183	950	717	
Reduction in number of CYP on waiting list								1,206				2,138	

ASD Assessment Service
Clinical Audit - June 2021

- 68 closed cases were audited against the specific NICE guidelines / audit questions.
- 2-3 cases were selected for each lead clinician.

Age Range

3-18 years old

Gender

39 Boys
29 Girls

Ethnicity

57 White British
1 Mixed White Asian
6 Not stated
2 Other White British
2 Other Mixed ethnicity

Overall Themes

- Good quality reports being produced – areas of development for the remote team
- Appropriate diagnosis being given, supported by evidence
- Different teams' use different systems leading to lack of consistency across reports
- Paediatricians provide high quality developmental histories – no need to duplicate
- More attention to detail needed for remote team reports - typos, name errors etc

NICE AUDIT - DATA

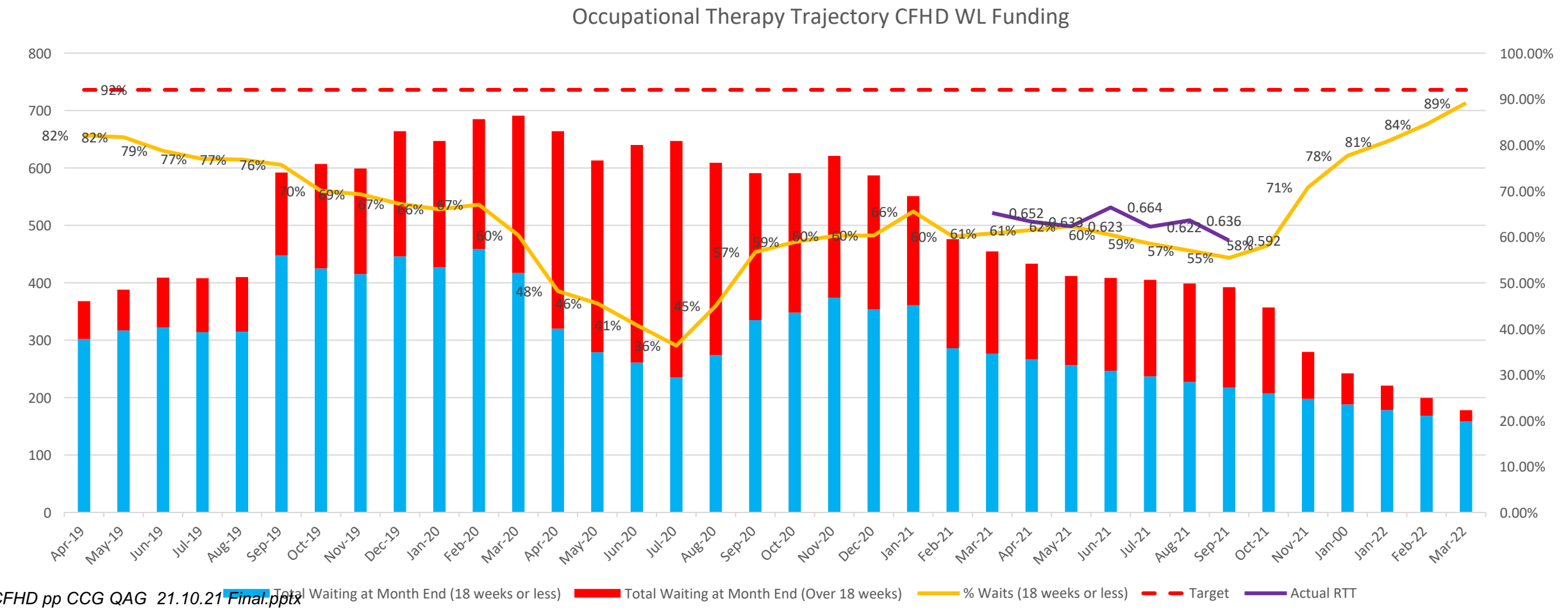
Breakdown:
A breakdown of the audited cases across the teams.

Team	Data
Devon School Age	20 Cases
Devon Under 5's	5 Cases
Torbay School Age	14 Cases
Torbay Under 5's	9 Cases
Virtual	20 Cases
	Total = 68 Cases

Occupational Therapy Service

- RTT – 59%
- 572 CYP waiting, of whom 236 (41%) have been waiting longer than 18 weeks. No cases waiting over 1 year
- Median wait time is 14.9 weeks
- All urgent cases allocated with 24-48 hours
- Compared to pre-covid:
  - 2021/22 referrals indicate a 32% increase compared to 21020/21
  - Referrals requiring specialist intervention reduced by 34% due to increase in activity in *Getting Advice* quadrant of *Thrive*
  - 2021/22 activity data indicates a 12% increase in discharges compared to 2020/21
- Quality improvement work underway and efficiency improvements in place
- Waiting list initiatives – CFHD non recurrent funding and DCC Covid funding. Main risk relates to national shortage of OT clinicians

Occupational Therapy
Waiting times improvement trajectory

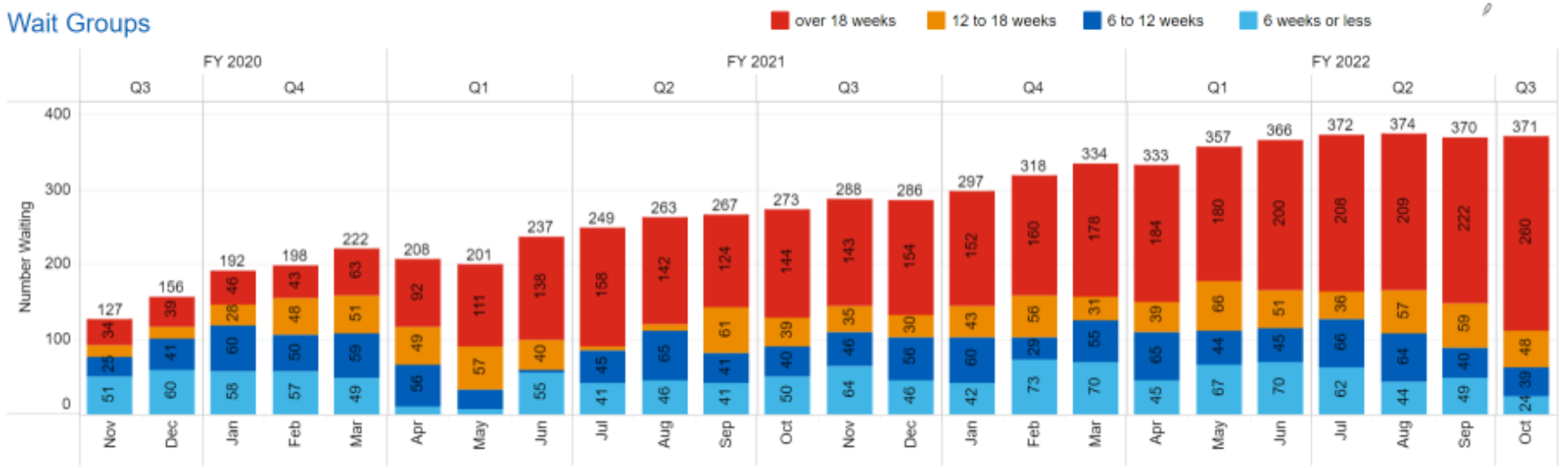


Children's Specialist Assessment Centre

RTTs/ current waiting times	• Current RTT performance : 40% • Total number on waiting list for first definitive treatment: 371 • Current number of children waiting over 18 weeks across team: 260
Current Trends	• Increased referrals into under 5s service • Under 5s with complex medical needs being impacted by demand for Autism assessment
Quality Improvements	• Service review in May 2021 introduced new abbreviated pathways • New clinics operating in North, Torbay and South West jointly with paediatricians • Implementing the First Steps programme across CFHD footprint – aim is to reduce the pressure on waiting lists • Expanding developmental clinics and creating joint clinics with SLT, OT and PT • Using Nursery Nurses for play based observations to increase capacity • Paediatricians to undertake enhanced 3Di (developmental histories) creating efficiency in the system and prevent duplication • Increased number of joint clinics with paediatricians • Greater use of multi-disciplinary sources to contribute to diagnosis / assessment outcomes
Service Developments	• Aligning infant mental health and Early Years in the new service model • Early Years pathway integrated within SLT service • Review of Nursery Nurses role and function to increase offer across CFHD

Children's Specialist Assessment Centre

CYP waiting and RTT



- Work has begun to bring Torbay under 5s and Devon Under 5s into an overall CFHD Service. Torbay currently has 141 Under 5s awaiting assessment. These figures are not currently represented in the data above
- The total number waiting will increase when this alignment happens
- The team are engaging with the paediatricians to provide more joint clinics, utilise the skills within the service to greater effect, streamline referral and assessment processes

Children in Care and Care Leavers Nursing Service

RHA performance	2020/21	2021/22
Under 5 years in area	90%	88%
Over 5 years in area	86%	62%
OLA 0-18 Years in area	79%	62%
Average No. RHAs completed per month by CFHD Nurses	813 per annum 68 per month	460 YTD 65 per month

Highlights:

- During 2020/21 the Torbay and Devon teams integrated
- The decline in RTT performance during 2021/22 is a result of gaps in staffing due to staff sickness, retirements and Covid. New staff will be in place by early 2022 when RTT will improve
- Local and national trend of delays for CIC to experience delays in accessing dental care. Designated Nurse and CSC have addressed this issues with positive results
- Covid-19 – Delays in F2F visits due to Covid and individuals isolating. Appointments are booked in advance to allow for cancellation and re-booking RHAs within timescales

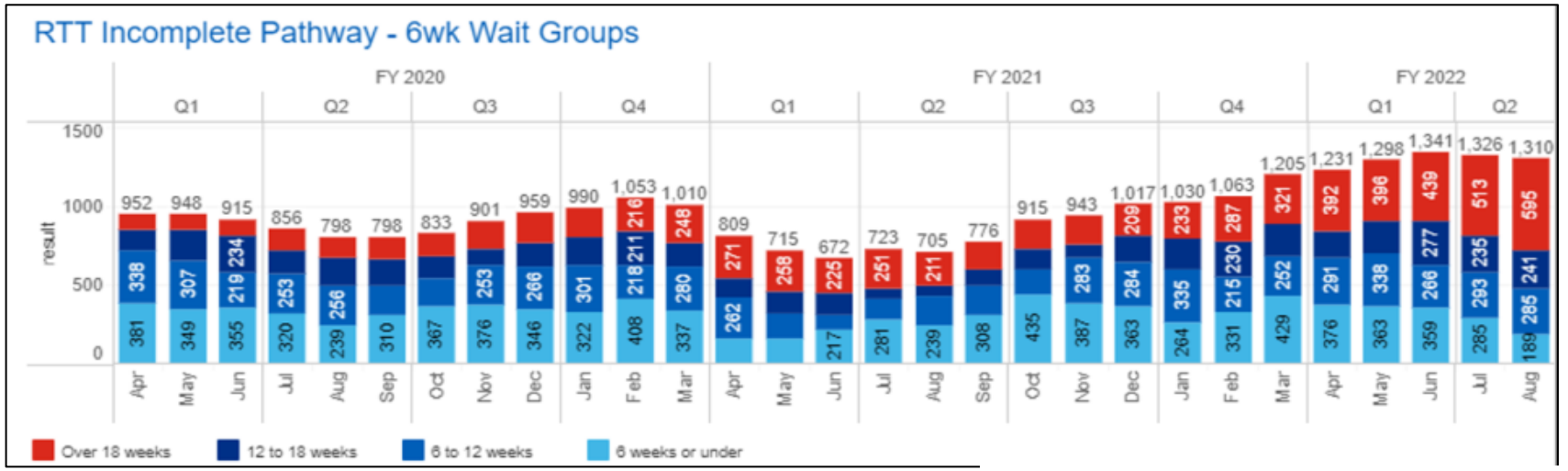
Quality Improvements:

- Work with Torbay CSC to established robust process for health input to CIC Strategy meetings, increasing CICN capacity
- Outcome measures – working with Young Devon to pilot use of *Most Significant Change* model to capture impact
- Specialist Nurse for Care Leavers – Pilot focussing on 4 key areas of gaps in meeting health needs. Recruitment starting

Specialist Community CAMHS

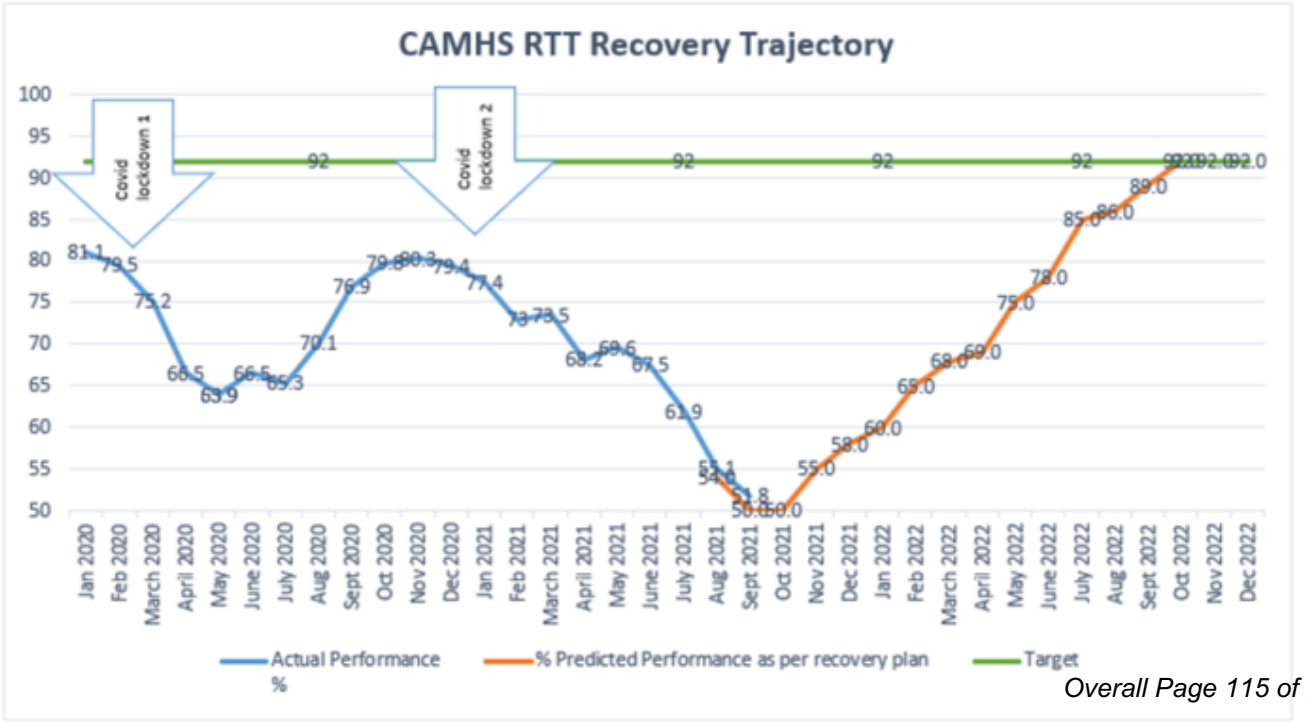
RTT / current waiting times	Current RTT performance : 52% Median wait to treatment : 16 weeks (better than national average)
Current trends	• Referral rate 9% higher than pre-Covid • Prevalence rates increased from 1:9 (5-16 year olds) in 2017 to 1:6 in 2020 and have increased further during the pandemic. National recognition that services are at a 'tipping point' • Numbers waiting increasing but slight reduction June – August '21 • Urgent RTT performance maintained. Patients seen within 1 week @ 95% • 'Keeping Children Safe' protocol in place for CYP waiting; regularly audited • Maintaining low numbers of admissions to Tier 4 beds via assertive outreach. Currently 3 YP admitted • Increase in acuity and urgent referrals locally and mirrored nationally - routine care capacity being used for urgent response • NHS Benchmarking predicts referrals will 'settle' at 30% above pre-pandemic levels. • Increasing face to face activity; remote delivery can lead to longer assessment and treatment episodes
Quality improvements	• Targeted work underway to reduce longest waits • Increasing early intervention, group work and LICBT • Waiting list / caseload management improvements • Focus on staff contacts and utilisation of assessment capacity
Service Developments	• Re-design of clinical pathways and multi-disciplinary workforce structure • Work underway to integrate MH and Integrated Therapies and Nursing • LTP developments: Crisis pathway, Eating Disorders, 18-25, MHIS

CAMHS
RTT, wait times and recovery trajectory



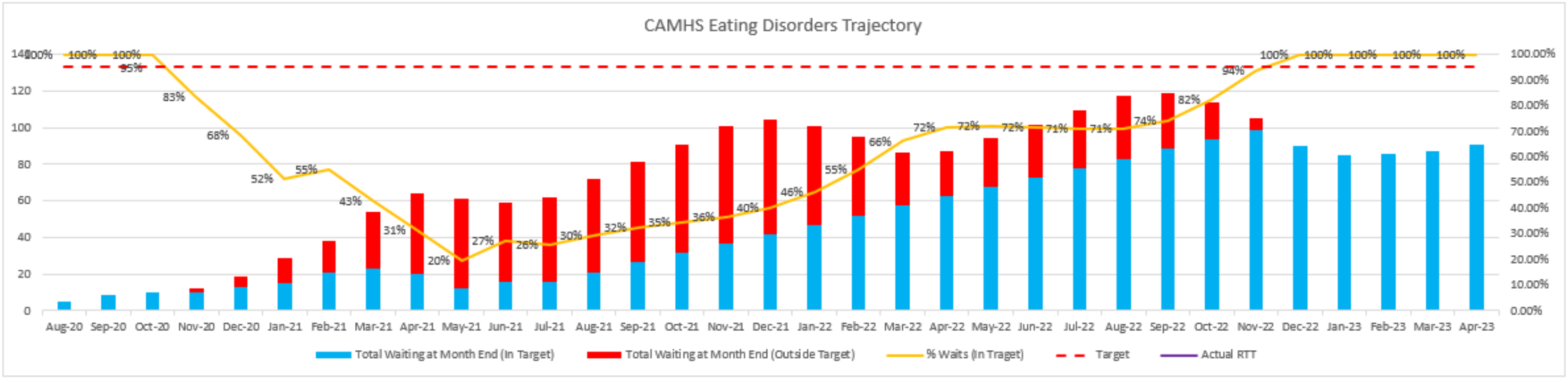
Recovery Plan

- Service re-design (transformation)
- Additional clinical capacity through expansion of crisis, ED, MHIS pathways
- Investment in LDAP crisis support
- Proactive recruitment and retention plan
- Efficiencies from increased productivity, pathway improvements and lean process mapping



CAMHS: Eating Disorders

- Eating disorder referrals increased by 120% in last two years. Nationally, explosion in CYP eating disorder presentations through Covid.
- Increase in total number waiting in Devon
- Urgent referrals seen within 1 week, generally achieving 100% against the 95% target. Nationally, urgent pathway has seen increase of 141% between Q4 19/20 and Q1 20/21
- Routine referrals: deterioration in 4-week performance. See recovery trajectory below.
- Clinical prioritisation is ensuring urgent and high-risk need is met. Recovery trajectory in place, but will not achieve routine target until posts are filled and backlog has been addressed. Estimated target compliance by November 2022, but risk if referrals continue to increase.
- LTP Investment and implementation plan in place. Dedicated specialist service developed in line with best practice. Recruitment to leadership roles underway



Service Transformation

- Clinical Pathways are developed
- Locality and operating model is developed
- Leadership, clinical and corporate support workforce re-design is complete
- Financial modelling in progress
- Inter-operability issues being worked through
- Further work on governance structures underway
- Co-design and engagement with staff throughout
- Engagement with Young Devon throughout
- Communications and engagement with stakeholders – CCG and Devon Children's Social Care
- Further stakeholder engagement planned
- Sign off by Partnership Board –2nd December
- Staff consultation January 2022
- Go live April 2022

CFHD Service Model

3 key developmental elements in the strategy:

- Increasing access to prevention and early intervention
- Integrating care and treatment across physical and mental healthcare and community and acute
- Integrating multi-agency provision across health, education, social care and the voluntary sector

CFHD Service Model: Key elements

- Deliver high quality, outcomes-informed, compassionate care – working in partnership with our children and young people to achieve great clinical outcomes which improve their quality of life and their life chances
- Accessible to all who need it across all of our communities. Children are able to access the same range of services and quality of care and access wherever they live - a service offer which has integrity across Devon
- Provide evidence-based care and treatment and makes use of routine outcome measures
- Care is integrated and co-ordinated across specialties and agencies; integrating physical and mental healthcare, community and acute care pathways
- Children and young people are protected from harm – staff are skilled, knowledgeable and effective in safeguarding practice
- Children, young people and their families, are treated with compassion, understanding, respect and dignity and would recommend CFHD to their friends and family

CFHD Service Model: iThrive Framework

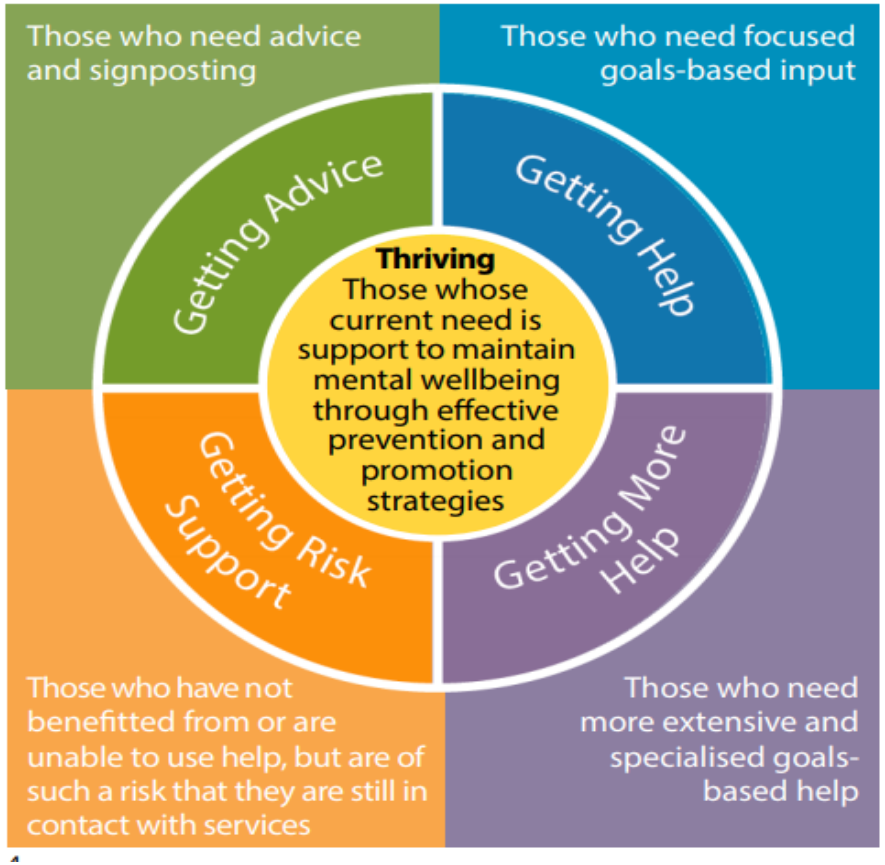
Getting advice

This response will signpost CYP-families to the digital offer, support within community resources, third sector organisations and schools.

Getting risk support

We know that for some CYP, their needs are complex, enduring and that these needs can be made more challenging for the CYP and system to manage when there are additional complexity factors such as being a child in care, a young person with a learning difficulty, history of adverse childhood events.

We understand that these children's outcomes are improved by working as a 'whole system', that being the young person, carers, health, education, social care & third sector organisations to ensure that CYP experience timely access, care packages that are reviewed and containing for CYP in need of risk support



Getting help

These will be met by brief, evidenced based and outcome monitored interventions, for example a skills training group, low intensity cognitive behaviour therapy

Getting more help.

This will be for CYP whose needs at the point of referral or after a focused intervention are deemed more complex and likely to involve a wider range of resources across CFHD. These care episodes will be support by a CFHD key worker who will ensure that care is timely, coordinated and reviewed at intervals.

CFHD Operating Model

3 localities, 5 sub localities

MDTs delivering evidence based interventions, outcomes focussed, by trained clinicians

Standardised clinical pathways delivered locally, across Devon; offering equity of access

All clinical pathways will deliver across range of needs / the 4 Thrive domains

Early intervention is embedded across all pathways

10 clinical pathways will be delivered by MDTs within localities with county-wide clinical strategic leadership to ensure consistency

CFHD Central Functions
Leadership Team, HR
Business Office: IT, Informatics, admin, Comms, project management linking with states, finance, contract, procurement

Administrative support will be integral to all MDTs

Clinical Model

Clinical pathways delivered in localities with county-wide clinical strategic leadership	
Physical & Sensory	Children's Nursing*
Communication & Interaction	Children in Care*
Managing Neurodiversity	Managing Risk*
Managing emotions, mood & relationships	Managing Eating*
Early years* (infants & under 5s)	Cognition and Learning*

Clinical Pathway Design Process

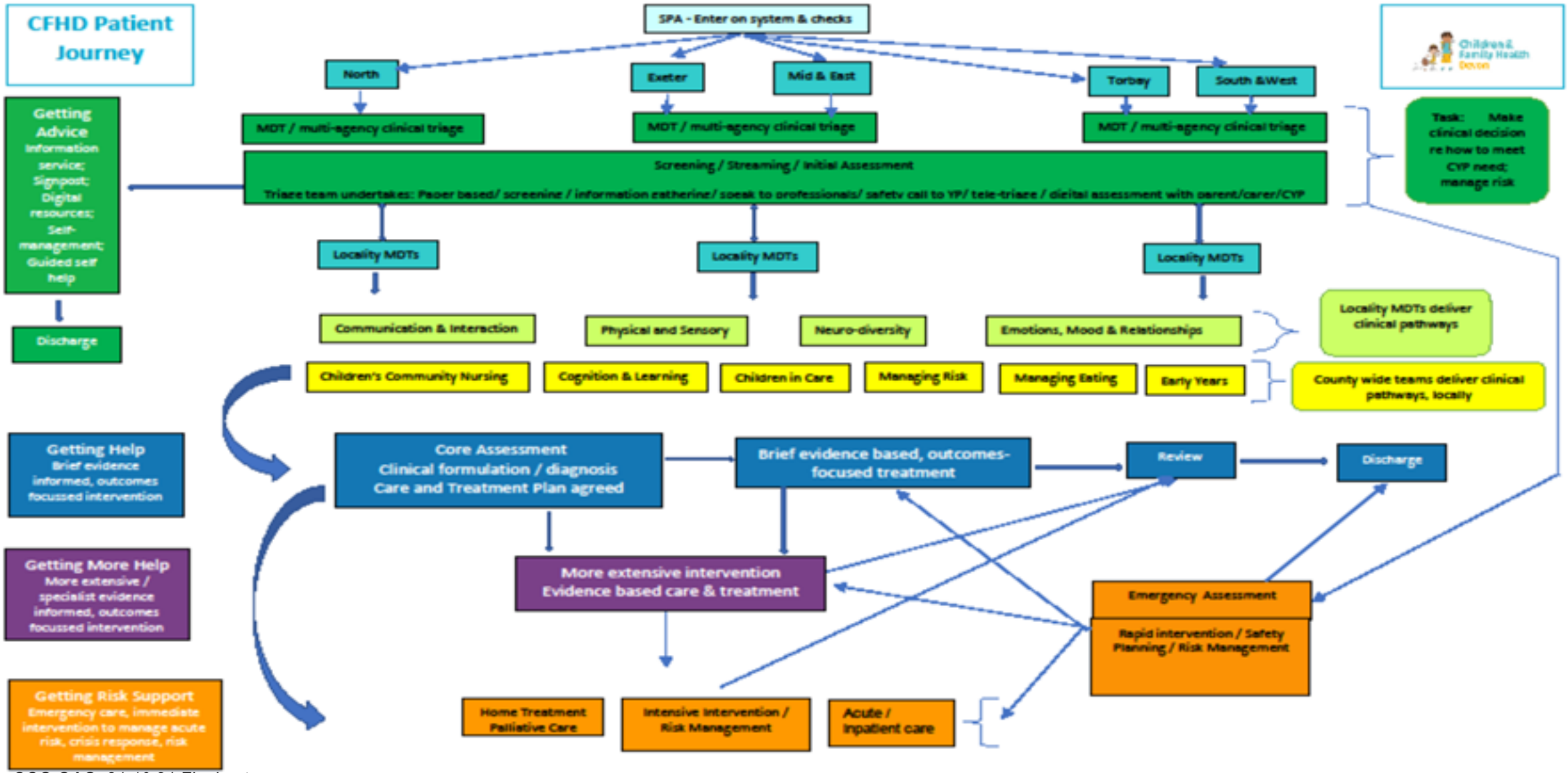
Clinical pathway design was led by clinical leaders, undertaken with clinicians from the range of specialties

Pathway design templates looked at…..
Children in scope, evidence based practice, professions required, routine clinical outcomes, alignment with service specification, pathway mapped onto the 4 Thrive Quadrants

The design leads then met with the CFHD leadership Team to review pathways

Pathway reviews also looked at….
Can the pathways be standardised across Devon? Are the interfaces with partner agencies described? Are opportunities for prevention/self-help/early intervention developed? Is care integrated across professions and agencies? Is the digital offer developed?

**Pathways with an Asterix are centrally managed operationally*


CFHD Patient Journey
SPA - Enter on system & checks
North
Exeter
Mid & East
Torbay
South &West
MDT / multi-agency clinical triage
MDT / multi-agency clinical triage
MDT / multi-agency clinical triage
Getting Advice
Information service; Signpost; Digital resources; Self-management; Guided self help
Screening / Streaming / Initial Assessment
Triage team undertakes: Paper based/ screening / information gathering/ speak to professionals/ safety call to YP/ tele-triage / digital assessment with parent/carer/CYP
Task: Make clinical decision re how to meet CYP need; manage risk
Discharge
Locality MDTs
Locality MDTs
Locality MDTs
Communication & Interaction
Physical and Sensory
Neuro-diversity
Emotions, Mood & Relationships
Locality MDTs deliver clinical pathways
Children's Community Nursing
Cognition & Learning
Children in Care
Managing Risk
Managing Eating
Early Years
County wide teams deliver clinical pathways, locally
Getting Help
Brief evidence informed, outcomes focussed intervention
Core Assessment
Clinical formulation / diagnosis
Care and Treatment Plan agreed
Brief evidence based, outcomes-focused treatment
Review
Discharge
Getting More Help
More extensive / specialist evidence informed, outcomes focussed intervention
More extensive intervention
Evidence based care & treatment
Emergency Assessment
Rapid intervention / Safety Planning / Risk Management
Getting Risk Support
Emergency care, immediate intervention to manage acute risk, crisis response, risk management
Home Treatment
Palliative Care
Intensive Intervention / Risk Management
Acute / Inpatient care

CFHD Service Model
Single Point of Access & M-D Clinical Triage

Single Point of Access

- Front door to all services
- Undertake administrative functions : entering referrals onto system, checks, complete referrals templates ready for clinical triage
- No clinical decision making in the SPA
- Referrals proceed to clinical triage teams in localities on same day/within 24 hours
- 'No wrong door' approach – all CYP referred will receive a service, whether advice or clinical intervention

Multi-disciplinary Clinical Triage

- Takes place daily in localities
- All professions and some partner organisations e.g. paediatricians, Children's Social Care
- Clinical decision making as early in the pathway as possible
- Primary Task: a) Make a clinically based decision about next steps to meet child's needs; b) consider immediate risk and take any necessary action
- Use a range of appropriate methods to make a decision about meeting child's needs . i.e. paper review, telephone / video assessment, emergency/ urgent F-F assessment
- Identify what kind of service would meet the CYP's needs – taking the least intervention approach to meet need

Clinical pathway: Early Years - Infants & Under 5s

Children in Scope

Range of disorders E.g. Neuromuscular, neuro-degenerative, developmental coordination, language & phonological disorders, ASD, Foetal alcohol syndrome, sensory processing, single or multi-sensory impairment, selective mutism, Down Syndrome, swallowing / feeding issues, disordered patterns of development, early signs of neuro-disability, rupture in parent-infant relationship impacting on child's development, a-typical development / distress in infant

Routine Outcome Measures

Relational: CARE-Index;
Infant: LOAF, MORS, ASQ-SE,
Adult: PHQ9,GAD7; Parenting Stress Index, Edinburgh Postnatal depression Scale, Maternal/ parental postnatal & Antenatal Attachment Scale
Language: CELF, TALC, Pragmatics Profile, RAPT, ACE
Cognition: WPPSI1V, LEITER R, BAYLEY 111
SC&I: ADOS, 3Di, DISCO
Interaction: KIPS

Evidence Based Practice

Video feedback approaches, VIG, VII (NICE) Mellow Parenting; Circle of Security; CAT; parent-infant psychotherapy; Parent infant therapy (attachment based)
Formal assessments (language, cognitive function, ASD, social communication & interaction); More Than Words; It Takes Two to Talk; SCIP; SPELL; LEGO; Early Bird; CBT;DDP

Thrive Quadrants

Getting Advice: Training & liaison with Children's Centres, Pre-schools & universal settings. Range of resources for professionals and families to promote health relationships and development
Getting Help: Brief interventions with families, joint assessments with partners
Getting More Help: Specialist assessments and interventions
Getting Risk Support: CP, peri-natal interventions

CFHD Professionals Required

Clinical Psychology, Child Psychotherapy, CAMHS Practitioners trained in infant mental health; Occupational Therapy, Physiotherapy, SaLT, Specialist Nursery Nurses, Psychiatry, Specialist Autism Practitioners

Integration with other teams/organisations

All other CFHD teams; Peri-natal MH service, GPs, Adult IAPT; Adult CMHTs, Paediatric Liaison, Community Paediatrics, Education Psychology, Children's Social Care, Early Years services

Clinical pathway: Specialist Community Nursing

Children in scope:

Children with disabilities and complex conditions, including those requiring continuing care and neonates.

Children with life limiting and life-threatening illness, including those requiring palliative and end of life care.

Children with acute and short-term conditions to prevent/shorten hospital admissions.

Children with long term conditions (working with acute provided specialist nurses where appropriate)

Clinical pathway across Thrive Quadrants:

Getting advice– rapid/urgent/signposting/digital training offer
Getting help –Duty system/specialist training/personalised initial assessments/ interventions/ specific care pathways
Getting More help –complex assessments/advanced care planning/transition/ EOL care/ coordinating care
Getting Risk support – Safeguarding/complex healthcare/urgent nursing care/ EOL/ treatment escalation

Evidence based practice:

- NHS at home: Community Children's Nursing Services- March 2011 DoH
- Future proofing Community Children's Nursing- RCN guidance – 2000
- QNI/QNIS voluntary standards for Community Children's Nurse education and practice- 2018- QNI
- QNI-NHSE/ DoH- Children's Community Nurse voluntary standards and core offer- 2017
- Nursing informed interventions
- Continuing health care framework
- NICE Guidance for medical conditions

Routine Clinical Outcomes:

Goal Attainment condition specific outcomes measure tools.
Clinical Outcome Measures
Service Experience Measures

CFHD Professions required:

Professional Lead for Nursing
Nurse managers
Community Children's Nurses
Specialist skills in palliative care/complex medical conditions/ Continuing care/ diagnosis specific conditions
Special school Nurses
Advanced practitioner
Clinical Psychologist
Assistant Practitioner
Clinical Support Workers

Integration with other teams and/or organisations:

Consultation and joint visits with OT, LD, Pysio, SALT
Collaborative working with:
Dysphagia service
Acute paediatric units/ Dietetics/Community paediatricians
Public health nursing/ GP's
Schools/ special schools
Early years/ 0-25
Children's Hospice SW
Continuing health care- CCG
Private providers

Clinical Pathway: Cognition & Learning

Children in scope

Children and Young People with a Moderate to Profound Learning Disability, may also include neurodevelopmental and genetic conditions with a complex presentation that may require assessment and intervention in regard to their Behaviour, Sleep, emotional or physical Health . To include support with AHC, MCA, DOLS.

Evidence based practice

NHSE "Developing Support Services for CYP with a Learning Disability/ Autism.
NHSE – Learning Disability improving standards for NHS trusts.
NHSE: Transforming Care
NICE – Learning Disability & Behaviour that challenges.
LeDer STOMP/STAMP
DOH Mansell report
BPS - "What good looks like"

CFHD Professions required

Professional/Clinical Lead for Learning Disability . LD Nurses, Clinical Psychologists , Band 4 LD Support assistants, Clinical Psychology Assistants. PBS therapists, Sleep Specialists, Business Support **Access to** OT,s SALT & Psychiatry. LD CAMHS worker,

Routine Clinical Outcomes

BRIEF, GBO, SELDOM, Sleep Disturbance Index, Sussex Behaviour Grids, CORS, CSRS. Scatter plots , Kincaid PBS - OM. CORC "How was this meeting" & Consultation OM. LD Service Experience measure.

Clinical pathway across Thrive Quadrants

Getting Advice: Digital offer, training /awareness raising. LD Duty System.
Getting Help: LD Early Help Pathway & Consultation, Workshops & support groups.
:**Getting More Help:** 1:1 long term cases, GPC, Specialist support & assessment.
Getting Risk Support: Crisis response, DSR, Core Group Meetings, LeDer End of Life Care.

Integration with other teams/organisations

- AO team – LD Key working role
- All teams/pathways within CFHD who support a CYP with a Learning Disability from 0-18.
- Paediatrics/GP's /Specialist Dental Service
- Adult LD services
- Education/Special Schools/Babcock
- Young Devon
- Social Care/ROVIC team

Clinical Pathway
Communication and Interaction

Children in scope

CYP with speech, language or communication needs (SLCN)

Eg:

- Speech disorders
- Developmental Language Disorder
- Social Communication and Interaction Disorders (including Autism and Selective Mutism)
- Dysfluency

These can be primary needs or linked to other needs.

Routine Clinical Outcomes

- Therapy outcome measures
- Experience measures
- RCSLT functional measures

Evidence based practice

Dependant on the pathway or primary needs; eg

- Hearing Impairment and deafness
- Cleft Lip and Palate
- Dysfluency
- Dysphagia/Neonatal dysphagia
- Voice
- Autism
- Selective Mutism
- Developmental Language Disorders
- YOT/Youth Justice

Clinical pathway across Thrive Quadrants

<u>Getting Advice:</u>

First line advice

- Self-managing advice

<u>Getting Help</u>

- In depth assessment
- First line offer of direct support with outcomes

<u>Getting More Help</u>

- Highly specialist intensive interventions and/or
- SLCN co occurrence with other needs requiring a multi agency/disciplinary approach to making an impact

<u>Getting Risk support</u>

- Primarily unplanned urgent/acute care requiring
- De-escalation of risk

CFHD Professions required

- Speech and Language Therapists
- SLT assistants/ other therapy assistants
- Clinical Psychologist
- Occupational therapists
- EHWB ? MHW
- Perinatal practitioner?

(SLT's more likely to be integrated within all other pathways/MDT's)

Integration with other teams/organisations

- Educational settings eg schools
- Educational services eg ROVIC, Complex needs team, CIT, educational psychology
- Public health /universal services
- Early Help services
- Children's centres
- Acute hospitals/wards
- All services within CFHD

Clinical pathway: Physical and Sensory

Children in scope

- Developmental delays
- Motor and sensory disorders
- Musculo-skeletal conditions
- Neurodisability
- Managing chronic pain and fatigue

Evidence Based practice

- NICE managing spasticity in under 19s CG145
- NICE cerebral palsy under 25s NG62
- NICE Developmental follow-up of pre-terms NG72
- NICE ME/CFS NG10091
- Developmental Coordination disorders international practice guidelines 2019
- NICE transition guidelines

CFHD Professions

OT, PT, SALT, Clinical Psychology, Other CAHMS, Nursery Nurses, CCN, Palliative Nurses, LD nurses, technicians/assistants, clinical support workers, assistant practitioners and apprentices.

Partners:
Paediatrics

Clinical Outcome Measures

- Canadian Occupational Performance Measure
- Goal Attainment condition specific outcomes measure tools.

Thrive

Getting Advice: information sheets and videos
Getting Help: Sensory kids, DCD, single issue assessment and intervention
Getting more help: managing LTC neurodisability and complex environmental assessments

Integration with other teams/organisations

Therapy leads at UHPT and Vranch House to progress Devon-wide services.
Close work with paediatricians, orthopaedics, education and DCC

Clinical pathway: Neuro-diversity

Children in scope

- Social communication
- Attention and concentration
- Sensory differences

(not including acquired brain injury, LD, foetal toxicity, prematurity, MUS including chronic pain, Chronic Fatigue or attachment disorder other than in context of needs above)

Evidence based practice

- NICE guidance for ADHD
- NICE guidance for ASD
- NICE guidance for Tic disorders
- RCSLT guidance for Selective Mutism
- RCOT guidance for sensory based interventions

CFHD Professions required

- Specialist neurodevelopmental SLTs
- Specialist neurodevelopmental OTs
- Paediatricians
- Psychiatrists
- MH Nurse/CPNs
- LD Nurses
- Paediatric Specialist Nurses
- Clinical Psychologists

Routine Clinical Outcomes

- Experience of service measure
- ASD-adapted anxiety and mood scales
- ASD-adapted quality of life measure
- Adaptive functioning measure
- ROMS
- Side effects monitoring (medication)

Clinical pathway across Thrive Quadrants

- GA: self-help, web and social media resources, collaboration with partners & EH
- GH: needs-led support following graduated response (non-diagnostic) and group work
- GMH: needs-led support for more complex needs requiring adapted support or intervention (including diagnostic)
- GRS: Keyworker-based approach linked with crisis/acute pathway to provide rapid ASD-informed response

Integration with other teams /organisations

- All other CFHD pathways
- Paediatrics
- Social Care
- Education, including Babcock
- Young Devon + YP participation group + LD advocacy
- Adult MH and ND services
- Early Help
- Parent groups and voluntary sector

Clinical pathway: Children in Care

Children in scope

Children in Care & Care Leavers, including Unaccompanied Asylum Seeking CYP

Clinical Outcomes

ASQ, SDQ, RCADS, CRIES 8, other ROMS
Patient experience & feedback measures

Evidence based practice

Trauma informed interventions
Working with the child's system
Common psychological therapies - TF-CBT, CBT/CWP, Attachment-focussed interventions, psychotherapy, therapeutic parenting.
General health assessments, SLT/SEMH interventions and sensory assessment/intervention

Clinical pathway across Thrive Quadrants

Work across all Thrive Quadrants
Joint work with Crisis/Risk pathway

CFHD Professions required

Specialist CIC Nurses
Speech and Language Therapists
Occupational Therapists
Children's Mental Health Professions
Infant mental health specialists

Integration with other teams/organisations

LA colleagues,
Neurodiversity pathway,
Learning & Cognition
Other pathways as required

Clinical Pathway: Emotions, Mood & Relationships

Children in scope

- Depression, anxiety which is adversely impacting upon their lives and relationships
- Long term emotional or behavioural dysregulation e.g. self-harm
- Difficulties managing intense feelings e.g. trauma, PTSD
- Confusion about self/identity
- Conflict in relationships, attachment issues

Routine clinical outcomes

- RCADS, PHQ-9 and GAD-7, CRIES-8, CHOC, CORS, Brief Parent Efficacy scale, Goal Based Outcomes, Experience measures, GBO (LWL STAR), DERS

Evidence-based interventions

- LI and HI CBT
- ABFT /SFP depression and self-harm
- IPT-adolescent
- Psychoanalytic Psychotherapy
- 'Cutting Down' (CBT for self harm)
- Medication
- MBCT
- TF-CBT for PTSD (EMDR 2nd line)
- Parent-based anxiety training e.g. CO-CAT and Timid to Tiger
- Family therapy

Thrive:

Getting Advice :Digital information, signposting

Getting Help: Brief interventions; Early MDT assessment & formulation, LWL goals. MI, Safe space and skills groups.

Getting More : TF-CBT, ABFT,CFT psychological therapies (EMDR, MBCT)

Risk Support : AMBIT, CRRT/AOT, Medication

CFHD Professions required

- EMHP, CWP
- Clinical psychology
- Child psychotherapy
- Psychiatry
- Cognitive Behaviour Therapists
- SFP therapists
- Family Therapists
- Mental Health Practitioners (various professions)
- NMP
- SALT
- OT

Internal

All other CFHD pathways

External

Young Devon &
Children's Society
SARC
Social Care
Education
AMHS

Clinical pathway: Managing Eating

Children in Scope

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Atypical Eating Disorders (AED) – including Avoidant Restrictive Food Intake Disorder (ARFID)

Evidence Based Practice

A stand alone specialist service.

FT-AN; FT-BN; AFT; DBT; MFT;
Paediatric and dietetic outpatients;
paediatric admissions;
parents groups; home support.

All provided by multi agency teams

CFHD Professionals Required

Family therapy; systemic family practice; clinical psychology; dietetics; paediatrics (nursing and medical); psychiatry; nursing; home support; operation management

Routine Outcome Measures

- RCADS
- EDE-Q
- SDQ
- ORS/CORS
- SRS

Clinical pathway across Thrive Quadrants

Getting Advice: Rapid access. Community liaison (schools; GPs; voluntary sector)
Getting Help :consultation to locality teams
Getting More Help: bulk of the pathway
Getting Risk Support – paediatric outpatients

Integration with other teams/organisations

- Full integration with Paediatrics
- Overlap with CAMHS acute pathway
- Close links with locality CAMHS for co-morbidity

Clinical pathway: Managing Risk

Children in Scope

CYP presenting in MH crisis/ at risk of harm to self or others
Those experiencing long term/severe mental illness including risk of disengagement , iatrogenic harm , long term service use associated with poor (physical and MH) health outcomes

Getting advice/help/more help

raising awareness, psycho education , developing relationships and services for under 18's within crisis café's
Psycho education parent support groups
Supporting seamless transfers between quadrants responsive to need.
Those accessing via quadrant 4 –full assessment of need/risk formulation to inform onward journey

Evidence based practice

A range of known efficacious interventions in response to range of presentations and needs.
Relevant Nice Guidance:
CG78, CG158 QS59 EUPD/APD
- CETRs
- QS51, CG128 ASC
- CG155 psychosis
- CG9 ED
- Attachment disorders

In general :AMBIT-Adaptive Mentalization –Based Integrative Treatment (AMBIT)
Pharmacotherapy
ED support
PBS- Positive Behaviour Support Attachment focused family therapy and wider systemic intervention
QS31 LAC
- QS34 self-harm National/local context and evidence base

Routine Clinical Outcomes to be used

(not exhaustive)

CGAS
HONOSCA
Self report measures – clinical symptom and quality of life
Carer stress
SDQ

CFHD Professions required not exhaustive

RMN/H
Social work
O.T
Assistant practitioners
Speech and Language therapists
Occupational Therapists
Psychiatry
Psychology

Integration with other teams/organisations (not exhaustive)

Primary Care-Universal
Secondary Mental health – wards, crisis café's 3rd sector, transition teams
Social Care
Education
Specially commissioned provision –eg Tier 4 in patient facilities, generic and ED
Acute sector colleagues – Hospital A and E's, paediatric wards
Youth Offending
Police
Child In Care
Learning disability
Place of Safety

Service Developments
Learning Disability and Autism

- 3 Successful LDAP bids

- Expansion of community based intervention to provide support and guidance related to behaviours that challenge in young people with a learning disability, Autism or similar needs in the absence of a diagnosis
  - 3 Year funding: Year 1(2021/22) = £214k; Year 2 = £300k; Year 3 = £600k
  - Provision will be integrated into the *Cognition and Learning* and *Neuro- diversit*y clinical pathways

- Enhanced community service provision and adaptations to Devon crisis pathway to meet the needs of young people with all aspects of Neuro-diversity
  - SALT, OT, LD Nurses, Clinical Psychology working within the mental health crisis pathway
  - 2 year funding from 22/23

- Tackling Health Inequalities – Reduce hospital admissions; developing the OT resource to support the sensory processing needs of young people with a learning disability and / or Autism
  - Delivering sensory integration training to OTs and other AHPs
  - 3 year funding shared with adult services

Service Developments
CYP Mental Health

Crisis pathway

- Investment to develop a sustainable crisis service to align with LTP fixed deliverables and address current risks. Recruitment progressing with incremental implementation as staff on board and full staffing predicted by April 2022.

Eating Disorders

- Investment to increase capacity and develop a county-wide dedicated pathway aligned to LTP fixed deliverables and address current risks. Recruitment progressing with incremental implementation as staff on board and full staffing predicted by April 2022.

Mental Health in Schools

- Investment for 2 x additional Mental Health in Schools Teams agreed with HEE funding for 8 x trainees in 2021/22. Objective to increase early help and increase access in line with LTP ambitions.
- Recruitment progressing in line with proposals and all Band 4 trainees appointed in time for University deadlines along with senior clinical and operational leads at 8a.
- Investment for further 2 x Mental Health in Schools Teams indicated from 2022/23.

18-25 Services

- Small investment to deliver LTP fixed term providing increasing access with focus on vulnerable care experienced young people and transition from CAMHS to AMH Services. In year spend on non-recurrent costs underway with clarification sought re recurrent spend as this will determine deliverables.

Thank you

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Children and Family Health Devon Transformation and Performance Update				
Date of committee: 28 October 2021 **Date report produced: 18 October 2021**				
Author (s) Name and Title: Presentation: Beverley Mack Children's Alliance Director Executive Summary: Hannah Pugliese head of Women and Children's Commissioning		**Supporting Executive:** Jo Turl **Name and Title:** Director of Commissioning – Out of hospital **Contact Details: jo.turl@nhs.net** **Report Approved by:** Jo Turl **Name and Title:** Director of Commissioning – Out of hospital **Date:** 19 October 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 presentation has been produced by the Children's Alliance Director for Child and family Health Devon (CFHD) for the CCG Quality Assurance Committee. It is being presented to the Governing Body on request and in lieu of the Children's Community Services review which is due at the Board in January 2022.

The presentation is in 2 parts, performance of each current service line in part 1 and an overview of the CFHD transformation programme in part 2.

Autism Assessment and Speech and Language Therapy remain the area's of most concern. The are recovery plans in place for both services and fortnightly monitoring arrangements are in place between CFHD the CCG and the NHSE/I regional team. Staffing the services has been the biggest challenge and remains a key risk. Occupational Therapy, Specialist Assessment Centre and Mental Health are also showing longer waits for assessment and intervention. Quality and efficiency improvements have been made to each of the areas and, where recovery plans are in place, process change has been quality checked through clinical audit. Despite these interventions the recovery trajectories for ASD especially are not being met and the number of assessments completed over the summer was negatively impacted by staff being targeted for alternative employment by a private company and by Covid related absence.

Transformation to a new more integrated model has progresses with 3 key developmental elements:

- Increasing access to prevention and early intervention
- Integrating care and treatment across physical and mental healthcare and community and acute
- Integrating multi-agency provision across health, education, social care and the voluntary sector

The newly defined clinical pathways are designed to be delivered in localities with county-wide clinical strategic leadership. CFHD have worked with Devon County Council to align the geographical approach to the Special Educational Needs and Disability transformation programme. The approach is being shared with partners and stakeholders before implementation.

The Children's Community Services Review will provide definitive analysis of demand and capacity and will make recommendations regarding the proposed new model.

However, sustainability of specialist children's services will require more than local investment. Building on the principals outlined above, a whole systems approach is needed, inclusive of children's local authority and education services. The Speech and Language, Autism and Mental Health are all 'Game Changer' priorities, identified in the Devon Long Term Plan and provide us with the opportunity to deliver integrated systems change.

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:

Quality Assurance Committee 21st October 2021

Key recommendations and actions requested:

The Governing Body are asked to note the current performance and oversite arrangements:

- To advise if further information is required prior to the service review in January
- To advise how they would like to provide comment on the transformation plans

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	This report provides detail of long waiting times and quality initiatives	
Health Inequalities	Relates to children with disabilities	
Equality (staff or public)	Not specifically	
Resource and Finance	Finance implications for future service provision	
Legal		
Engagement and Consultation	Children and families have been consulted as part of this work	
Risk	Ongoing risks are identified	

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:	September 2021
Person completing template:	Derek Blackford – Locality Director (S&W)

Key achievements/progress

Local Care Partnership (LCP) development:
Work to further the development of the South LCP continues and in particular a focus on ensuring that we have robust arrangements in place for delivery and performance and improvement. The next steps to take forward the Communication & Engagement approach signed off last month are in train including consideration of how a locality forum to involve a broader range of stakeholders might support existing community groups.

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.

Work continues in support of this through the Delivery and Performance Groups which seeks to clarify and test the arrangements we currently have in place and how they might continue to evolve with local system partners. A set of proposals are being considered for the agreed areas of focus including self-harm, suicide prevention and the experience of and outcomes for children in care, with a set of proposals being developed. These look at what already exists, the potential to extend/improve by working collaboratively, likely impact and what it would take to achieve.

Local system:
The local health and care system is significantly challenged at present with increased activity being experienced on most fronts, particularly in relation to Primary and Urgent care. The workforce challenge continues 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.

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. The CCG also gathered feedback on the workforce competencies and framework for blood testing in UTCs developed by the Devon wide groups. The UTC has seen unprecedented

numbers of attendances in recent weeks and has created more capacity in waiting space and clinical areas to manage this increase. A proposed minor injury enhanced primary care service clinical specification has been drafted after consultation with stakeholders and an outcomes framework is being developed to accompany this. Work has begun in the south to inform the planned engagement process about our locality for the future of community Urgent care. It is hoped this will commence in November.

- **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. 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. The procurement process for the extra domiciliary care is at present delayed so it is possible that these extra hours won't be available until February.

- **Improved discharge co-ordination:**

Work is 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 been established to further develop our locality winter plan with schemes identified to support social care and escalation arrangements 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).

Community Equipment Service:

Torbay Council is working in partnership with NHS Devon CCG and Torbay and South Devon NHS Foundation Trust, and Plymouth City Council likewise with NHS Devon CCG on their tendering for their respective Community Equipment Services as two separate 'Lots'. The tenders were returned to the Councils on the 23rd July and are currently being reviewed by colleagues across the partner organisations and Livewell Southwest.

For Torbay (Lot 2), we are expecting that the recommendation for a provider will be presented to Cabinet on 21 September 2021, pending CCG approval at the Governing Body on the 28th October. This will be a joint paper to Governing Body for both 'Lots', with Plymouth's going to Cabinet on 12 October 2021.

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. Communication from the NHSE/I SW regional team has been shared to all Primary Care Networks (PCN), via the GP bulletin, to prompt interest from the primary care workforce and PCN leads. 5 PCNs have taken up the offer so far with training sessions to commence in November 2021 (1xS, 1xW and 3xE). Workforce capacity is the main barrier to uptake, with some funding made available to PCNs for the Champion role.

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.

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:	Eastern Devon
Period covered by update:	September- October 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 is planned for 08 October 2021.
- A system urgent care winter plan has been drafted and will be shared at the ELDG urgent care meeting on 07 October 2021.
- 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

- There has been a renewed Devon-wide focus on discharge with daily Devon system calls, each locality is providing detailed information about pathways 1-3 discharges and escalating key issues/areas for support. A Devon-system discharge workshop is planned for 05 October 2021.
- Additional personal care capacity has been purchased as part of a wider Devon County Council personal care sufficiency to facilitate the increase of pathway 1 discharges and reduce UCR backfill.
- A weekly Silver call has been established by RDEFT inviting system partners from DCC and CCG to examine and develop service improvements for discharge, key actions included the development of named senior manager for all care home discharges, development of discharge coordination and pharmacy support to facilitate care home discharges, additional support into the single point of access

from DPT and VCSE, exploring with DPT 6 weeks transitional support into placements.

- Significant progress has been made to establish the community services contracts programme of work which focuses on key transformation actions. A workshop took place on 29/09/21 with the provider to develop plans on a page for each transformational area. The Community Contract Programme Board will meet on 07 October 21. The contract particulars have now been issued to the provider.
- The action plan to embed 2 hours Urgent Community Response in the Eastern system has been established, the new service will be in place from 01 December 2021. A plan has been developed to support the wider implementation of the Enhanced Health in Care Homes Framework, with RD & E working closely with the PCN leads for care homes to develop improvement actions. RESTORE 2 training is being rolled out to care homes in the locality. Further focus is being provided to discharge support and advanced care planning with care homes.
- Commissioners continue to work closely with system partners to understand the usage and local requirements of each of the community hospital sites in the locality. A meeting with the Moretonhampstead Development Trust took place on 28 September 2021 which brought together the GPs, local community group (MDT), RD & E and NHSPS to make plans for best use of the void space on the site. Neil Parish MP will be touring Axminster and Seaton Hospitals on 08 October 2021 with NHSPS, RD&E and CCG.
- 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 26 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.
- A Population Health Management (PHM) coordinator has been offered the post for the Eastern locality. This role will join the commissioning team and work with clinical leads to drive forward the PHM workplan and local prevention workstream. Additional data analyst support has also been approved centrally.

- PHM workshop will be held in each Locality when post holder are in place in preparation for the formal action learning sets that are being facilitated by the South West academic Health Science Network.

Mental Health

- Locality Change Coordinators for the Community Mental Health Framework have just started in post
- 3 sub-groups within the locality (Exeter, east and mid) have been formed and the first x2 sets of meetings have been held. This is an opportunity for colleagues to collaborate, plan their CMHF work together, share learning and best practice.
- Stakeholder presentation was delivered on 13 September 2021 to the Eastern Locality Forum to share programme progress and approach with key stakeholders.
- MAT (multi-agency team) meetings – scoping meetings have been planned or are underway for PCNs (Exeter West, HOSMs, Culm Valley, Tiverton, Nexus).
- ARRS monies – focus on recruitment to ARRS roles across PCNs.

Planned Care

- H2 guidance received for Elective
    - Eliminate waits of over 104 weeks by March 2022 expect where patients choose to wait longer (P5/6)
    - Hold or where possible reduce the number of patients waiting over 52 weeks
    - Stabilise the waiting list of the level seen at September 2021
- Demand Management
  Immediate Advice and Guidance (Consultant Connect):
    - Board agreed for pilot to be undertaken using National Team subject to funding, which will be finalised through the Commissioning Committee.
    - Engagement with local Clinical Leads around potential for a local solution following pilot, if supported will be presented back to PCPB for agreement
- Outpatient Transformation
  PIFU and non face-to-face appointments:
    - Trust representatives are asked to review coding guidance to ensure consistency in both PIFU and non face-to-face appointments to ensure metrics are accurate and comparable
- Surgical Restoration
    - Consideration to be given by Trusts for opportunities for onsite Protective Elective Capacity
    - It was agreed that a System Operational Long Waiters Group would be set up with membership from each acute Provider and the ICS Elective Care team to manage 104ww process and monitor delivery
    - Confirmed prioritisation of outsourcing to the Independent Sector Providers (ISP) for long waiters to ISPs where possible. Whilst capacity is not being utilised, eReferrals (eRs) would be open to take referrals but can be switched off as required
    - Non-Clinical Validation in RD&E, has commenced to support long waiting patients. The programme will be evaluated after a period of 6 weeks to better

understand workload demands and therefore staffing resource capacity required to increase delivery to a larger patient cohort moving forward
    - Requirement for Trusts to have clinical focus on HVLC and GIRFT work
- Ophthalmology
    - Agreed that discussions with Strategic Estate Board would be taken forward
    - Further discussions on digital solutions to be taken forward
- Diagnostics
    - Low level pilot to be rolled out with regards to the use of Community High Street hubs (Cavell Centres) to support diagnostics

Key priorities for the next three months

- To continue to focus on discharge and flow to support the surge response
- To deliver winter plans
- To progress the overarching workplans of the Eastern LCP for the 5 thematic areas, aligned to the ICS Strategic Outcomes Framework.
- Develop a needs assessment and strategic direction for the community hospital estate within the Eastern locality, focusing on addressing health inequalities and further integrated models of care.

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

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Locality Update Report

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

1. **Prevention**

- The Population Health Management Co-ordinator post in North is currently out to advert again with the opportunity for a secondment or substantive contract being offered.
- *Wellbeing at Work* programme, Funding opportunities to support the growth of this programme are still being explored. Bideford College and Torridge District Council have both expressed interest and a initial meeting has taken place. Opportunities to work with locally based private companies in deprived communities also a focus.
- The Active Travel group have developed a TOR and continue to be involved with the new Joint Local Plan and the 'Our Future Hospital' delivery group.
- Fibromyalgia within an integrated system. NDHT chronic pain team engaging with OND in reviewing earlier diagnosis opportunities, community-based referrals and joined up support systems. Social prescribing models/link worker opportunities being looked into.
- Healthy Weight and Physical activity – Maximising the community asset opportunities that the 'in construction' Barnstaple leisure centre brings. One Small Step and PH midwives working closer together to offer lifestyle support peri-natally. Action for Children ran a very successful summer holiday activity programme targeted at those families that receive free school meals or identified as vulnerable. 445 families attended a wide range of healthy activities and were all provided with a hot, nutritious meal, given advice and support around healthy lifestyles by staff and other agencies such as One Small Step.
- Caring for Older Person's living with frailty – Cross system Workshop met early September. Access to support and services, transport and feeling isolated key themes from patient listening exercises. Prevention and anticipatory care subgroup in development with Fiona Duncan, Clinical Lead for care Homes for 2 PCNs and Kay Brennan as co-chairs. Live Longer Better model in consideration.
- Kay Brennan presented at the Active Devon 'More Movement' conference on 'Prescribing physical activity within Northern Devon's integrated system - opportunities and challenges.

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.

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.

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.

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.

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:	October 2021
Person completing template:	Anna Coles

Key achievements/progress

Delivery Highlights

Priority 1- Building a Compassionate and Caring City

- Dementia Conference scheduled for October.
- Dementia Friendly Guide for Dentists launched by PCC and Plymouth University. Dementia friendly departments rolled out in PCC and online awareness training now available for businesses and partners.
- Co-ordinated response to the Keyham incident continues. Focus on a Safer, Healthier and Resilient Keyham. Phase 2 will focus on community empowerment. Dedicated website and email in place. Approach underpinned by Trauma Informed approach.

Priority 2 - Developing a sustainable system of Primary Care

- Clinical reference group established, exploring how to effectively engage with Primary Care at locality.
- Population Health Management coordinator recruited and scheduled to commence in October 2021.
- 900+ outreach vaccinations delivered through outreach since end July and 2 x clinical leads UHP recruited additional staff to enable more Plymouth covid vaccine outreach
- Working groups in place for Same Day Urgent Care, Integrated Pathways (ICP and primary care) and Comms and Engagement - with plans in various stages of development

Priority 3 - Empowering Communities to help themselves and each other

- Website launched with examples of good practice.
- Community engagement toolkit developed. This has been tested with staff and is now in final draft form.
- Understanding the impact of Covid on employment work now underway.
- Analysis of food aid now underway, with the aim of reducing the need for food banks.

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

- Work undertaken across LCP to ensure alignment with emerging LTP Children's Governance.
- Leads have been proposed for each key priority and are providing updates on each area

Priority 5- Relentless focussing on Homelessness Prevention

- Changing futures bid has been successful meaning an additional £2.5M has been secured over 3 years to build a team around system change for those with complex needs.
- £58K has been successfully bid for and secured via an opportunity to access funds for individuals with alcohol related problems and complex needs.

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

- Service pathway reviews have begun in regard to Cardiology, Respiratory and Frailty
- Draft frailty proposal for spend of EHCH funding are being socialised with final spend proposal being taking through ICP Frailty Group to LCPDG in Oct 21
- Approval to commit some of the Refugee Programme funding to a band 6 CMHT worker in Livewell to support refugee children with trauma and mental health
- CMHF co-ordinator role for locality recruited.
- Community Capacity Command Centre launched to maximise Dom Care, Voluntary Sector and Reablement capacity across locality
- City wide recruitment campaign launched with support from DWP
- Recruitment of dedicated skills co-ordinator underway.
- Recruitment of over established reablement assistants being led by LWSW.
- Additional bed based capacity via Care Hotel to open on 1st November and works at Patricia Venton Short Term Support Centre commenced. Due to open 14 beds by end November.
- Long Covid Pathway - first patients discharged to quarterly follow-up, UHP pilot providing MDT + IAPT/Psych support and Cardiology supporting as required.
- Engagement event with VCSE Mental Health Alliances collaborations scheduled for late September.
- Draft Hypertension diagnosis and management LES socialised with CCG, Primary Care DD and Clinical Lead for views
- £82k secured in anticipatory care funding for remote pulmonary rehabilitation.
- West End Health and Wellbeing Centre – NHSE have reviewed proposals and felt assured on both financial and social value and have approved/signed off. Final plan to be developed before Christmas.
- Enhanced clinical validation for NHS 111 approved through CCG and Devon A&E Board.
- Plans developed to address capacity crisis alongside work to reach 2 hour response time.
- Focussed review undertaken on discharge to assess pathways for Devon, Cornwall and Plymouth. Issues regarding practice, process and capacity identified.

Focus of "Together for Plymouth" – October 2021

Delivery Group

- Population Health Management
- Primary Care engagement
- Comms & engagement plan
- Impacts of Keyham on the wider system and prioritisation of resources
- Fair Shares investment updates
- NHS – Leading for Change

Executive Group

- Population Health Management
- Fair Shares proposals – approval and recommendation
- CYPF Long Term Plan
- Performance and Assurance

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 local 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 partner
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 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 of LCP

Support required and/ or barriers to progress

- Capacity to support the delivery of bids and 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.

4

- Development and delivery of workforce strategy and plan

NHS Devon Clinical Commissioning Group

Locality update report

Locality:	Plymouth/Western Devon
Period covered by update:	October 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 - Meeting with NHS England to review progress particularly on Benefits and plans – positive session. Next phase planning underway with public consultation on the plans commencing 14th October 2021.
- Continued work of Programme Director and commissioning colleagues to support delivery of UEC Improvement agenda for Western system
- Tactical system support for Primary Care provider in the City
- Plymouth LCP Executive maintaining focus on whole system pressures agreeing rapid initiatives to address current demands across primary care, secondary care, community services, social care and wider provider market; system priorities agreed and communicated
- Recruitment on Health & Care link worker from DWP agreed to work alongside Health and Care Skills co-ordinator, both roles focussing of increasing recruitment of community health & care workers
- LWSW recruitment of additional reablement workers underway.
- Discharge to Assess review completed, Social Care and Community Therapy presence returned to acute hospital to improve pathway determination, work underway to improve bed bureau function for Plymouth, maximising use of capacity available.
- 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.
- Commencement of PHM Locality Coordinator for Plymouth and PHM stakeholder session ahead of Devon-wide PHM programme commencing November 2021
- LCP Executive support for two key investment initiatives using Equity Funding; one investing in services for people with Complex Needs, the other investing into Prevention, Wellbeing and the Voluntary Sector

Plymouth & West Devon

- COVID vaccination programme continues to demonstrate positive examples of integrated working between PCNs, community and acute providers and commissioners delivering strong rates of vaccination with further work to implement

outreach for those cohorts with lower uptake rates and needing alternative offers
- 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.
- Updates and proposed investment areas taken through Plymouth LCP Delivery Group for consideration, with same process through West LCP.
- Refreshed arrangements for monthly system calls of Plymouth Area Primary Care System Partnership commencing 12th October 2021
- Development of an agreed system wide urgent and emergency care recovery plan addressing demand, flow and capacity throughout the urgent care process. This also encompasses Cornish solution.
- Set up at short notice further patient hotel and blocked care home beds to avoid any hospital discharge delays for G7 and the summer period.
- System Pressures – continuation of work on same day urgent care, pathway transformation and communication and engagement all aiming to ease system pressures for benefit of population and wellbeing of workforce
- Planning investment to prevent falls and fractures using Prevention Funding

West LCP

- A review of existing work programmes against ICS themes/LTP deliverables to understand gaps or areas for influence and engagement in the West LCP. This will be reviewed at the Delivery group on 06/10/2021
- GP engagement budget now agreed for West LCP and will be aligned to work plan priorities when these are finalised.
- Population Health Management Engagement session being planned, with recruitment to the Coordinator role for West and South taken place
- Public Health Intelligence pack has now been refreshed to include all areas of the West LCP by LSOA (Local Super Output Area) to ensure inclusion of populations that fall into Mewstone PCN and Beacon Medical Practice. Previous pack only covered the population of West Devon PCN. Boundary map refreshed and agreed by LCP delivery group in August. The pack has been circulated to members of the delivery group and will be reviewed on 06/10/2021 to ascertain final set of priorities which will then be recommended to the LCP Exec board on 13/10/2021
- Development of performance information and outcomes summary for high level review of priority areas commenced. Current configuration of Business Intelligence reports do not facilitate information at a West LCP level across many domains
- High level messaging provided at Voluntary Sector Alliance meetings (Tavistock and Yealm Caring) taken place in September 2021

Key priorities for the next three months

Plymouth:

- Finalising the Model of Care project and engagement for the West End Wellbeing Centre to support development of Business Case and transitioning to the next phase of planning including Collaborative and Integrated Working
- 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
- Closure of Estover Surgery and the registration of patients at an alternative health centre
- Implementing findings from discharge review, with improvements in process and practice being prioritised (capacity increases already initiated).
- Completion of annual winter planning for the locality.

West Devon LCP:

- Develop high level information to include all available intelligence for LCP Exec group review (October 2021)
- Delivery group tasked with an exercise to map the respective priorities driven by the operational and long-term plans.
- Development of the emerging themes and priorities and finalisation of a first draft workplan and locality profile.
- Develop Comms and engagement plan to support the above
- Final review and priority recommendations from Public Health intelligence through Delivery group focussing on areas for priority focus and action likely including Dementia, Frailty, Diabetes, Obesity & Fuel Poverty.
- Understand proportion of Falls and diabetes prevention funding attributable to West LCP and where possible align to Plymouth workplans

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 including ambulance handover delays and ED improvement recommendations and commence delivery against priorities
- Further develop Performance and Improvement group for LCPs
- Supporting the pathway groups within the ICP in their planning and implementing transformation
- Review of the use of care home placements for ‘Discharge to assess’ to understand changes in utilisation and ongoing requirements to support market management work.
- Agreement of use of Equity Funding investments in line with key areas agreed by LCP Delivery Group
- Continued locality actions and planning in partnership with Public Health and Local Authority to ensure a sustainable COVID vaccine delivery programme which does not exacerbate health inequalities.
- 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.
- Locality involvement in Devon-wide Operational Planning
- Implementation of Phase 3 booster

Issues of concern or risk

- Staffing capacity across the commissioning team to manage priorities and operational demand including increased reporting requirements; further recruitment planned to fill vacancies
- Workforce capacity across all Providers including nursing, domiciliary care, pharmacy, voluntary sector, particularly in relation to clinical staff and the necessity for recovery as a result of the impact felt from the period of the pandemic
- Cornwall capacity across community specifically Care Home provision which impacts on UHP Length of delay performance.
- PCNs may not be able to recruit to additional roles 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.
- Any further delay to PH intelligence for West LCP
- Ability to ensure full engagement from clinical and operational colleagues in both LCPs given current and ongoing pressures.
- 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.

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: 28 October 2021

Dates of Committees covered in this report: 21 October 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 agenda item was not able to be considered in full as usual by the Committee as the executive team are in the process of redesigning the report to include new quality indicators and workforce information and it has struggled with the capacity to get it where it would want it to be for the Committee. However, a useful verbal update was given to the Committee, which was assured that a further update would go direct to the Governing Body meeting as part of the Chief Executive's written report.

Reports received and noted

- **Devon CCG Monthly Finance Report** - the Committee received a report, and a further verbal update, which indicated that, with the expectation that it will be reimbursed for the recent pay award, the CCG would be reporting a balanced position for the H1 period ending 30 September 2021.
- The CCG has received notification of the funding for the H2 period October 2021 to March 2022 (month 7 to 12) with the expectation from NHSE that the Devon system will achieve financial balance for 21/22. The executive team is working through the details to inform the plan for the second half of the year and will report on this and the risks to delivery in the Month 7 Finance Report.
- **ICS Monthly Finance Report** – the paper was presented for information to the Committee, outlining the position at Month 5. The NHS financial framework has provided a fixed settlement for the first half (H1) of 2021/22, which is very much in line with the framework in place for 2020/21. At month 5 the ICS had a £3.3m YTD favourable variance and the forecast outturn at showed a breakeven position to plan.
- **Planning for H2 of 2021/22** – the Committee received a presentation from the Deputy Director of Finance about changes to the financial arrangements for H2, the underlying deficit and efficiency requirements. It was noted that this would need to go to the Governing Body in November 2021 for approval.
- **Delt Financial Accounts 2020/21** – the Committee received a report for information on behalf of the CCG, which is one of two class A shareholders owning Delt Shared Services. Delt's total turnover in 2020/21 was £19m, with an operating profit of £84k, and with cash in the bank of £4.5m, debtors of £3.5m, and creditors of £5.4m.
- **Long Term Plan** - The Committee received a presentation that had been considered by the System Transformation and Efficiency Committee on 24th Sept 2021 and also shared with the Governing Body in private on 30 September 2021. It set out the key ambitions within the LTP and progress with

development of delivery plans and impact statements, outlined how this could impact on the financial recovery approach and also indicated the system decisions required.

- The Committee endorsed the system decisions but raised concerns about the lack of clarity on where and when these key decisions would be taken, due to the impending governance changes affecting the CCG Governing Body, the existing ICS Partnership Board and the emerging Integrated Care Board. The Chair undertook to raise these concerns with the Chief Executive to seek assurance that the changing governance arrangements and current operational pressures would not prevent timely decisions being made across the system.

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 asked the Director of Finance to review the detailed wording of the risks, bearing in mind changing circumstances, in time for the next meeting.

Committee Decisions

- **Non-Emergency Patient Transport (NEPTS) Re-Procurement 2021/2022 -** The Committee was presented with an overview of the CCG's current two contracts for NEPTS (N&E and Western), which have been extended within the contractual allowances and will cease on May 28th 2022. Torbay NEPTS remains outside of this contracting arrangement. Prior to bringing in the new contracts NHS Devon is due to have signed a S75 partnership with Devon County Council for the organisation of transport, recognising the alignment with the Local Authority's statutory transport functions including Adult Social Care. The paper set out the principles of the re-procurement using the Devon Procurement System (DPS), as an alternative to the usual NHS competitive tender process, and covered governance, risks and benefits.
- The Committee APPROVED progression to procure in the model proposed and the governance process set out in the paper, and noted that a report seeking approval of the tender documentation is due to be presented to the November committee meeting.

Recommendations for Governing Body

- None.

Recommendations for other Committees

- None.

Terms of Reference or other committee effectiveness issues

- None.

Management of Conflict of interests:

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

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

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Audit Committee

Date of Governing Body: 28 October 2021

Dates of Committees covered in this report: 06 October 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 informed of the 16 workstreams within the overall development programme; each having its own executive lead. The Non-Executive Chair of the CCG transition group is Judy Hargadon, Executive lead is Simon Tapley and Project Manager is Nick Pearson. The group meets fortnightly, and its core outputs are:

    - To transfer the CCG workforce into the new ICS in April 2022
    - To close down or transition all business-as-usual activity for each of the CCG teams.
    - The completion of due diligence, following national guidance.

    Progress to date:

    - A detailed Workforce engagement plan has been developed and is being rolled out with the help of the Communications and HR teams.

    - Each directorate team has been tasked with documenting the scope of its functions and responsibilities so that they can be added to a single transition workplan, with the narrative of transition or closedown for each area. This workplan will continue to develop throughout the process.

    - Work has commenced on the due diligence schedule – it is normal for these to be RAG rated as red at this stage of the process. There is a monthly update process to ensure progress continues and can be viewed by NHSE/I.

    - NHSE/I are pleased with Devon's progress and have asked to share our methods with other CCGs.

- **Risk Report** – The committee were assured that risk is being managed appropriately within the CCG, and in accordance with the risk management framework policy. The corporate risk register is reported, on a monthly basis to the Senior Leadership Team, Audit Committee bimonthly, and to Governing Body through the Audit Chairs report.

    In the reporting period (01 July to 15 September 2021) one new risk has been added and is reported to this committee. Risk 152 Return to office working- post restriction lifting. Risk score 12 (L = 3, I = 4) which is detailed in appendix 1.

- **Standards of Business Conduct Policy** – The Standards of Business Conduct Policy has been reviewed to ensure it continues to reflect current statutory guidance. There has been no change to national or local guidance in year. The Audit Committee noted and approved the visible track changes and agreed the recommendation to the Governing Body to approve the Standards of Business Conduct Policy

- **Use of the Seal** - The Audit Committee, which has the delegated responsibility for reviewing the register of the use of the common seal no less than annually, noted that the seal has been used twice in this financial year. Once for a Framework Partnership Agreement and once for a lease for Stone Barn in North Devon.

- **Information Governance Report and Action Plan** – The committee were assured that the Data Protection Framework underpins the CCG's strategic goals and ensures that the information needed to support and deliver their implementation is readily available, accurate and understandable.

- **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:
    - Restoration and Transformation – Satisfactory;

  It was agreed that internal audit will make a clear distinction for the Committee from now on which recommendations are for transition into the new ICS and which are being monitored until year end.

  The committee were asked to consider and approve moving the Learning Disability Mortality Review Programme review to the 2022/2023 plan, and proposed a review into the CCG's Vaccination Programme/response and looking forward at plans for future vaccination programmes.

- **External Audit Value for Money Report –** The committee noted the delayed VFM arrangements Paper which provided an update on VFM work, summarises the auditors' annual report and contains the certificate which closes down the audit for 2021. External audit confirmed that this has now been issued as part of the CCGs annual report. The report highlighted a potential risk around financial sustainability due to historic deficit of the CCG. Two significant weaknesses were identified: Financial sustainability and Governance (predominantly due to the section 256 agreements). Consequently, Key Recommendations have been raised, (these carry more weight than an Improvement Recommendation but are less serious than Statutory Recommendations). These findings have been through a moderation process to ensure they are not out of line with other parts of the country.

  Formal Audit powers were not required to be exercised.

- **External Annual Audit Report** – Report noted

- **External Progress report** – report noted

- **Counter Fraud Progress Report** – The Committee noted updates and agreed that a report would not be required for the next Audit Committee.

Risk Register Review Updates

- Summary review of updates to corporate risk register as at 15 September 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 reviewed the draft terms of reference for the CCG Transition Group. Updates and improvements were agreed • Noted the Risk Report • Noted and approved recommendation to the Governing Body to approve the Standards of Business Conduct Policy • Noted the Use of the Seal report • Noted the Information Governance Report and approved recommendation to the Governing Body to approve the Data Protection framework and Action Plan • Noted the Internal Audit Update Report and approved for the 2021/22 Audit plan to be changed • Noted the Value for Money Report • Noted the Annual External Audit Report • Noted the Counter Fraud Progress Report
Items of concern to be escalated to the Governing Body
• N/A
Recommendations for Governing Body
• **Recommends the Governing Body approve the Standards of Business Conduct Policy (visible track changes shown for ease)** • **Recommends the Governing Body approve the Data Protection Framework and Action Plan**
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: 06 October 2021 **Date report produced: 15 September 2021**				
Author (s) Name and Title: Theresa Farris, Risk and Governance Manager theresa.farris@nhs.net **Contact Details:**		**Supporting Executive:** 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 15 September 2021.

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

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

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

In the reporting period (1 July to 15 September 2021) one new risk has been added and is reported to this committee. Risk 152 Return to office working- post restriction lifting. Risk score 12 (L = 3, I = 4) which is detailed in appendix 1.

The board assurance framework v1.6 (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. To note BAF risk 2e 'We do not implement the phase 3 restoration plan including maximising planned care during winter and corona virus' has been closed and replaced with BAF risk 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)'

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

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

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

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

Key recommendations and actions requested:

1. Note that the risk is being managed appropriately through the Corporate Risk Register
2. Note the addition of new risks to the corporate risk register.
3. Note current position of the Board Assurance Framework and agree the process for revision of the Assurance Framework (Appendix 3)
4. Confirm they have received sufficient assurances on the management of the CCGs risk process in line with the recommendations from the Internal Audit 2020/2021 of risk management (section 5)
5. Are assured that risk classified as very high/significant are being reviewed and managed appropriately
6. Note the closure of risk 2e on the Board Assurance Framework, replaced with new risk 2f
7. Note the addition of risk 152**,** Return to office working- post restriction lifting. Risk score 12 (L = 3, I = 4)

Impact on Strategic Objectives

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

Reference to other documents or accompanying papers:

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

06 October 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 15 September 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 11 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 –01 July 2021 to 15 September 2021	
Total Number of Risks on Corporate Risk Register	37
New Risks	1
Risk score reduced since last report	3
Risk score increased since last report	6
Total Risks Closed (detail is within the committee minutes of the following committees)	0
Quality Committee	*0*
Primary Care Committee	*0*
Finance & Performance Committee	*0*
Audit Committee	*0*
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 (01 July 2021 to 15 September 2021):

2.4 Three risks have reduced in score:

Risk 77 - High Avoidable Amputation Rates. The risk score has reduced from 12 to 9 (L = 3, I = 3). Data now shows a stabilised picture within amputation rates, now similar to the England rate.

Risk 115 - LD/Autism CAMHS Admissions. The risk score has reduced from 6 to 4 (L = 2, I = 2). Currently 3 children inpatient against a trajectory of 8. (2 on forensic). However, numbers on DSR increasing and significant amount of work is undertaken to avoid an admission.

Risk 134 - Operational delivery by Child and Family Health Devon. The risk score has reduced from 20 to 16 (L = 4, I = 4). Risk score reviewed and reduced due to information shared and action being taken in relation to autism wait list.

2.5 Six risks have increased in score:

Risk 100 - SWASFT Call Stacking. The risk score has increased from 15 to 20 (L = 5, I = 4). Score increased due to SWASFT have been in OPEL 4 for ten consecutive days this month due to the demand on services and the size of the call stack. The call stack has been the largest it has ever been in excess of 375 patients at times.

Risk 109 - Underperformance Constitutional Standards. The risk score has increased from 16 to 20 (L = 5, I = 4). Following the query raised by the Audit Committee and have agreed that the score should remain at 20 (likelihood of 5 and impact of 4), as we are very unlikely to achieve Constitutional standards during 21/22. AW/SR

Risk 38 - Lack of clarity and visibility regarding ICS and its governance. The risk score has increased from 4 to 16 (L = 4, I = 4). Transitional decision-making process not agreed.

Risk 142 - Patient Safety and Quality Team Capacity. The risk score has increased from 12 to 15 (L = 5, I = 3). Increase in score due to the Band 8 vacancies, workload exponentially increasing particularly with regards to report writing, the preparation ahead of ICS transition, along with sickness absence levels increasing. Approved by CNO 30/07/21

Risk 146 - Assurance Concerns UHPT. The risk score has increased from 15 to 20 (L = 5, I = 4). Score increased due to increasing levels of escalation and concern and a prolonged period of OPEL 4 plus request to step down more routine services due to the increased levels of escalation

Risk 148 - Devon Doctors Service Provision. The risk score has increased from 12 to 16 (L = 4, I = 4). Whilst the number of reported SIs to the CCG remains low, the governance performance aspects of DDOC have deteriorated with an increasing number of adverse incidents reported being open and overdue, with a backlog increasing. The overdue number of complaints has grown. This is exasperated by a continuing staffing crisis within the department.

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 One new risk has been added to the corporate risk register and reporting to this committee:

Risk 152, Return to office working- post restriction lifting. Risk score 12 (L = 3, I = 4) (appendix 1)

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.

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

Risks scored very high @ 15 September 2021

Risk Number	Risk Score	Risk Score movement Date score set	Date Reviewed	Date risk Opened	Risk Title	Mitigating actions	Reporting Committee	Executive Lead
100	20 L = 5 I = 4	⇧ 09/07/2021	10/09/2021	21/01/2019	SWASFT Call Stacking	09/07/2021 Score increased due to SWASFT have been in OPEL 4 for ten consecutive days this month due to the demand on services and the size of the call stack. The call stack has been the largest it has ever been in excess of 375 patients at times.	Quality Assurance Committee	Darryn Allcorn
109	20 L = 5 I = 4	⇧ 01/07/2021	01/07/2021	06/006/2019	Underperformance Constitutional Standards	Following the query raised by the Audit Committee the risk has been reviewed and the score increased to 20 (likelihood of 5 and impact of 4), as the CCG is unlikely to achieve Constitutional standards during 21/22. AW/SR	Audit Committee	Sheila Roberts
137	20 L = 4 I = 5	⇔ 29/10/2020	08/09/2021	02/11/2020	Impact of implementation of National Guidance	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)	Quality Assurance Committee	Darryn Allcorn

146	20 L = 5 I = 4	⇧ 13/07/2021	06/09/2021	26/03/2021	Assurance Concerns UHPT	13/07/2021 Score increased due to increasing levels of escalation and concern and a prolonged period of OPEL 4 plus request to step down more routine services due to the increased levels of escalation 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. We have no new information to suggest reducing the score (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 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 03/08/21: The short-term measures are continuing. Work is being led by DPT. 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	Jo Turl

151	20 L = 5 I = 4	⇔ 13/07/2021	08/09/2021	13/07/2021	Quality Assurance of Complex Care Commissioning	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) Risk reviewed at Nursing and Quality SLT and score agreed with DA, CNO13/07/2021 Replaces risk 135	Quality Assurance Committee	Darryn Allcorn
148	16 L = 4 I = 4	⇧ 12/07/2021	10/09/2021	26/04/2021	Devon Doctors Service Provision	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)	Quality Assurance Committee	Darryn Allcorn
134	16 L = 4 I = 4	⇩ 21/07/2021	13/0	27/1	Operational delivery by Child and Family Health Devon	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.	Commissioning Comm	Jo Turl

						Risk score reviewed and reduced due to information shared and action being taken in relation to autism wait list		
135	16 L = 4 I = 4	⇔ 29/10/2020	14/07/2021	29/10/2020	CHC Assessment Backlog	June 2021 - Risk has been discussed within the team and agreed that as much can be done with this risk as it currently stands and for a new risk to be drafted that also takes into consideration risk 136, Care Home & Care at Home. Once the new risk has been drafted and exec approval gained a request to close this risk will be recommended (SB/SD) Risk 135 is being recommended for closure as it has been superseded by risk 151. Risk 151 will also supersede risk 136. All approved by CNO	Quality Assurance Committee	Darryn Allcorn
108	16 L = 4 I = 4	⇧ 02/12/2020	02/09/2021	29/05/2019	Sustainability of General Practice	Risk is discussed at the Primary Care Operational Group and recommendations from this group presented to the Primary Care Commissioning Committee for oversight 1 Jul 21 - Risk score reviewed as part of deep dive. Risk score to remain at 16 due to ongoing pressures in Primary Care.	Primary Care Commissioning Committee	Jo Turl
38	16 L = 4 I = 4	⇧ 15/09/2021	15/09/2021	10/10/2016	Lack of clarity and visibility regarding ICS and its governance	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) Risk score reviewed and increased as transitional decision making process not agreed	Audit Committee	Simon Tapley

142	15 L = 5 I = 3	⇧ 30/07/2021	06/09/2021	13/01/2021	Patient Safety and Quality Team Capacity	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)	Quality Assurance Committee	Darryn Allcorn

3 Board Assurance Framework (BAF)

3.1 The full board assurance framework (BAF) v1.6 is attached as appendix 3. The assurance framework is reviewed by the executives and regularly updated the latest updates to the risks are indicated in red text.

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

4 Internal Audit Recommendations

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

Risk Management Audit 2020/21

Rec no.	Recommendation	Risk rating	Manager responsible	Action date	Update	Status
1	We would expect lower level risks, if current and still presenting a risk, (even if they had reached the risk appetite for the area in question) to be reviewed at least annually to ensure controls are still appropriate and operating as expected and the scoring doesn't need amending. Consideration should be given to amending the Risk Management Framework, to allow for the fact that some risks may require less frequent review, e.g. annually, that the currently stated monthly review.	Moderate 4	Theresa Farris	September 2021	The revised risk management framework was presented to this committee 14 July 2021 and to Governing Body 29 July 2021 The Policy has been published on the CCG website and intranet.	Complete
2	The CCG's Risk Management Training should be updated/strengthened to ensure the audience are fully aware of what constitutes a risk and what should be recorded on Risk Registers.	Moderate 4	Theresa Farris	September 2021	The presentation has been reviewed and refreshed to include changes within the risk management framework	Complete

7 Risk Management Training

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

The presentation 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.

1. Recommendations

The Audit Committee are requested to:

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

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

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

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

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

Standards of Business Conduct policy

NHS Devon Clinical Commissioning Group

Owner(s): Clare Doble, Head of Governance Theresa Farris, Risk and Governance Manager	Directorate Contact Details: D-CCG.governance@nhs.net	
Approved by: Ginny Snaith, Board Secretary	Date of formal approval ~~24 September 2020~~	Review Date: September 2021
Date Issued: November 2020		Version3.1 ~~2.3.1~~
All policies are held centrally by Governance: d-ccg.governance@nhs.net		

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V1	July 2017	Review and produce a joint policy for NHS NEW Devon Clinical Commissioning Group and NHS South Devon and Torbay Clinical Commissioning Group. To include NHS England statutory guidance issued June 2017
V1	25 July 2017	Discussed and approved by Staff Council SDTCCG
V1	7 August 2017	Discussed and approved by Chief Officers meeting in common
V1	8 August 2017	Discussed and approved by Staff Forum, NEW Devon CCG
V1	10 August 2017	Discussed and approved by Audit Committee, SDTCCG
V1	22 August 2017	Discussed and approved by Audit Committee, NEW Devon CCG
V1	28 September 2017	Discussed and approved Governing Bodies, meeting in common
V1.1	1st April 2019	Formatted in line with single Devon CCG
V2	July 2019	Review and update to reflect NHSE Call to Action
V2.1	August 2019	Reviewed by Head of Governance and Board Secretary in light of revised guidance from NHSE https://www.england.nhs.uk/publication/conflicts-of-interest-management-ccgs/
V2.2	04 September 2019	Discussed and approved Policy Committee September 2019
	11 September 2019	Discussed and approved Audit Committee September 2019
	12 September 2019	Approved version for circulation and upload to website
V2.3	August 2020	Annual Review of Policy Updates: Whistleblowing Policy replaced with Freedom to Speak Up: Raising Concerns (whistleblowing) Policy). Anti-Fraud and Anti -Bribery Policy replaced with Anti-Fraud and Bribery Policy
V2.3	August 2020	Reviewed and approved by Board Secretary
V2.3	09 September 2020	Discussed and approved Audit Committee September 2020
V2.3	10 September 2020	Wording added to sections 6 and 10 as identified by internal audit to confirm responsibilities of actions to be taken by line manager.
V2.3	24 September 2020	Presented to Governing Body via Audit Chairs Report for approval.
V2.3.1	5 November 2020	Revised Appendix E, in line with changes to PREVENT policy
V3	May 2021	Revised appendix B
V3.1	June 2021	Review requested section 4 - Bribery and Corruption reviewed by Local Counter Fraud Specialist no changes made Section 14 & appendix E – Prevent reviewed by Designated Nurse for Safeguarding Adults email and phone numbers updated Review requested section 9 – Procurement reviewed by Senior Contracting Lead Procurement & Governance minor update to wording. Added link to procurement policy to document
V3.1	July 2021	Reviewed and approved by policy review group

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

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

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

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

NHS
Devon
Clinical Commissioning Group

1. Introduction

1.1 This policy seeks to describe the public service values, which underpin the work of the NHS and to reflect the current guidance and best practice to which all individuals within NHS Devon CCG (the CCG) must have in regard to their work for the CCG.

1.2 This policy includes specific requirements relating to the Bribery Act 2010 which came into force in July 2011 and NHS England: Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 https://www.england.nhs.uk/commissioning/pc-co-comms/coi/ which provides guidance on the following:

- Gifts and hospitality
- Sponsorship
- Declaration of interests
- Preferential treatment in private transactions
- Outside employment
- Requisitioning goods and services

1.3 The CCG aspires to the highest standards of corporate behaviour and responsibility.

1.4 The Code of Conduct and Code of accountability in the NHS (second revision July 2004) sets out the following three public service values which are central to the work of the CCG.

- **Accountability** – everything done by those who work in the NHS must be able to stand all tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct
- **Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers, members and suppliers, and in the use of information acquired in the course of NHS duties
- **Openness** – there should be sufficient transparency about NHS activities to promote confidence between the CCG and its staff, patients and public.

1.5 All individuals within the CCG must abide by the Seven Principles of Public Life ("Nolan Principles") as set out by the committee on Standards of Public Life and set out in Appendix A of this policy.

1.6 Additionally, to support the management of conflicts of interest, the CCG must:

- **Do Business appropriately**: Conflicts of interest are easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are adequate from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny
- **Be proactive, not reactive**: Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possibility, for instance by:
  - Considering potential conflicts of interest when electing or selecting individuals to join the Governing Body or other decision-making bodies
  - Ensuring individuals received proper induction and training so that they understand their obligations to declare conflicts of interest;

- Agreeing in advance how a range of possible conflicts of interest situations and scenarios will be handled, rather than wait until they arise.
- **Be balanced and proportionate**: Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision making is transparent and fair whilst not being overly constraining, complex or cumbersome
- **Be transparent**: Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.

2. Scope of Policy

2.1 This policy applies to:

- The CCG's governing body;
- Lay members / Non-Executive Directors of the CCG;
- Clinical leads and clinicians working for the CCG
- The CCG's employees (whether their remit is clinical or corporate) to include employees of the wider Devon system hosted by the CCG;
- Community representatives of the CCG
- Third parties' action on behalf of the CCG under a contract (including contract for services);
- Students and trainees (including apprentices);
- Agency staff engaged by the CCG;
- Volunteers; and
- Secondees.

2.2 In this policy, "third party" refers to any individual or organisation that staff may come into contact with during the course of their work for the CCG, and includes actual and potential clients, suppliers, distributors, business contacts, agents, advisers, and government and public bodies, including their advisors, representatives and officials, politicians and political parties.

2.3 All CCG staff should be impartial and honest in the conduct of their official duties and should not abuse their official position for personal gain or advantage. It is the responsibility of all staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their CCG duties or is detrimental to the performance of their CCG duties.

2.4 The standards of business conduct and managing conflicts of interest guidance defined in the NHS Constitution should be adhered to by all staff. It is therefore important that all members of staff are aware of what is expected regarding the conduct of business in the NHS. If staff require further guidance or if they have any doubt about how to proceed, they should refer the matter to the Governance team via the following email address D-CCG.governance@nhs.net .

3. CCG Constitution

3.1 All CCG staff must carry out their duties in accordance with the CCG Constitution. The Constitution sets out the statutory and governance framework in which the CCG operates and there is considerable overlap between the contents of this policy and the provisions of the CCG Constitution. The CCG Constitution is the main governing document under which, the CCG operates.

3.2 The CCG's staff must at all times refer to and act in accordance with the Constitution to ensure that current processes are followed. In the event of any doubt, staff should seek advice from their

line manager or the Governance team.

4. Bribery and Corruption

4.1 It is the policy of the CCG to conduct all of our business in an honest and ethical manner. The CCG is committed to acting with integrity in all our business dealings and relationships and to implementing effective systems to prevent bribery. Bribery and corruption are punishable for individuals by up to ten years imprisonment and if the CCG is found to have taken part in corruption, we could face an unlimited fine and face incalculable damage to our reputation. The CCG therefore takes its legal responsibilities very seriously.

4.2 The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the implementation of the Bribery Act 2010. Under this act, there are four main offences:

- Individuals who give, promise or offer bribes
- Individuals who request, agree to receive or receive bribes
- Individuals who bribe or offer to bribe a foreign public official
- Companies who fail to prevent bribery.

4.3 The CCG will uphold all laws relevant to countering bribery and corruption, including the Bribery Act 2010, in every aspect of our conduct, including our dealings with public and private sector organisations and the delivery of treatment and care to patients.

4.4 All CCG staff are required not to use their position to gain financial advantage. Additionally, staff who are in any way involved with approving invoices or requisitioning goods and services must make sure that they adhere to the Ethical Code of the Chartered Institute of Purchasing and Supply

4.5 Staff who are engaged in the process for awarding other contracts for services must ensure that fair and open competition (as required by NHS standing orders) applies. Staff must ensure that they do not misuse or make available internal information of a “commercial in confidence” nature (staff with concerns about disclosure of information should refer to the CCG’s Freedom to Speak Up: Raising Concerns (whistleblowing) Policy.

4.6 The Bribery Act 2010 places specific requirements on potential bidders and suppliers of contracts. Potential bidders should be referred to the CCG’s Procurement Strategy.

4.7 The CCG is keen to prevent fraud and encourages staff with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. CCG staff must inform the Chief Finance Officer or the Alice Lee, Alicelee1@nhs.net Local Counter Fraud Specialist immediately who will decide on the appropriate course of action to be taken. CCG staff must not ignore any suspicion and must not under any circumstances investigate the matter themselves or inform colleagues or members of the public about their suspicions.

4.8 Anonymous letters, telephone calls or e-mails are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously. The Chief Finance Officer and LCFS will make appropriate enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

4.9 CCG staff can also call the NHS Fraud and Corruption reporting line on 0800 028 40 60 or https://cfa.nhs.uk/about-nhscfa/contact-us. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced and trained staff and any caller who wishes to remain anonymous may do so.

4.10 All CCG staff are required to read through the CCG's Anti-Fraud and -Bribery policy in conjunction with the completion of training provided by the LCFS.

5. Raising a Concern or Reporting a breach

5.1. It is the duty of every member of staff to speak up about genuine concerns in relation to criminal activity and breaches of legal obligations (including negligence, breach of contract or breach of administrative law, miscarriage of justice, danger to health and safety or the environment, and the cover up of any of these in the workplace).

5.2 The CCG has a Freedom to Speak Up: Raising Concerns (whistleblowing) Policy).which sets out the arrangements for raising and handling staff concerns. The process for reporting specific concerns relating to fraud are described in the Anti-Fraud and Bribery policy and in section four of this document.

5.3 Any such breaches must be reported to the Governance Team and an investigation will be undertaken and reported to the Conflicts of interest guardian and line manager of the employee. Any recommendations from the investigation will be clearly documented and actioned by the line manager in accordance with the timelines allocated. Assurance will be sent to the head of governance who will finalise the report for the conflicts of interest guardian and Audit and Assurance Committee. Any disciplinary action required will be discussed with HR and the line manager and the disciplinary policy will be applied.

6. Declaration of Interest

6.1. This section describes the CCG's policy in relation to the identification and management of conflicts of interest for staff. Adherence to these provisions is mandatory in order to identify and manage current or potential conflicts which may arise between the interests of the organisation and the personal interests, associations and relationships of its staff or representative family members.

6.2. CCG staff should not allow their judgement or integrity to be compromised. They should be, and be seen to be, honest and objective in the exercise of their duties and should understand fully their terms of appointment, duties and responsibilities.

6.3. Failure to adhere to these provisions relating to the declaration of interests may result in removal from office, formal action (up to and including termination of employment) and constitute the criminal offence of Fraud and/or Bribery, as an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate. Any suspicion that a relevant personal interest may not have been declared should be reported to the CCG Head of Governance.

Examples of situations to be avoided are:

- Authorising the discharge of a patient into a nursing home in which you, your family, friend, or business acquaintance has a financial interest
- Purchasing, authorising, or persuading another CCG employee to purchase or authorise the purchase of goods or services from an organisation in which you have a financial interest
- Using the CCG's resources i.e. time or materials or NHS email address to provide private gain through a private company in which you, your family, friends, or business acquaintances have a financial interest

The CCG is required to maintain a register of interests to record formally, declarations of interest of:

All CCG employees, including:

- All full and part time staff
- Any staff on sessional or short-term contracts
- Any students and trainees (including apprentices and work placements)
- Agency workers
- Casual workers
- Joint/shared posts
- Externally Seconded staff
- Volunteers
- Any self-employed consultants
- Other individuals engaged by the CCG under a contract for services

- Any General Practice staff who are involved with CCG business or CCG decision making processes
- Members of the Governing Body
- All members of the CCG's committees, sub-committees/sub-groups, including:
  - Co-opted members
  - Appointed deputies
- Any members of committees/groups from other organisations including General Practice
- Any members of specific groups
- Any individual directly involved with the business or decision- making of the CCG.

6.4. It is the responsibility for the line manager to review employee's completed Declaration of interests for CCG members, employees and contractors form. Any actions identified to mitigate the risk will be discussed with the employee and line manager. Further review may be completed with the Governance team if required. Positive declarations should be shared with Procurement and relevant Contract Managers.

6.5 In addition, any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration of interest as part of the CCGs HR process and in accordance with this guidance, as if they were CCG employees. Managers who agree contracts with these individuals are responsible for ensuring that a declaration of interests is made before commencement of work.

6.6 All CCG staff must declare any interest which is less than three years old, or if older, relevant (i.e. a continuing shareholding or Directorship) , either on appointment or when the interest is acquired, which may directly or indirectly give rise to an actual or potential conflict of interest or duty. Interests can be captured in five different categories:

Financial Interests	Indirect Interests

Individual may get direct financial benefits from the consequences of a commissioning decision	Individual has a close association with an individual who has any type of interest in a commissioning decision
Examples include: • Directorship or employment in a private or public company or other organisation which is doing, or may do, business with health or social care organisations • A shareholder (more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or may do, business with health or social care organisations • A management consultant for a provider • Secondary employment • Receipt of secondary income from a provider • Receipt of a grant from a provider • Receipt of any payments (e.g. honoraria, one off payments, day allowances, travel or subsistence) from a provider • Receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role • Having a pension that is funded by a provider (where the value of this might be affected by their success or failure).	**Examples include:** • Spouse / Partner • Close relative e.g., parent, grandparent, child, grandchild or sibling • Close friend - any confusion relating to the declaration of friendship should be discussed with the Head of Governance to ensure that all declarations are appropriate (e.g. a friend who works as a checkout operator in a shop that supplies the NHS need not be declared but a contracts manager with an NHS supplier should be) • Business partner • Any other relationship which may influence or may be perceived to influence the judgement of the individual (e.g. a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house) • Where the individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
Non-financial Professional Interests	**Non-financial Personal Interests**
Individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career	Individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit
Examples include: • An advocate for a particular group of patients • A GP with special interest e.g. in dermatology, acupuncture etc. • A member of a particular specialist professional body (routine GP membership of the RCGP, BMA or a medical defence organisation would not usually in itself amount to an interest which needs to be declared) • An advisor to for the CQC or NICE • A medical researcher	**Examples include:** • A voluntary sector champion for a provider • A volunteer for a provider • A member of a voluntary sector board or any position of authority in or connection with a voluntary organisation • Suffering from a particular condition requiring individually funded treatment • A member of a lobby or pressure groups with an interest in health • A financial advisor.
General Interest This could be any position held in another public body organisation, NHS, Local Authority or a community group which may have potential to give rise to influence decisions made by the CCG. Similarly, if you have made a declaration that you are a member of the CCG or attend any of its committees/working groups to another organisation, this information MUST be reciprocated back to the CCG to ensure consistency across organisations and vice versa	

6.7 GP's and Practice Managers undertaking work for the CCG should declare details of their roles and responsibilities held within the member practices of the CCG. This includes:

- Directorships, including non-executive directorships held in private companies or PLCs (Public Limited Company, with the exception of those of dormant companies)
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the Group
- A position of authority in an organisation (such as a charity or voluntary organisation) in the field of health and social care
- Any interest that they (if they are registered with the General Medical Council - GMC) would be required to declare in accordance with paragraph 55 of the GMCs publication Management for Doctors or any successor guidance
- Any interest that they (if they are registered with the Nursing and Midwifery Council) would be required to declare in accordance with guidance. Material share holdings of companies seeing to do business with the Group
- Any research funding or grants that may be received by the individual from the Group or from any organisation seeking to do business with the Group
- Contracts commissioned by the Group in which the individual has a beneficial interest
- A member of a lobby or pressure groups with an interest in health
- Interests in pooled budgets that are under separate management (any relevant company included in this fund that has a potential relationship with the Group)

6.8 When considering if an interest is relevant, the Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest.

6.9 Lead Clinical Professionals (constitutionally known as member practice representatives) who form part of the CCG's Member Practices should ensure that they complete the declaration form, where necessary, in Appendix Band return this to the Governance Team. This declaration need only highlight Directorships and employments with organisations, from whom the CCG commissions services. It is recommended that member practices should ensure that they maintain their own internal register of interests to support this requirement from NHS England.

6.10 Conflicts or declarations of interest should be given at the following points:

- **On appointment** – applicants to the CCG or its governing body should be asked to declare any relevant interests. When appointment is made, a formal declaration of interests should again be made and recorded

- **At meetings** – All attendees should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests, it should be declared in meetings where matters relating to that interest are discussed.

- Where a conflict of interest is identified, appropriate action to manage this should be agreed before or at the beginning of the meeting. Advice on appropriate management may be sought from the Governance Team. Actions taken must be recorded in the minutes of the meeting"

- **On changing role or responsibility** – it is the responsibility of all staff to ensure that their details held on the register are up to date with the most current employment details

- **On any other change of circumstances** – whether the individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG or sets up a new business or relationship), a further declaration

should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising

- **Annually** – as part of the PADR process, all staff should confirm if they have any conflicts of interest and fill out the appropriate declaration in Appendix B. Nil returns are required on annual basis if there are no interests to declare.

6.11 Staff should not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the CCG (except where schemes are introduced for the benefit of staff).

6.12 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they must make a verbal declaration before witnesses, and provide a written declaration within 28 days of a relevant event to the Governance team via the following email D-CCG.governance@nhs.net .

6.13 Such declarations will also be documented by the minute taker in the minutes of the meeting and communicated by the minute taker to the Governance team via email to D-CCG.Governance@nhs.net

6.14 Declarations over six months old and which are deemed no longer relevant need not be declared, but a transparent audit record trail will be held in line with the retention periods of the records management policy – recommendation is corporate records are held for 6 years.

6.15 All employees will be asked to review and update their declaration of interests annually via the appraisal process. This will require staff submitting their form to the governance team directly to confirm they have no interests to declare or where a conflict exists D-CCG.governance@nhs.net.

6.16 NHSE has set a requirement for CCGs to include a robust process for managing any breaches, which is held by the Governance Team and for anonymised details of the breach to be published on the CCGs website for the purpose of learning and development. Section 5.

A breach is where there is 'knowledge that an individual has knowingly failed to disclose one of the following':

- a declaration of financial interest,
- a declaration of non-financial professional interest
- a non-financial personal interest
- an indirect interest
- a gift, hospitality or sponsorship received

7. Managing Conflicts of Interest and the Register of Interests

7.1. The CCG needs to have in place principles and procedures for the minimising, managing and registering potential conflicts of interest which could be deemed or assumed to affect the decisions made by those involved in the CCG. These decisions could include the awarding of contracts, procurement, policy, employment and other decisions. A copy of the declaration of interest form can be seen in Appendix B

7.2. If members have any doubt of the relevancy or pertinence of a current or potential interest, or an

interest of another individual connected to them, this should be discussed with the Governance team, who will provide an independent view. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

7.3 Any conflicts of Interest which are no longer of relevance (i.e. resigned Directorships) will remain on the CCG register for a period of six months. , After which the declaration must be approved for removal by the Line Manager, Director or committee chair where the conflict of interest is reported.

The register of interests for the CCG can be found on its website. https://devonccg.nhs.uk/?s=conflict+of+interest and is updated at least annually.

7.4 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

7.5 In line with GDPR staff have been informed about the public nature of the DOI register and as such are aware that information is kept up to date, for clear purpose and for no longer than necessary. To support this further the CCGs privacy/fair processing notice is available to view on the public website or available through contacting d-ccg.dataprotection@nhs.net or the CCG data protection officer.

8. Managing Conflicts of Interest at Meetings and Minute taking at Meetings

8.1 CCGs must make arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision-making.

8.2 The chair of a meeting of the CCG Governing Body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s)

To support chairs in their role, they will have access to a Conflict of Interest checklist prior to meetings, which will include details of any declarations of conflicts which have already been made by members of the CCG or meeting members.

The chair will ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the meeting should declare any interests which are relevant to the business of the meeting regardless of whether or not these interests have previously been declared.

8.3 It is essential that the CCG ensures complete transparency in its decision-making processes through robust record-keeping and clear minutes.

It is important that an effective record is made and kept in the form of clear minutes of any interests that arise, the agenda item concerned and their subsequent management.

If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes:

- who has the interest;
- the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- the items on the agenda to which the interest relates;
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

8.4 Any changes to the register of interest or new declarations must be recorded in the minutes and immediately notified to the Governance Team email: d-ccg.governance@nhs.net

9. Procurement Decisions

9.1 The CCG is also required under NHS England Statutory guidelines to maintain a register of healthcare procurement decisions, to be updated any time a healthcare procurement decision is made and to include:

- The details of the decisions;
- Who was involved in making the decision (i.e. governing body or committee members and others with decision making responsibility);
- A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG; and
- The award decision taken.

The procurement policy contains templates for completion and is available on the NHS Devon CCG web site https://devonccg.nhs.uk/?s=procurement+policy

9.2 The Register of Healthcare Procurements is published on the website for NHS Devon CCG's and a hard copy can be obtained from the CCG Finance and Contracting Team at d-ccg.financeenquiries@nhs.net . The Procurement Register (of Healthcare Procurement decisions) must be updated whenever a healthcare procurement decision is taken - an annual compilation of all CCG healthcare contracts can be located on the website. https://devonccg.nhs.uk/

9.3 All declaration of interests relating to procurement made by CCG staff will be reviewed by the Finance Committee on a quarterly basis.

9.4 As part of any procurement (healthcare or non-healthcare) process, it is a statutory requirement as well as good practice to request that bidders must declare any conflicts of interest. This allows commissioners to ensure that they comply with the principles of equal treatment and transparency. When a bidder declares a conflict, the commissioners must decide how best to deal with it to ensure that no bidder is treated any differently to any other.

9.5 It would not be appropriate to declare the bidder's conflicts on the register of healthcare procurement decisions, as it may compromise the anonymity during the procurement process. Commissioners must however, retain an internal audit trail of how the conflict or perceived conflict was dealt with, which will allow them to provide information at a later date if required.

9.6 Meetings of all committees and working groups within the CCG must minute any declarations of conflicts of interest – the template for minutes is held on the respective CCG intranet site. Updates must be forwarded to the respective Governance Team to ensure the master register is updated appropriately.

9.7 Where members of any decision making body have an interest which could conflict with the decision being made, it is recommended that they either be excluded from the relevant parts of the meeting(s), or take part in discussions but not take part in the vote.

9.8 The Chair of the meeting has responsibility for deciding whether a conflict of interest exists and the appropriate course of action. Decisions regarding interests and any appropriate actions will be made on an individual basis. All decisions and details of the management of conflicts of interest should be recorded in the minutes of meetings and published on the Register of Interests.

9.9 Arrangements must be made regarding conflicts of interest for the following situations:

- If the Chair has a conflict of interest - it must be decided which other Governing Body or committee member will take on the role and make any decisions regarding conflicts of interest;
- If all GPs or other practice representatives could have a conflicting interest in a decision
- If 50% or more of Governing Body or committee members have a conflicting interest, but the committee remains quorate.

9.10 The CCG will undertake an audit of conflicts of interest management as part of their internal audit program on an annual basis. The results of the audit would be reflected in the CCG's annual governance statement and should be discussed in the end of year governance meetings with NHS England South (South West).

9.11 A flow chart summarising the process for declaring conflicts of interest is attached as appendix C

10. Gifts and Hospitality

Gifts

10.1 All offers of gifts of any nature offered to a CCG staff, governing body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCGs business should be declined, whatever the value. (Subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry standard of £6). The person to whom the gifts were offered should also declare the offer to individual who has designated responsibility for maintaining the register of gifts and hospitality so the offer which has been declined can be recorded on the register to D-CCG.governance@nhs.net

10.2 Gifts from non-suppliers and non-contractors can be accepted with regard to items of little financial value (i.e.. Less than £50.00) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from

members of the public to staff for work well done. Gifts of this nature do not need to be declared to the individual who has designated responsibility for maintaining the register of gifts and hospitality, nor recorded on the register.

10.3 However, Gifts offered from such sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common-sense approach should be adopted as to whether or not this is the case.

10.4 Gifts with a value of over £50 can be accepted on behalf of the organisation, but not in a personal capacity and must be declared. Prior written approval must be obtained from the appropriate line manager following due consideration in cases where it is deemed appropriate to accept a gift. The declaration should be done by completing the form attached (Appendix D). In such cases, it should be clarified with the donor that it is accepted on behalf of the CCG and will be shared with colleagues. Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50

10.5 In addition, as from June 2016, the Association of the British Pharmaceutical Industry (ABPI) publish 'transfers of value' of benefits or sponsorships in cash or in kind to healthcare organisations and individual healthcare professionals. For each declaration the CCG is provided annually with details to access the pre-publication disclosures allocated to the CCG. The entries can be checked and challenged prior to being published on the public ABPI website. A record of gifts, hospitality and sponsorship is published on the CCG website.

Hospitality

10.6 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or CCG.

10.7 Hospitality must be secondary to the purpose of the meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; and the costs involved must not exceed that level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting. Hospitality of this nature (i.e. tea, coffee or light refreshments) does not need to be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality, nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business in which case all such offers (whether or not accepted) should be declared and recorded.

10.8 Hospitality under £25 can be accepted and does not need to be declared. Hospitality between £25 and £75 can be accepted but must be declared. If the value of the hospitality is over £75, it must be declared and should be refused unless senior approval is given.

10.9 There is a presumption that offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:

- Hospitality of a value of above £75; and
- In particular, offers of foreign travel and accommodation.

10.10 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in the above paragraph may be contemplated. Express prior approval should be sought from a senior member of the CCG (e.g. the CCG governance lead or equivalent) before

accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality. Hospitality of this nature should be declared to individual who has designated responsibility for maintaining the register of gifts and hospitality, and recorded on the register, whether accepted or not.

10.11 In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from the Head of Governance as there may be particular sensitivities, for example if a contract re-tender is imminent.

10.12 Prior written approval should be obtained from the appropriate line manager following due consideration, in cases where it is deemed appropriate to accept hospitality in excess of £75. The declaration should be completed using the template in Appendix D.

10.13 In respect of the Governing Body, where it is deemed appropriate to accept hospitality in excess of £75, Governing Body members must obtain prior approval from the Chief Officer. Lay members and the Chief Officer will obtain prior written approval from the Chair, and the Chair will inform the Chair of the Audit and Assurance committee, Conflicts of Interest Guardian and Head of Governance.

10.14 Staff should consider if offers of hospitality made outside of works time will be indirectly linked to the CCG, if so, they should treat the offer of hospitality as if it were offered within work time and seek appropriate approval as documented above.

10.15 Further information regarding specific commercial sponsorship, hospitality and gifts ie from the pharmaceutical industry can be located in the NHS Devon CCG policy Working with Industry and Sponsorship Policy

10.16 Members of staff should declare any such sponsorship or potential sponsorship within the register of gifts and hospitality/commercial sponsorship and in particular note that:

- Trips, conferences etc. financed by external organisations (e.g. suppliers) should be declared
- Any offers of sponsorship that could possibly breach the guidance on "Commercial Sponsorship – Ethical Standards for the NHS", should be declared
- Professional registration and/or status should not be used in the promotion of commercial products or services
- Bias may be generated as a result of sponsorship arrangements. Due care should be taken to ensure that professional judgement and impartiality are not affected
- Conditions which compromise professional independence or judgement, or impose such conditions on other professionals should not be agreed or practised
- Offers by suppliers to pay the travelling/accommodation costs for CCG staff should be declined unless the Director of Finance gives prior approval for the potential supplier to take responsibility for the costs
- If there are any financial implications associated with potential interests not yet entered into, staff are strongly advised not to proceed further until permission has been granted in writing
- All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded, completing the form attached (Appendix D)

and sending it to the Governance team via D-CCG.governance@nhs.net

10.17 All gifts will be registered in the Register of Gifts, Sponsorship and Hospitality and published on the CCG website.

10.18 It is the responsibility for the line manager to review the employee's completed Declarations of Gifts, Hospitality and Commercial Sponsorship form and state their reasoning why the gift, hospitality or commercial sponsorship has been accepted or declined on behalf of the CCG. Further review may be completed with the Governance team if required. Positive declarations should be shared with Procurement and relevant Contract Managers.

10.19 If in any doubt, staff should seek advice from their line manager, the Governance Team or Local Counter Fraud Specialist on 07813 540022 .

11. Commercial Sponsorship

11.1 CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices.

11.2 All such offers (whether accepted or declined) must be declared so that they can be included on the CCG's register of gifts and hospitality, and the team or individual designated by the CCG to provide advice, support, and guidance on how conflicts of interest should be managed should provide advice on whether or not it would be appropriate to accept any such offers.

11.3 If such offers are reasonably justifiable and otherwise in accordance with this statutory guidance then they may be accepted. The CCG has in place a commercial sponsorship group who consider prior approval for acceptance of such sponsorships as part of good governance and due diligence. This group reports to the Audit committee no less than annually.

11.4 Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.

11.5 When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of CCG events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the CCG and the NHS;
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the CCG's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency;
- The CCG should make it clear that sponsorship does not equate to endorsement of a

company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff should declare involvement with arranging sponsored events to their CCG.

11.6 Before entering into any sponsorship agreement, the CCG should:
- Satisfy itself, with reference to information available, that there are no potential irregularities that may affect a company's ability to meet the conditions of the agreement or impact on it in any way e.g. checking financial standing by referring to company accounts
- Assess the costs and benefits in relation to alternative options where applicable, and to ensure that the decision-making process is transparent and defensible, which will be determined by the relevant Director
- Ensure that legal and ethical restrictions on the disclosure of confidential patient information, or data derived from such information, are complied with. Additionally, disclosure for research purposes should not take place without the approval of the appropriate research ethics committee
- Determine how clinical and financial outcomes will be monitored
- Ensure that sponsorship agreements have break clauses built in to enable the CCG to terminate the agreement if it becomes clear that is not providing expected value for money or clinical outcomes

11.7 Therefore, the following must be adhered to:
- Meetings, events or conferences organised by the CCG may be sponsored by a commercial company subject to the approval of the Governing Body or delegated authority through the relevant Director (Appendix D).
- Publicity at the event by the company is allowed but it should be separate from the educational content or purpose of the meeting. Promotion of the sponsor should be secondary to the event.
- An acknowledgement of the support received will be made.
- Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods and services.

11.8 The CCG will publish on an annual basis a list of sponsoring organisations as part of its publication scheme.

11.9 On receipt of a completed form declaring the offer of Gifts, hospitality or sponsorship the Governance team will review and confirm that the correct procedure has been followed. In addition, the Governance team will confirm to the individual and their line manager that an appropriate entry has been made on the register of Gifts, hospitality or sponsorship.

12. Outside Employment

12.1 Staff are advised not to engage in outside employment which may conflict with, or be detrimental to, their NHS work. Any outside employment must be done in the staff members' own time

12.2 Employees of the CCG (depending on the details of their contracts as regards to outside employment and private practice) are required to inform the CCG if they are engaged in or wish to engage in outside employment in addition to their work with the CCG (using the form in Appendix B) and obtain express permission to do this, the CCG reserve the right to refuse permission where

it believes a potential conflict may arise with their CCG employment. Examples of work which might conflict with the business of the CCG may include:

- employment with another NHS body
- employment with another organisation which may be in a position to supply goods/services to the CCG
- self-employment, including private practice, in a capacity which may be in conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG

12.3 All staff are asked to review and agree their conflict of interests annually as part of the annual appraisal process and inform the governance team directly where a conflict arises. In addition, where a register of interests is included in a committee meeting papers each individual is responsible for checking the content and identifying any updates required.

13. Personal Conduct

13.1 Lending or Borrowing

The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

It is a particularly serious breach of the Devon CCG Disciplinary policy for any member of staff to use their position to place pressure on someone in a lower pay band, a business contract, or a member of the public to loan them money.

13.2 Gambling

No member of staff may bet or gamble when on duty or on CCG premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among colleagues.

13.3 Trading on Official Premises

Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-CCG interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

13.4 Collection of money

Charitable collections must be authorised by Head of Governance

- Other Flag Day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Please note that all collections must be considered as to whether they may be inadvertently be supporting extremism causes.

- Permission is not required for informal collections amongst immediate colleagues on an occasion like birthdays, retirement, marriage or a new job.

14 Prevent

14.1 If you have concerns regarding the possibility of a potential link to extremism or radicalisation in relation to the areas covered by this policy please refer to the PREVENT Policy available on the CCG website, as this will provide guidance on how to seek advice. Alternatively contact the CCG Prevent Lead: d-ccg.safeadults@nhs.net Tel:01803 396350

- This policy will be reviewed by the Head of Governance every three years from approval, or as required due to:
    - Legislative changes;
    - Good practice guidance;
    - Case law;
    - Significant incidents reported;
    - New vulnerabilities; and
    - Changes to organisational infrastructure.

15 Further Information

15.1 Disciplinary action may be taken against any individual who fails to comply with the requirements set out in this document, in accordance with the CCG's Disciplinary Policy.

15.2 This policy is an interpretation of guidance and is based on examples of good practice. In addition to referring to the CCG Constitution, CCG staff should refer to:

- Anti-Fraud and -Bribery policy
- Freedom to Speak Up: Raising Concerns (whistleblowing) Policy).Arrangements for declaring member's interests
- NHS England: Managing Conflicts of Interest: Statutory Guidance for CCG's https://www.england.nhs.uk/commissioning/pc-co-comms/coi/
- Co-Commissioning conflicts of interest audit: https://www.england.nhs.uk/commissioning/wp- content/uploads/sites/12/2016/04/co-comms-coi-audit-summ-rep.pdf
- NHS England Guidance on appearance of bias: http://www.england.nhs.uk/revalidation/ro/con-of-int/
- The National Health Service Act 2006 & the Health and Social Care Act 2012;
- The Code of Conduct for NHS Managers 2002;
- The Nolan Principles on Conduct in Public Life;
- Commercial Sponsorship – Ethical Standards for the NHS
- The NHS Codes of Conduct and Accountability; (NHS Appointments
- Commission & Department of Health – amended July 2004);
- Policy for the sponsorship of activities and joint working by the pharmaceutical industry with NHS Devon CCG; Working with Industry and Sponsorship Policy V3
- The Code of Practice on Openness in the NHS; and
- The Code of Conduct and Code of accountability in the NHS (second revision July 2004).

Further information and/or guidance on any aspect of this policy can also be obtained from the Head of Governance and the Governance team d-ccg.governance@nhs.net

16 Reporting

16.1 The table below show the frequency of reporting conflicts of interest

Committee	**Report**	**Frequency**
Governing Body	Declaration of Interests	Every meeting
Audit Committee	Declaration of Interests	Every Meeting
	Report of Conflict of interests, gifts, hospitality and sponsorship	annually
	Breaches	When necessary
Quality Assurance Committee	Declaration of Interests	Every Meeting
Finance and Performance Committee	Declaration of Interests	Every Meeting
	Declaration of interest report relating to procurement activities	Quarterly
Primary Care Commissioning Committee	Declaration of Interests	Every Meeting
Commissioning Committee	Declarations of Interests	Every Meetings
Remuneration Committee	Declaration of Interests	Every Meeting
Integrated Commissioning Executive	Declaration of Interests	Every Meeting
Senior Leadership Team	Declaration of Interests	Every Meeting
Other Committees/decision making groups	Declaration of Interests	As requested
NHSE	Quarterly Self-Assessment of conflict of interests to NHSE	Quarterly

Appendix A

Nolan Principles

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

1. Selflessness – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

2. Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

3. Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

4. Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

5. Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6. Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

7. Leadership – Holders of public office should promote and support these principles by leadership and example.

Source: The First Report of the Committee on Standards in Public Life (1995) (available at http://www.public-standards.gov.uk/).

NHS
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Declaration of interests for CCG members, employees and contractors

Please return a signed copy by email to D-CCG.Governance@nhs.net and to d-ccg.hr@nhs.net

If you have any queries please contact Theresa Farris, theresa.farris@nhs.net or Clare Doble, clare.doble@nhs.net , Governance Team

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

Name	
Position within or relationship with the CCG	
CCG meetings attended	
Is this in addition to interests currently recorded or replaces all existing information? ***(Delete as appropriate)***	• In addition to interests currently recorded • Replaces all existing information

Please provide details of interests held, complete all that are applicable.

Type of interest *See overleaf for more details*	**Description of interest** *Including, for indirect interests, details of the relationship with the person who has the interest*	**Date interest relates** **From**	**To**	**Actions to be taken to mitigate risk** *To be agreed with line manager*

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the Governance Team of the CCG and Line Manager as soon as is practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I do / do not *(delete as applicable)* give my consent for this information to published on registers the CCG holds.

If consent is NOT given please state reasons:

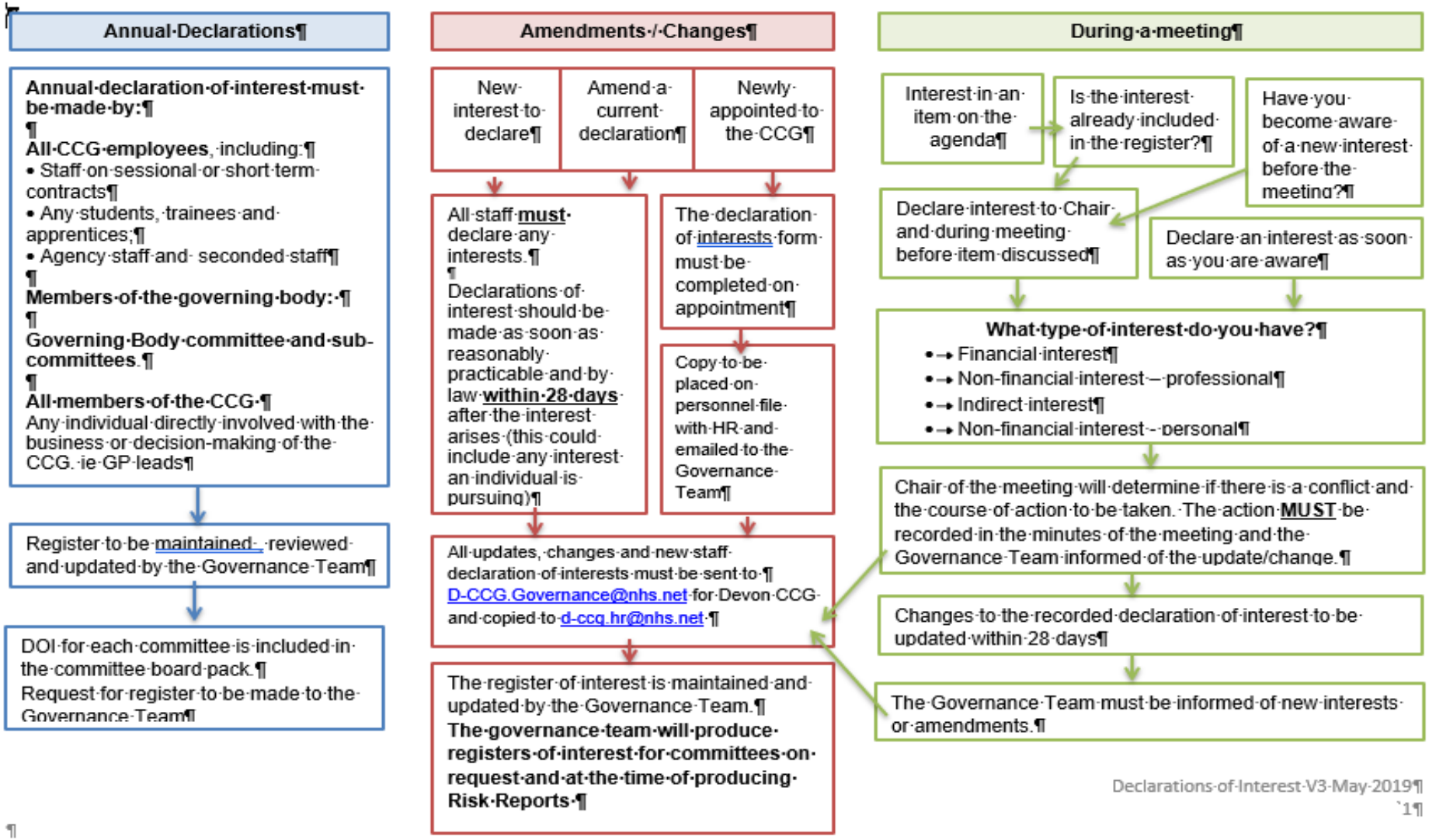
Employee name		Employee signature		Job title		Date	
Manager name **		Manager signature		Job title		Date	

**It is the responsibility of the line manager to review employee's completed declaration of interests form and will conduct a review to determine if a conflict does or perceived conflict exists. Any actions identified to mitigate the risk will be discussed with the employee and line manager and recorded on the form.

Types of conflicts of interest

Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of a grant from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for CQC or NICE; • A medical researcher.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include: • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.
General Interest	This could be any position held in another public body organisation, NHS, Local Authority or a community group which may have potential to give rise to influence decisions made by the CCG. Similarly, if you have made a declaration that you are a member of the CCG or attend any of its committees/working groups to another organisation, this information MUST be reciprocated back to the CCG to ensure consistency across organisations and vice versa

Declaration of Interests (DOI) Flow Chart (Operating Procedure)



Appendix D

Declarations of Gifts, Hospitality and Commercial Sponsorship

Name & Job Title	
Details of gift, hospitality or commercial sponsorship	
Date of offer	
Date of receipt (if different)	
Estimated value	
Supplier or Name making offer	
Nature of business	
Details of previous offers or acceptance by from this person/company making the offer.	
State any conflict of interest with provider, supplier/pharmaceutical company	
Declined or accepted	
Reason for accepting or declining	
Comments	

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as is practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I **do / do not [delete as applicable]** give my consent for this information to published on registers that the CCG holds. If consent is NOT given, please give reasons:

Signed: _____ Date:

Signed (line Manager): _____ Date

Position: _____

Please return by email to D-CCG.Governance@nhs.net and provide a signed hard copy to your team administrator for inclusion in your personnel file. If you have any queries, please contact the Governance Team

For Governance Team action Initials……	Respond to individual to confirm the declaration has been added to the database. Confirm DOI register check for any potential conflict Date……

Appendix E

Standard Operating procedure
Hire of Rooms

Standard operating procedure to be followed by staff member taking a room booking from a person external to the CCG

In 2011, the Government set out the 'Prevent' strategy to tackle violent extremism of all kinds, as well as some aspects of non-violent extremism. Prevent is part of the Government's counter-terrorism strategy, (CONTEST 2018), and is ultimately about safeguarding people and communities from the threat of terrorism. Since 2015, the CCG has had a statutory duty to "have due regard to the need to prevent people from being drawn into terrorism" (Counter Terrorism and Security Act). For more detail please see the CCG Prevent Policy

https://devonccg.nhs.uk/about-us/safeguarding

To ensure the CCG is compliant with statutory duties, amongst others, the CCG is required to ensure that its premises are not used by extremists.

The CCG will make available their meeting rooms to staff, partner organisations and for official Council business free of charge and subject to corporate needs may make the rooms available to other organisations and the public for a charge.

The CCG will not permit its accommodation to be let:

- For political rallies or demonstrations
- For purposes which are illegal i.e. be they forbidden by law or unauthorised by official or accepted rules
- For functions attended by people whose presence may cause civil unrest or division within the community
- To an organisation or individual which has been banned by law.

The CCG also reserve the right to cancel any booking where it considers:

1. that such events may be contrary to the interest of the general public or contrary to any law or act of Parliament. Any bookings will also be subject to consideration from the police to ensure the safety of the community and staff is assessed against the request for a venue booking.

2. the users of the premises may do something that may cause or pose a risk of loss, damage or significant expense to the CCG or harm the reputation of the CCG

The CCG will ensure that the application of any part of this process does not discriminate directly or indirectly against anyone on the grounds of race, disability, sex, gender reassignment, sexual orientation, religion or belief, age, marriage or civil partnership.

Each Business Manager is responsible for setting the terms of hire and booking arrangements.

Staff who are responsible for the hiring of any CCG owned premises/rooms should complete the Home Office online E-Learning Module level 3 on Prevent available via ESR

Staff should ensure that there is appropriate consideration of inadvertently supporting extremism when engaging outside speakers.

When booking a room for an outside speaker, the following questions will assist staff in determining whether a booking is considered controversial or there is any risk associated with the booking:

1. Establish what the venue will be used for and what type of event the customer is wishing to hold.

2. Is the name given linked to any community group or organisation?

3. Request a copy of the programme details and names of any speakers.

4. Request all contact details (address, mobile, home and business contact number).

5. If the customer is not a local resident, establish why they are holding an event in this area.

6. Ask the customer if they have used any other venues in the country, if so contact the previous venue(s) to establish what the event was.

If you are concerned with the answers provided by the customer, speak to your manager. If the manager deems it appropriate, they will cross reference the booking details provided with the web links and contacts below, or ask you to do so (in the order listed):

1. Inform the Corporate Services Manager

2. Check the government list of proscribed organisations https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2 (provides a list of all known terrorist groups within UK and Ireland).

3. Contact the CCG Prevent Lead : d-ccg.safeadults@nhs.net Tel:01803 396350

4. Contact Devon and Cornwall Police Prevent Team:
   Make the referral by downloading and completing the form from: https://www.devon-cornwall.police.uk/advice/your-community/prevent-reporting-and-preventing-radicalisation-terrorism-and-extremism/, then email the referral form to: prevent@devonandcornwall.pnn.police.uk Tel: 101 The Prevent lead may support you in this or make the referral.

NHS
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Clinical Commissioning Group

DATA PROTECTION FRAMEWORK, STRATEGY and ACTION PLAN

NHS Devon Clinical Commissioning Group

Owner(s): *Matthew Spry, Data Protection Officer (DPO)*	**Directorate Contact Details:** *Governance & Data Protection*	
Approved by: Audit Committee	**Date of formal approval** October 2021	**Review Date:** October 2022
Date Issued: October 2021		**Version** 1.0
Impact on Strategic Objectives		
(Delete as applicable) 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		
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	Data Protection Legislation	
Engagement and Consultation		✓
Risk	Non-compliance of Data Security & Protection Toolkit	

All policies are held centrally by Governance: d-ccg.governance@nhs.net

Document Change History:			
Version	**Date**	**Action (amended/ approved)**	**Summary of Changes**

Equality, diversity and inclusion statement

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

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

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

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

Contents		
Section	**Title**	**Page**

1. Introduction

Information is a vital asset within the CCG, in terms of the effective commissioning and management of services and resources. It plays a key part in both corporate and clinical governance, service planning and performance management. It is important that information is managed within a framework that ensures it is appropriately managed and that policies, procedures, management accountability and structures are in place.

This strategy sets out the approach to be taken within the CCG to provide a robust Data Protection (DP) Framework and to fulfil its overall objectives. Data protection requirements ensure that best practice is implemented, and on-going awareness is evident across the CCG. The CCG is committed to ensuring that all records and information are dealt with legally, securely, efficiently, and effectively.

Data protection is a “framework for handling information in a confidential and secure manner to appropriate ethical and quality standards in modern health services”. It brings together within a singular cohesive framework, the interdependent requirements and standards of practice. It is defined by the requirements within the Data Security & Protection Toolkit (DSPT) against which the CCG is required to publish an annual self-assessment of compliance. This strategy is supported by an Action Plan.

Within this agenda the CCG will handle and protect many classes of information:

- Some information is confidential because it contains personal details. The CCG must comply with regulation which regulates the holding and sharing of confidential personal information. Changes to the way in which patient confidential data can be processed came about as a result of the Health & Social Care Act 2012. It is important that relevant, timely and accurate information is available to those who are involved in the care of service users, but it is also important that personal information is not shared more widely than is necessary.
- Some information is non-confidential and is for the benefit of the CCG and the general public. The CCG and its employees share responsibility for ensuring that this type of information is accurate, up to date and easily accessible to the public.
- The majority of information about the CCG and its business should be open to public scrutiny although some, which is commercially sensitive, may need to be safeguarded.

2. Purpose

The Data Protection Framework will underpin the CCG’s strategic goals and ensure that the information needed to support and deliver their implementation is readily available, accurate and understandable. Data protection has four fundamental aims:

- To support the provision of high-quality care by promoting the effective and appropriate use of information.
- To develop responsible staff who can work closely together, preventing duplication of effort and enabling efficient use of resources.
- To develop support arrangements and provide staff with appropriate tools and support to enable them to carry out their responsibilities to consistently high standards.
- Ensure the CCG understands its corporate IG responsibilities & requirements, its risks and

mitigations.
- To enable the CCG to understand its own performance and manage improvement in a systematic and effective manner.

3. Definitions

Personal information
Person-identifiable information is anything that contains the means to identify a person, e.g. name, address, postcode, date of birth, NHS number, National Insurance number, pseudonymised data, biometric and genetic data, and online identifiers and location data, etc. Any data or combination of data and other information, which can indirectly identify the person, will also fall into this definition. Whenever possible, anonymised data, that is data where all personal details have been removed and which therefore cannot identify the individual, should be used. Note however that even anonymised information can only be used for justified purposes.

Information that identifies individuals personally must be regarded as confidential, and should not be used unless absolutely necessary. The appropriate legal basis under Article 6 of the UK General Data Protection Regulation must be identified and recorded in the CCG Information Asset Register to be able to legally process personal identifiable information.

Special Category Data
Special category data includes, Health Data, Trade Union membership, Political opinions, Religious or philosophical beliefs, Racial or Ethnic Origin, Sex life and sexual orientation, Biometric Data and Genetic Data.

In addition to having identified a legal basis under Article 6 of the UK General Data Protection Regulation to legally process personal identifiable information, to legally process special category information the CCG must identify the condition under Schedule 1 of the current Data Protection Act and the legal basis under Article 9(2) and record these on the information asset register.

Corporate Information
A corporate record is a record of activity within the CCG. This will include both information collected for business purposes and information created within the CCG, the processing of that information and reports produced from that information. Where this does not contain and is not linked to personal information no legal basis need be identified for processing purposes. However, the CCG will need to consider whether this information is to be published into the public domain or whether it is corporately sensitive and implement controls to manage it appropriately.

Data Controller
A natural or legal person, public authority, agency or other body alone or jointly with others, determines the purposes and means of the processing of personal data.

Data Processor
A natural or legal person, public authority, agency or other body which processes data on behalf of the controller.

Processing

Any operation or set of operations which is performed on personal data or sets of personal data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by any means, alignment or combination, restriction, and destruction.

Information Formats
Information can be in many forms, including (but not limited to):

- Structured record systems – paper and electronic;
- Transmission of information – e-mail, post and telephone; and
- All information systems purchased, developed and managed by/or on behalf of the organisation.

Personal Data Breach
A breach of security leading to accidental or unlawful destruction, loss, alteration, unauthorised disclosure or, or access to, personal data transmitted, stored or otherwise processed.

4. Scope

The framework and strategy applies to NHS Devon CCG and all its employees and must be followed by all those who work for the organisation, from the Governing Body to those on temporary or honorary contracts, secondments, pool staff, contractors and students.

5. Duties, Accountabilities & Responsibilities

The CCG has developed clear lines of accountability with defined responsibilities and objectives.

Accountable Officer
The Accountable Officer has overall accountability and responsibility for IG across the CCG and is required to provide assurance, through the Annual Governance Statement, that all risks to the CCG are mitigated.

Audit Committee
The CCG Audit Committee has responsibility for overseeing and reporting to the Governing Body and for providing assurance on governance and risk management, IG, research governance and quality and diversity issues.

Data Protection Steering Group
The CCG has a Data Protection Steering Group (DPSG) which has responsibility for overseeing the implementation of this strategy. The DPSG reports to the CCG's Audit Committee.

Senior Information Risk Owner
The Senior Information Risk Owner (SIRO) holds responsibility for ensuring that information is processed and held securely throughout the CCG. The role covers all the aspects of information risk, the confidentiality of patient and service user information and information sharing. The DSPT sets out clear responsibilities of the SIRO in relation to risks surrounding information and information systems, which also extend to business continuity and the role

of Information Asset Owners. This post is held by the Director of Communications and Engagement of Integrated Care System Devon; and Director of Communications, HR, Governance and IT, NHS Devon.

Caldicott Guardian
The Caldicott Guardian has an advisory role and is responsible for ensuring that the principles of confidentiality and data protection set out in the Caldicott Guidelines and the Data Protection Legislation are implemented systematically. This post is held by the Chief Nursing Officer.

Line Managers
Line Managers are responsible for ensuring that their staff, both permanent and temporary are aware of:

- all information security policies and guidance and their responsibility to comply with them;
- their personal responsibilities in respect of information security;
- where to access advice on matters relating to security and confidentiality; and
- the security of physical environments where information is processed or stored.

All Staff
All members of staff have a responsibility to ensure they are aware of all data protection policies and guidance and comply with them. Staff must be aware of their personal responsibility for the security and confidentiality of information which they use. Staff are responsible for reporting any possible or potential issues whereby a breach of security may occur.

Data Protection Officer
The CCG is supported and advised by the Data Protection Officer (DPO) who assists the CCG to monitor internal compliance, informs and advises on our data protection obligations, provides advice regarding Data Protection Impact Assessments (DPIAs) and acts as a contact point for data subjects and the supervisory authority.

Information Governance Officer
The DPO is supported by the Information Governance Officer to provide IG expertise and will liaise directly with the responsible person within the CCG for specific issues and projects.

6. Responsibilities for Approval

Audit Committee is responsible for the review and approval of this Framework and Strategy following advice from the DPO.

7. Framework Procedures

Strategic Aims

The strategic aims will be achieved by ensuring the effective management of Data Protection by:

- Ensuring that the CCG meets its obligations under the Data Protection Act 2018, the Human Rights Act 1998, the Freedom of Information Act 2000 and the Health and Social Care Act 2012
- Ensuring that effective action planning is in place so that the CCG maintains UK GDPR compliance.
- Establishing, implementing, and maintaining policies for the effective management of information.
- Ensuring that Information Governance is a cohesive element of the internal control systems within the CCG
- Recognising the need for an appropriate balance between openness and confidentiality in the management of information
- Ensuring that Information Governance is an integral part of the CCG culture and its operating systems (privacy by Design)
- Ensuring maintenance of year on year improvement within DSPT self-assessment.
- Reducing duplication and looking at new ways of working effectively and efficiently
- Minimising the risk of breaches of personal data
- Minimising inappropriate uses of personal data
- Ensuring that Service Level Agreements and Data Sharing Agreements between the CCG and other organisations are managed and developed in accordance with IG principles
- Ensuring that contracted bodies are monitored against Information Governance standards
- Protecting the services, staff, reputation, and finances of the CCG through the process of early identification of information risks and where these risks are identified ensuring sufficient risk assessment, risk control and management is undertaken
- Ensuring there is provision of sufficient training, instruction, supervision and information to enable all employees to operate within information governance requirements
- Ensuring that information governance is embedded within the CCG and monitored via regular checks
- Ensuring the CCG understands its processing activities including maintaining a record that details each use or sharing of personal information including the legal basis for the processing and if applicable, whether national data opt outs have been applied.
- Ensuring that a data security and protection breach reporting system is in place

8. Consultation

This Strategy and Framework has been reviewed by Data Protection Officer and Deputy SIRO prior to approval by the Audit Committee.

9. Training

Training and education are key to the successful implementation of this framework and strategy and embedding a culture of IG management in the organisation. Staff will have

the opportunity to develop more detailed knowledge and appreciation of the role of IG through:

- Policy/strategy
- Induction
- Line manager
- Specific training courses
- Statutory and Mandatory training workshops
- Information Asset Administrator and Information Asset Owner workshops
- Communications/updates from the IG Lead
- Bespoke training at Departmental meetings

Mandatory training sessions will be delivered online via the NHS Digital Data Security Awareness Level 1 e-learning package. These sessions are mandatory and must be completed every year.

Awareness will be monitored via regular checks and gaps in knowledge will be addressed via further bespoke training materials/sessions and articles within the staff bulletins.

10. Monitoring Compliance with the Document

Data Security and Protection Toolkit

An updated action plan for improving and implementing the requirements of the DSPT will be submitted to the Data Protection Steering Group annually.

The CCG's progress will be reported to the Audit Committee at regular intervals by the SIRO. The action plan and monitoring will be via the Data Protection Steering Group.

The CCG will comply with the NHS Digital deadlines for submission of updates and the final data security and protection toolkit assessment.

Annual Data Protection performance will be summarised in the Information Governance Annual Report.

The CCG's chosen auditors will conduct an annual audit of the evidence and as part of the evidence for the Data Security & Toolkit in line with NHS Digital's guidance and requirements. Due to the expected transition from CCG to ICB, no audit is required for 2021-22 and therefore requirement 9.4.6 *"What level of assurance did the independent audit of your Data Security and Protection Toolkit provide to your organisation?"* will be exempt for 2021-22 only.

11. Arrangements for Review

This framework and strategy will be reviewed at least annually and in accordance with the following as and when required:

- Legislative changes,
- Good practice guidance,
- Case law,
- Significant incidents reported,
- New vulnerabilities, and
- Changes to organisational infrastructure.

12. Dissemination

This Framework and Strategy will be published via the CCG Intranet. All staff will be made aware of this via the CCG Bulletin.

The implementation of this Framework and Strategy is reflected through the completion of the DSP Toolkit and the confirmation of all mandatory assertions therein. It is also supported by a detailed reporting structure through the CCG's committees which are described in the Strategy. Directors and senior leads will be responsible for ensuring the Framework and Strategy is implemented in their areas of responsibility.

13. References

The Information Governance agenda encompasses the following areas:

- Caldicott and National Data Guardian Reports
- NHS Confidentiality Code of Practice
- Data Protection Act 2018
- Freedom of Information Act 2000
- Health and Social Care Act 2012*
- Human Rights Act 1998
- *Health and Care Act (subject to Parliamentary Approval)

14. Appendices

Appendix A: Data Protection Steering Group Terms of Reference.
Appendix B: Action Plan

Appendix A

NHS Devon Clinical Commissioning Group
Data Protection Framework, Strategy and Action Plan

Devon Clinical Commissioning Group
Data Protection Steering Group
Terms of Reference

1. Purpose	
1.1	Data protection is a key component of the clinical and corporate assurance framework and can be defined as: "providing a framework for handling personal, sensitive and confidential information in an appropriate, confidential and secure manner in line with the ethical standards of a modern health service."
1.2	The purpose of the Data Protection Steering Group (DPSG) meeting is to: • Be the organisational focal point for data protection issues (and their resolution), providing advice, reports and recommendations to the Senior Leadership Team (SLT) and Audit Committee and as directed by the Accountable Officer, Caldicott Guardian or Senior Information Risk Owner (SIRO); • Monitor organisational management accountability, compliance arrangements and availability of specialist staff and resources for data protection, taking into account national programmes and compliance requirements e.g. Assurance Framework, Data Security and Protection Toolkit (DSP Toolkit), Risk Reporting; Provide assurance to the achievement of the CCG's DSP Toolkit compliance and those of the member practices for Devon CCG
2. Chair and Vice Chair	
2.1	Senior Information Risk Owner (SIRO) – Chair
2.2	Caldicott Guardian (CG) – Vice Chair
3. Membership	
3.1	The membership of the Data Security & Protection Steering Group will comprise of:
3.2	**Membership**: SIRO or Deputy SIRO CG or Deputy CG Head of Governance (HG) or Data Protection Officer (DPO) Information Governance Officer or deputy as minute taker Representative from IT; Representative from BI/Finance Representative from Commissioning; Representative from Transformation; Representatives from HR; Representative from Nursing & Quality/Safeguarding Representative from DRSS; and Representative from Comms.
	The Chair of the DPSG can request other officers of the CCG to attend dependant on the agenda.

	Note: When a committee member is unable to attend, a nominated deputy with sufficient authority must attend in their place.
4. Quorum	
4.1	A minimum of three members constitute a quorum, including at least the SIRO/dep SIRO or Caldicott Guardian/dep Caldicott Guardian and the Data Protection Officer/Head of Governance. If the Data Protection Steering Group Chair (SIRO) is absent, then the Caldicott Guardian will chair the meeting.
4.2	The minutes of the meetings will be recorded by the Information Governance Officer or their deputy and circulated to members and attendees, and actions reported to SLT and Audit Committee.
5. Frequency of Meetings	
5.1	Meetings of the Group will be held every two months.
6. Required Frequency of Attendance by Members	
6.1	Members are required to attend a minimum of 75% meetings other than absence due to sickness. Nominated Deputies **must** attend on behalf of absent members.
7. Accountability and Reporting Assurance	
7.1	The DPSG reports into the SLT and Audit Committee. Accountability for operational delivery lies with the Data Protection Officer, who is responsible for the day to day management and delivery of the function. The action points of the DPSG will be formally recorded and reported to the SLT and Audit Committee at least twice a year. The Chair of the DPSG shall draw the attention of the SLT and Audit Committee to any issues that require escalation to the Governing Body or require Executive action. The DPSG report to SLT and the Audit Committee to include the following: • The DSP Toolkit • The NDG Security Standards • IT services and Cyber Security • Incidents, risks & training • Audits • Changes to policy, processes and systems within the organisation; and • GP IT/data protection programme updates and issues relating to the GP member practices'. Caldicott and SIRO functions will be reported to the SLT and Audit Committee. Any Caldicott issues requiring advice will be escalated directly to the Caldicott Guardian by any member of the data protection team.
8. Assurance Received from:	
8.1	Assurance will be received in line with the principal responsibilities set out in section 13. Of these Terms of Reference, and in accordance with the statutory functions listed below in section 10.

9. Register of Interests:	
9.1	The DPSG will adhere to the process for reporting interests as defined in Section 8 of the NHS Devon CCG Constitution, through the Head of Governance, and in accordance with the CCG's Register of Interests. Any interest relating to an DPSG meeting agenda item should be brought to the attention of the Chair in advance of the meeting or as soon as the interest becomes apparent and recorded in the minutes.
9.2	Members of the group will complete a declaration of interest at each meeting attended. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.
10. Risk Reporting	
10.1	Risk reporting is a standard agenda item on each DPSG meeting, any data protection risks are reported and then held on the Governance Risk register and appropriate mitigation put in place, any specific data protection risks are reported to the SLT and Audit Committee. Specific risks relating to Information Security and systems integrity are held on the IT risk register and reported to the DPSG during the meetings.
11. Principal Responsibilities	
11.1	The responsibilities of the DPSG include but are not limited: • To provide the Caldicott Guardian and SIRO with advice and support upon request; • To ensure that a consistent approach is applied to adoption of data security, protection and records management standards and legislation across the CCG; • To oversee the formulation, implementation, monitoring of compliance and submission of the Data Security and Protection Toolkit; • To work proactively to ensure the CCG meets all NHS and legal requirements relating to data security and protection. • To be the group which assures that all new processes, services and information systems are developed and implemented in a secure and structured manner, in compliance with data protection security accreditation, information quality, confidentiality and data protection requirements; • To be the group which cyber security report into regarding monitoring, incidents and threats to the CCG and GP IT infrastructure. • To develop, ratify and implement data protection policies (and monitor user compliance) to meet data security and protection requirements affecting the CCG. Policies recommended for approval by the DPSG will go through the Policy Review Group for ratification; • To be consulted and involved in the investigation of data protection incidents, near misses and data protection complaints relating to data security and protection and make recommendations where compliance with CCG requirements have been breached or jeopardised. Such investigations will comply with national requirements; • To authorise programmes of risk assessments and audits relating to data protection, security and confidentiality; review results and make recommendations. • To view operational and strategic risks in relation to the wider governance. To identify risks that need to be escalated to the strategic risk register; • To collate and provide routine reports (key performance indicators) surrounding data security and protection for discussion and formal sign off before being published in the Audit Committee paper;

	• To ensure that tailored staff data protection awareness and data protection training programmes are in place and delivered meeting national requirements; and • To be the focal point for identifying data protection and data security issues across the organisation and look at ways to mitigate potential risks, highlight concerns and agree resolution.
12. Process for Monitoring Compliance with Terms of Reference	
12.1	Five days prior to each meeting, the Information Governance Officer or their deputy will ensure that the meeting is quorate. If the meeting is not quorate the Chair must be contacted.
12.2	The Chair will escalate any urgent or critical issues, which may put at risk the people who use our service or the reputation of NHS Devon CCG, to the CCG Executive with immediate effect. Recommendations or action plans will be reported to the appropriate forum; in the case of urgent, critical issues recommendations and action plans will be reported to the CCG Executive.
13. Review	
13.1	The Data Protection Officer will review the Terms of Reference bi-annually and confirm to the SIRO/Head of Governance that the Terms of Reference remain the same or that a change needs to be considered by the Governing Body. The effectiveness of this committee will be measured as part of the DSP Toolkit assessment and associated audit. A report on the effectiveness of the DPSG will be provided to the SLT and Audit Committee with an annual report compiled to summarise the year's activity.

APPENDIX B

Action Plan - NHS Devon CCG

This section provides details regarding each requirement, including resource implications and timescales for completion. Resources noted as Business as Usual (BAU) are covered by current job descriptions and processes. **This plan will be updated annually by the Data Protection Officer which may result in changes to workload and timescales.**

This plan includes responses to any recommendations from the 2020/21 Data Security & Protection Toolkit audit report DCCG/21 for completion and sign-off at the 28 Oct 2021 Data Protection Steering Group.

Action: Compliance with national requirements.

Action	Resource	Lead	Timescale	Review Mechanism	Tasks	Rationalisation
Transition of CCG to ICB	All staff	DPO	Mar 2022	Successful transition to ICB from 01 Apr 2022	1) Registration with ICO – 01 Apr 2022 2) Review of documentation to reflect organisational change in preparation for corporate templates 3) Transfer of STP ODS to ICB 4) Transfer of records as per guidance received 5) Review of data sharing across system with the introduction of the South West Information Sharing Review Group (SWIRG)	In line with National legislation
ICB Toolkit submission	IGO IT Cyber Security Manager Delt	DPO	Jun 2022	DPST report	1) Collate evidence 2) Submit toolkit by 30 Jun 2022	Meet DSPT deadline
Covid-19	EPRR Lead Head of Digital	DPO	Ongoing	Public Enquiry	1) Publicise COPI Notice and any further extensions 2) Remind staff to maintain separate records 3) Communicate to staff any further developments regarding records retention and collation by EPRR Lead	Public enquiry due to begin around April 2022. This will be to identify lessons learnt around decision making.

Action: Maintain current policies which are compliant with national requirements and continue to improve staff training and awareness.						
Action	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Review the Data Protection Framework and Strategy (this document)	BAU	DPO	March 2022	Ratification of action plan	1) Review and update this document by Mar 2022 2) Present at DPSG meeting for approval.	Ensures that appropriate plans are set based on the guidance issued nationally and by NHS Digital.
Ensure that policies are current and reviewed.	BAU	Information Governance Officer (IGO)	Ongoing	Ratification of policies by DPSG & Policy Review Group.	1) Information Governance Officer to check status for policies nearing their review dates.	Ensures compliance with statutory and NHS national requirements, including the Data Protection Act 2018, UK GDPR NHSX Records Management CoP 2021.
Maintain visibility of mandatory data security awareness training	BAU	IGO	Ongoing	Training attendance levels. Reported at DPSG.	1) Maintain training log on a monthly basis 2) Conduct training audits and send reminders to those not compliant.	Training is vital for staff awareness and compliance with the IG Toolkit. Regular reminders will need to be communicated to all staff to ensure compliance.
Development of a bespoke data security awareness training.	BAU	IGO	Ongoing	IGO attendance at dept meetings	1) Present data protection training to staff. 2) Review the training presentations ensure remains accurate and current. 3) Review robustness of Training Needs Analysis following audit recommendation (no3)	All staff need to be aware of current, relevant data protection policies and procedures. Bespoke training given to specific departments will increase awareness and compliance and potentially reduce the frequency of incidents.
Ensure that all briefing and guidance circulated to staff are accurate, current and informative.	BAU	ICO	Ongoing	Data protection intranet page	1) Produce a quarterly data protection briefing to cover relevant topics and issues. 2) Review the data protection pages of the CCG intranet on a monthly basis.	More engaging and informative web pages and briefings, which include current data protection guidance and topical issues, will help to raise awareness of CCG data protection actions and updates. Also, greater ease of access to data protection policies, briefings and guidance will promote staff awareness.
Review the ToR for the Data Protection Steering Group (DPSG)	BAU	DPO	March 2022	Ratification of ToR Attendance levels at DPSG	1) Complete review and update to ToR, including updated membership. 2) Present ToR for approval at DPSG.	An updated membership will lead to improved attendance levels and greater cohesion.

Action: Ensure all contracts (for staff, contractors and suppliers) are compliant with requirements						
Action Point	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Review of content of contractors terms and conditions	Contracts team	Contracts Manager	Mar 222	Evidence of correct clauses used	1) Annually review the NHS Contracts to ensure that the appropriate clauses are included.	Compliance with requirements on staff contracts in line with Standard NHS Contract
Ensure correct clauses included in suppliers contracts (via procurement)	Finance team	CSU function with support from Finance	Mar 2022	Evidence of correct clauses used	1) Annually review the NHS Contracts to ensure that the appropriate clauses are included. 2) Process for checking accreditation/certification of potential suppliers is documented following audit recommendation (no6).	Compliance with requirements on procurement contracts.

Action: Ensure measures are in place to maintain patient confidentiality and compliance with patient rights						
Action Point	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Further update and distribute patient information relating to Data Protection	BAU	IGO	Ongoing	Fair Processing Notice	1) Review the Fair Processing Notice every six months 2) Review the CCG public webpages and any attached guidance on a quarterly basis	Patients are made aware of information handling issues, including ability to consent and dissent to having information shared with other organisations outside of the CCG.
Ensure processes in place for recognising and responding to individuals' requests for access to personal data are current and are being followed.	BAU	DPO	Ongoing	DSAR records SIRO reports	1) Include SAR guidance on website 2) Continue to record all SARs and report to DPSG	Clear safeguards are in place to ensure that PID information is not disclosed without proper consent from the individual or 'next of kin' in line with the Subject Access Code of Practice. It is essential that all staff are aware of how to recognise a SAR and that it needs to be disclosed only by the data protection team.
Ensure there are appropriate confidentiality audit procedures to monitor access to PID	Head of Digital and Delt	DPO	Mar 2022	Audit results Annual SIRO report	1) Conduct annual NHSMail access review to ensure only current CCG staff have access 2) Review CCG accounts	Clear safeguards are in place to ensure that the CCG is working within a legal framework when processing confidential PID.
Record all incidents of confidentiality and data protection breaches in line with incident management process	BAU	DPO	Ongoing	Datix database DPSG report AC report	1) Continue to maintain accurate and complete records of all data protection incidents as part of the Datix database and report to the DPSG 2) Follow up on all recommendations for data protection incidents within one month of the release of the final report. 3) Review Datix online form for improvements to the data protection reporting process following audit recommendation (no4)	Clear guidance on incident management procedures should be documented and staff made aware of their existence, where to find advice, how to record an incident and how to implement it.

Action: Ensure all regular flows of data, internal and external, are secure.						
Action Point	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Ensure all CCG data flows are mapped accurately	IAOs	DPO	Ongoing	RoPA DSPT	1) Review Records of Processing Activity (RoPA) with appropriate Information Asset Owner no less annually.	Meet our statutory requirement under DPA 2018 & UK GDPR..
Review existing Data Protection Impact Assessments (DPIA) and Data Sharing Sharing Agreements (DSA)	BAU	DPO	Ongoing	Six monthly report to DPSG Registers	1) Conduct annually reviews 2) Send reminders to those who's DPIA/DSA are nearing their expiry date.	Meet our statutory requirement under DPA 2018 & UK GDPR..

Action: Implement resource to support Information Security with NEW Devon CCG						
Action Point	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Confirm that all Information Assets are assigned to IAOs and that the IAOs are aware of their responsibilities	IAOs	IGO	Ongoing	RoPA DPSG	1) Maintain accurate and current IAO register. 2) Ensure all new systems are included in the register and assigned an IAO.	Meet our statutory requirement under DPA 2018 & UK GDPR..
Conduct regular audits of CCG compliance with Clear Desk policy	Site Safety Co-Ordinators	IGO	Ongoing	DPSG reports DSPT	1) Conduct regular clear desk reviews of all CCG sites, in line with Clear Desk policy, and circulate guidance where necessary.	Regular audits and the resulting communication with non-compliant staff members will improve both data protection and staff awareness of its importance.
Implement technical control actions, including RA issue of smartcards and implementation of RA policy	IT Cyber Security Manager Delt	IT Cyber Security Manager	Ongoing	RA and smartcard audit DSPT	1) Review process of smartcards to be clarified with DELT	Appropriate technical security controls are implemented to ensure security of IT service and use of smartcards.
Ensure processes are documented - user access controls, pseudonyms etc	DELT	IT Cyber Security Manager	Ongoing	RA and smartcard audit DSPT	1) Review process of smartcards to be clarified with DELT	Controls and IT infrastructure are documented
Obtain assurance of compliance (eg internal / external audit)	Internal audit (ASW)	DPO	Ongoing	Internal and external audit reports	1) Complete recommendations from 2020/21 DSP Toolkit internal audit report for sign-off at the Data Protection Steering Group on 28 Oct 2021. 2) Ensure more enhanced evidence is available for future audits following audit recommendation (nos1 & 7).	Due to the transition of the CCG to an ICB, NHS Digital has stated no DSPT audit is required for 2021-22.
Ensure that awareness of Cyber security requirements is adequate	IT Cyber Security Manager Delt	IT Cyber Security Manager DPO	Ongoing	DPSG reports	1) Cyber security threats and risks in SIRO reports to DPSG. 2) Highlight any significant risks to CCG staff via the Week. 3) Ensure more enhanced evidence is available for future audits following audit recommendation (no2).	Greater cyber security awareness for both CCG Executives and other staff members will increase the likelihood of correct procedures being followed and decrease the risk of cyber security incidents.

Action: Ensure national Information Security requirements are complied with.						
Action Point	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Ensure that the CCG has appropriate measures in place relating to Cyber Security	BAU	IT Cyber Security Manager DPO	Ongoing	Reports on cyber-attacks and mitigation. DSPT	1) Reports via CareCert and actions taken by Delt on mitigation. 2) Review of Back-Up policies to ensure implemented following audit recommendation (no5).	Lower risks to IT systems
Review the storage arrangements of physical records held at CCG sites and ensure that they fit for purpose	BAU	IG Officer/ Business and IG Managers	Ongoing	Site visits Clear Desk checks	1) Review all storage arrangements. 2) Review new accommodation sites	Improved compliance with DPA legislation and NHSX Records Management CoP 2021

Action: Ensure inventory of records is undertaken, retention periods applied and where necessary destruction of records undertaken in accordance with DoH guidelines.						
Action Point	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Ensure that the existing CCG archived records are compliant with national guidance.	Crown Records; all staff in CCG	IGO	Ongoing	Archive inventory	1) Identify all records currently held in CCG archives and ensure that all boxes have an inventory log. 2) Where necessary, order the destruction of any records past their retention date. 3) Request the removal of records belonging to other organisations	Ensure records are archived, stored securely and in accordance with DPA. This ensures that the CCG are only paying for appropriate record storage within the appropriate legal guidelines.
Identify all electronic records on shared drives. Ensure that access is assigned on a role-based need.	All staff; DELT	IGO	Ongoing	Reviews of the shared drives	1) Conduct an annual audit of staff access to the shared drives to ensure access is still required.	Ensure knowledge base of electronic records is assigned in CCG and that no unauthorised access is taking place.

Action: Continue to improve training and awareness at General Practice level						
Action Point	**Resource**	**Lead**	**Timescale**	**Review Mechanism**	**Tasks**	**Rationalisation**
Review level of GP submission of the DSPT.	BAU	DPO	Ongoing	DSPT submission report	1) Liaise with GP DPOs as required.	GP Toolkit submissions will aid in the accuracy of DSP Toolkit evidence and increase staff awareness.

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GOVERNING BODY

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

Date of Governing Body: 28th October 2021

Date of Committee covered in this report: 7th October 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

During an **Additional Roles Reimbursement Scheme** update the committee were informed that, following individual in-depth meetings, all Primary Care Networks look likely to use their whole ARRS budget, but they will need to recruit quickly to avoid underspend. The submission of final workforce updated plans (2021/22) will completed by the end of October and will give a clearer picture of recruitment intentions and possible underspend.
The Committee agreed to the recommendations to continue to support the Providers in their bidding and recruitment process and that the bidding process evaluation can be approved and signed off by the CCG Chief Finance Officer & Deputy Director of Primary Care, to avoid delay.

Delegation of Primary Care Services to the Integrated Care System of Devon

The Committee were informed that the Joint Executive Team have reviewed the paper and agreed to support the recommendations, their endorsement enabled a formal view to be sent to NHSE by a September deadline. The due diligence process has been initiated with the Deputy Director for Primary Care Commissioning as lead officer.

After consideration, and with the caveat that a cost/benefit analysis be undertaken to assure the Committee that there will be sufficient resources to cover costs of taking on these responsibilities, without having a deleterious effect on our current workstreams, the **PCCC agreed** to support the recommendations to:

- Confirm to NHSE our intent to assume delegation of pharmaceutical services in October 2022.
- Confirm to NHSE our intent to assume delegation of dentistry and optical services by April 2023.
- Confirm to NHSE our desire to have conversations about how an at-scale commissioning model/hub for dental and optical might work.
- That NHSD CCG identifies resource within each directorate to undertake a full due diligence process, working with NHSE, to support formal expression of interest on timeline to assume delegation as described in previous recommendations.

Clocktower Surgery Report - regarding procurement of provision in Exeter for the homeless and vulnerably housed. The committee reviewed and interrogated the paper being mindful of its complexity, interrelation with other services and potential sensitivities.

The recommendations were:

- To progress a direct contract award for a further 12 months, subject to agreeing an appropriate contract value
- Diligence on financials takes place based on open book accountancy principles
- The delegated primary care contingency budget is used to fund this for the 12-month period, which spans the 22/23 and 23/24 financial years
- Work does not stop. The working group must continue to work together and share responsibility on developing the options for procurement post the 12-month period. As part of this needs-assessment will be undertaken as an extension of the work already commissioned by the Inequalities Workstream for homelessness in Plymouth.
- A QEIA is undertaken as soon as possible
- The Clock Tower working group report to the Primary Care Procurement Group on progress

The PCCC agreed with the recommendations and that a county-wide evaluation of homelessness provision needs to be undertaken. A caveat was proposed **and agreed** that the Procurement group for this service look at its calculations to judge if it may be possible to shorten the timeline for pan-Devon homelessness provision, needs assessment review and service procurement. The group will report back to PCCC next month for final decision.

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

Finance Report detailed the financial position to the 31st August 2021. The forecast position is breakeven as at month 5 and at the end of H1.

. Two areas were highlighted:

1) H2 allocation notification has arrived. This includes an overall 2.3% efficiency requirement which will be a significant challenge for PC budgets in the second half of the year
2) Multiple new issues have arisen with payments from PCSE, causing additional stress to the Finance team and Practices. Concern over this situation is being escalated by the Chief Finance Officer of CCG. A locally created issues log is now communicating the status of the key issues to general practice and the LMC on a weekly basis.

The **Risk Report was** discussed at the meeting and it was noted that, after review, it has been necessary to raise 3 risk scores. Mitigating actions for these risks were explained to the meeting. New risks, regarding antiviral Prophylaxis for care homes and primary care data sharing are to be added to the register next month. The Primary Care Team's capacity has improved slightly with the early return of a seconded team member.

The **Deputy Director's report** flagged the considerable Comms work being undertaken to ensure awareness of the realities of General Practice access, pressures and effort, in order to rebut some mainstream media inaccuracies. The development of new Enhanced Services schemes is continuing; however, it has been determined that it would be an unfair capacity request to commission new services at this time.

Primary Care Strategy Pillar update - Clinical leadership Significant progress has been made in this area of the strategy despite the challenges of the last year

- Each of the localities has primary care provider leadership.
- There are increasing numbers of primary care providers at key meetings, both at Primary care and system levels to give the primary care perspective first-hand.
- There is a New strategic forum GPSOG (General Practice Strategic Operational Group) which is where challenging conversations can take place on difficult issues.
- Several localities have appointed managerial support of their PCNs which is an important step forward.

The committee had an initial presentation on the **New Patient safety framework** and requested a further discussion with regard to the framework's impact on Primary Care Providers, next year.
Recommendations for Governing Body
None
Recommendations for other Committees
None
Terms of Reference or other committee effectiveness issues
None

Management of Conflict of interests:

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

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

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GOVERNING BODY

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

Date of Governing Body: 28 October 2021

Dates of Committees covered in this report: 21 October 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) - 01 July 2021 saw the commencement of the Integrated Care Partnership to enable UHP and Livewell South West (LWSW) to deliver a place-based model of care for adults and older people in Plymouth and the western locality of Devon. Seven key priorities have been identified to be delivered within the first year of the contract. The direct management of community rehabilitation and stroke rehabilitation beds at Mount Gould, South Hams and Tavistock Hospitals has been transferred to UHP. There is a continued focus on ED performance and flow through the hospital.

SWASFT - like many providers, they are experiencing increases in demand. Combined with long waits to hand-over patients, they are struggling to meet the national standards of response times. Delays in responding to emergencies can potentially cause increased pain, suffering and harm to patients. These delays, and slower than expected response times, occur across all categories of patients. Many ambulances are experiencing extended handover times at ED's. Adverse incidents where patients have significantly deteriorated in the ambulance whilst waiting to be handed over are occurring across the SWAST footprint, although none have occurred in Devon.

The national report is currently being finalised, but initial findings are that there is no physical harm being directly attributed to these delays. There has been no further update on the potential for the ambulance service to have their own interpretation and translation line, so that callers do not have to wait in a general queries queue with less urgent calls.

Safeguarding Quarterly Report – The CCG's, Local Authorities and Office of Police and Crime Commissioner of Devon, Torbay, Plymouth and Cornwall were successful in being awarded funding for the NHSE Sexual Violence Trauma Pathfinder. The funding will be for three years. It has a mental health focus but will look at mental health in its broadest sense. We will look at how we get services out to victims of sexual violence and abuse in a more timely way.

We have also been successful in securing funding for the clinical inquiry program for primary care around domestic abuse and sexual violence (IRIS) which has been in pilot form. It has been agreed to commission for the CCG and we will start the commissioning process early next year.

The Committee approved the below policies.

- Prevent Policy
- Safeguarding Adults Policy
- Mental Capacity and Deprivation of Liberty Policy

Children and Family Health Devon – Trajectory on all services - Discussed the key issues in terms of the overall Referral to Treatment (RTT) performance trends, quality improvements, waiting lists and recovery work.

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 06 October 2021 of which it informs the Committee of any changes since the last Quality Assurance Committee (QAC) on the 17 July 2021. There are **fourteen** risks that report to QAC.

The Committee **agreed Risk 151 Quality Assurance of Complex Care Commissioning** to be added to the risk register. The risk is scored at 20 and this supersedes risk 135 and risk 136.

Four risks have increased in score:-
Risk 100 - SWASFT Call Stacking – increased from 15 to 20.
Risk 142 - Patient Safety and Quality Team Capacity - increased from 12 to 15.
Risk 146 - Assurance Concerns UHPT - increased from 15 to 20.
Risk 148 - Devon Doctors Service Provision - increased from 12 to 16.

Two risks have reduced in score:-
Risk 143 - RDEFT COVID-19: Nosocomial COVID-19 infection. The risk has reduced in score twice from 12 to 8 in June and from 8 to 6 in September. The Committee agreed closure and this risk will be monitored locally by SLT and tolerated.
Risk 139 – Infection Control team capacity. The risk has reduced in score from 12 to 9.

Three risks were presented to the Committee for removal from the Corporate risk register: The Committee **agreed** the removal of Risks 135,136 and 143.

Committee Decisions

The Committee approved the below policies.

- Prevent Policy
- Safeguarding Adults Policy
- Mental Capacity and Deprivation of Liberty Policy

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

Management of Conflict of interests:

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

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

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Commissioning Committee

Date of Governing Body: Thursday 28 October 2021

Dates of Committees covered in this report: Thursday 14 October 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

Community First Strategy

The Committee were provided with a presentation on the Community First Strategy. The Committee noted that this piece of work has been delayed over the last few months due to escalation and Covid Response. The overarching aim of this strategy is to be able to review and focus our thoughts on the next 5 years in order to keep patients well and safe in their homes with use of the local networks around them. This strategy will be jointly agreed with Local Authority colleagues as a lot of the work within the community aims to keep patients within their own homes, which expands on our one team approach within the Integrated Care System.

Long Covid 6-month evaluation

The Committee were presented and noted the Long Covid 6-month Evaluation report. It was noted that the pathway has now been operational for 6 months and a clinical audit has been completed on the service. The level of demand for the service remains significantly less than initial modelling anticipated, however, there remains flexibility in the service provision levels to respond to any future increases in demand as a result of higher infection rates. It was updated that there is further work planned to better understand and respond to any potential health inequalities in current service access.

Review of Primary Care Local Enhanced Services (LES)

The Committee noted the review of primary care LES report. The Committee discussed the opportunities that may be available to help us to deliver the long-term plan. These arrangements could be agreed either at system level or Local Care Partnership Level where priorities differ.

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 revised risk scores for the following and removal from the corporate risk register to be monitored via the team risk register:**
    - **Risk 77 - High Avoidable Amputation Rates. The risk score has reduced from 12 to 9 (L = 3, I = 3).**
    - **Risk 115 – Learning Disability/Autism Child and Adolescent Mental Health Services (CAMHS) Admissions. The risk score has reduced from 6 to 4 (L = 2, I = 2).**

The Committee were provided with an update on Risk 149 - Physical Health Checks for Eating Disorder. It was noted that we have agreed and signed off a commissioning review which has enabled this service to be provided by Devon Partnership Trust. The implementation model of this is being looked into along with any lower-level support that is going to be required by Primary & Secondary Care.

The Committee were presented with a briefing paper on the Speech and Language Therapy (SALT) position relating to Risk 134 - Operational delivery by Child and Family Health Devon. It was noted that the position has worsened slightly across Devon due to the Covid pressures and capacity issues within the system. There are relevant plans in place to bring the SALT back to meet the 18-week trajectories.

Committee Decisions

Attention deficit hyperactivity disorder (ADHD) Commissioning Policy

The Committee formally noted a decision that was made virtually in absence of the September Commissioning Committee for the ADHD Commissioning Policy. The recommendations set out within the paper were to:

- **Align the CCG policy, statements and decisions to the most current guidance and legal advice.**
- **Implement steps to ensure that no person has been disadvantaged by prior decisions taken by NHS Devon CCG.**

Clinical Policy Committee (CPC) Recommendations

- **Decision: The Committee accepted the recommendation made by CPC for the process of review of the Abdominal wall hernia in Adult's policy.**
- **Decision: The Committee accepted the recommendation made by CPC for the policy for removal of kidney stones.**
- **Decision: The Committee noted the NICE Planning Advisory Group Annual Report as recommended by CPC.**

Podiatry

The committee were provided with an overview of a proposed podiatry model for the Plymouth area. The Committee agreed the recommendations listed below, but noted that engagement with partners including Primary Care needs to be undertaken first.

Key recommendations, per the detailed information within the attached paper are:

1. **It is acknowledged that significant changes are required to some parts of the service due to a lack of viable alternatives. The changes proposed are specific to the service delivered by the Integrated Care Partnership (UHP/Livewell) although are in line with service provision in some other parts of Devon (as specified in the paper).**
2. **Agreement is given to the service to implement all of the above changes (section 3b of the paper) for new people referred from an agreed start date.**
3. **Agreement is given that the new criteria is applied to people already on the NP waiting list and current caseload with careful communications to manage expectations and a process for escalation & complaints management is jointly agreed by LSW and the CCG.**
4. **The risks to some people affected by the change are acknowledged but weighed up against the risks of the position continuing to deteriorate if no changes are made & the likely improvement in care for others.**
5. **The Western Locality Diabetes Footcare Pathway is updated and promoted to ensure there is clarity about the change in provision and what people/referrers can expect from the podiatry service.**
6. **It is acknowledged that these proposals move away from some of the specifics within NG19 whilst potentially improving others.**
7. **A communication strategy is jointly developed that includes how the changes will be communicated to stakeholders such as referrers as well as the public on relevant websites; this should include commitments to integrated working with GP practices and PCNs (particularly those who have employed a Podiatrist).**
8. **There is an acceptance that the current Referral to treatment (RTT) position is not likely to change significantly until changes that affect capacity are implemented.**
9. **The impact from the changes and learning from the audit of potential impact on capacity will be reviewed within six months and used to inform whether changes are likely to be sufficient to manage demand or whether tighter restrictions will be needed.**
10. **CCG reviews whether UHP/Livewell should be able to claim the tariff currently paid to primary care for minor surgery activity growth that has shifted into the podiatry service in consideration of letter content Jo Turl to Adam Morris, dated 12/08/2020: *"Regarding Primary Care minor surgery, I can confirm that there has been no reduction in the funding stream available for GP minor surgery in terms of the payment for activity however, data does show that practices' claims for minor surgery over recent years have been reducing."***

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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