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

29 October 2020 14:00 - 29 October 2020 16:30

AGENDA

#	Description	Owner	Time
1	Patient Experience Speakers or Presentation	Non-Exec Lay Member Public and Patient Involvement	14:00
2	Welcome and Apologies Verbal	Chair	14:15
2.10	Questions from the public Verbal	Chair	
3	Register of Interests (ROI) Paper DOI NHS Devon CCG Governing Body @ 202010... 5	Chair	14:20
4	Minutes of last meeting and action log Paper 1 Draft Public minutes 24.09.20 v1 nc.docx 10 2 Master Action Log - PUBLIC v2 nc.xlsx 20	Chair	14:25
5	Chair's Report Paper 1 cover sheet chair's report.docx 21 2 Chairs Report October 2020.docx 23	Chair	14:30
6	Accountable Officer's Report Paper 29 October 2020 - Accountable Officer (AO) report... 25	Accountable Officer	14:40
7	PROGRAMMES OF WORK		14:50

#	Description		Owner	Time
7.10	Outcomes Framework Paper		Accountable Officer	
	3 Devon CCG Cover sheet - outcomes fmwrk.docx	31		
	3.1 Devon ICS Strategic Outcomes Framework RJ...	34		
	3.2 Appendix 1 - Devon ICS Strategic Outcomes Fr...	36		
	3.3 Appendix 2 - Devon ICS Strategic Outcomes Fr...	38		
	3.4 Appendix 3 - Inequality Breakdowns (Fuel Pove...	40		
7.20	Phase 3 Restoration and Transformation Verbal		Chief Operating Officer	
7.30	BREAK			15:15
8	FINANCE, PERFORMANCE AND QUALITY			15:30
8.10	Month 6 Finance Report Paper		Finance Director	
	FPC_Report_FPC_Month 6_Final_2020-21 (GB Co...	41		
	FPC_Report_FPC_Month 6_Final_2020-21 (GB Ve...	44		
8.20	Performance and Quality Report Paper		Chief Operating Officer/ Chief Nurse	
	v2 GB (public)-Performance report-October 2020 (0...	61		
9	GOVERNANCE			15:50
9.10	Health and Safety Policy Paper		Board Secretary	
	1 Cover sheet H_S Policy Oct 2020 GB.docx	81		
	2 Health Safety Policy v0.1 Draft - RH CD GS AM...	83		
9.20	Emergency Preparedeness Resilience Response (EPRR) Assurance Paper		Board Secretary	
	1 GB - EPRR cover sheet Oct 2020 cd.docx	97		
	2 GB - EPRR Core Assurance Report Oct 2020cd.d...	100		

#	Description		Owner	Time
10	COMMITTEE CHAIR'S REPORTS			16:05
10.10	Quality Assurance Committee Paper [P] QAC Part 1 Chair Report October 2020 V1.docx	107	Chair of Quality Assurance Committee	
10.20	Commissioning Committee Paper [P] Commissioning Cttee chairs 10.09.2020.docx	115	Secondary Care Doctor	
10.30	Finance Committee Paper [P] Finance Committee Chair Report 15 October 2020...	118	Chair of Finance Committee	
10.40	Primary Care Commissioning Committee Paper [P] Committee Chair Report - Public PCC - October 20...	127	Chair of Primary Care Commissioning Committee	
11	LOCALITY UPDATES			16:20
11.10	Northern, Eastern, Southern and Western Paper [P] 0 Locality Updates Cover Sheet.docx [P] 1 Northern Locality Report October 2020.docx [P] 2 Locality Update Report - Eastern October 2020.d... [P] 3 South Locality Update Report October 2020.docx [P] 4 WL Update Report - October 2020 Final.docx	130 132 135 139 143	Locality Triumvirate	

Declaration of Interests Register - Governing Body

Register updated and generated by the Governance Team - 21 October 2020

Title	Surname	Firstname	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 Nursing Officer Caldicott Guardian	Member of Governing Body Member of Quality Assurance Committee Senior Leadership Team (SLT) CCG Executive Team Meeting Member of Devon JCEG Commissioning Committee (CC DOI) Member of Audit Committee	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		27/08/2020	Direct	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Appleby	Gaynor	Non Executive Lay Member (Allied Health Professional)	Member of Governing Body Member of Quality Assurance Committee Member of Primary Care Commissioning Committee (PCCC) Member of Remuneration and Workforce Committee	CQC Specialist Advisor Therapy Lead for Health and Social Care for North Devon		01/11/2019		05/05/2020	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		10/05/2018	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
	Blackford	Derek	Associate Director of Finance	Attendee of Audit Committee (Deputy for CFO) Member of Finance and Performance Committee Senior Leadership Team (SLT) Member of Governing Body (Deputy for CFO) Member of Vacancy Control Panel	Governor - Torbay and South Devon NHS Foundation Trust (April 2017)	Partner works within NHS Devon CCG	28/04/2017		15/02/2018	Non-Financial Interest Professional	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. No line management responsibility from effective date of interest	NHS Devon CCG
	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
	Carroll	Jayne	Interim Chief Operating Officer	Member Governing Body Member of Senior Leadership Team (SLT) Member of Integrated Commissioning Executive (ICE) Commissioning Committee (CC DOI) Finance & Performance Committee Devon Urgent Care Board	Independent member of Fostering Panel for Pathway Care.		08/08/2020		08/08/2020	Professional	Indirect		NHS Devon CCG
	Chilcott	Ben	Associate Director of Finance	Strategic Medicines Optimisation Group Member of Finance and Performance Committee Primary Care Strategic Meds Group Senior Leadership Team (SLT) Member of Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) Member of Governing Body (Deputy for CFO)	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)	No interests declared		12/03/2019	12/03/2019				Plymouth City Council
	Davis	Alison	Associate Non-Executive Lay Member	Attendee Governing Body	Plymouth City Council – Foster panel Chair Torbay Council- Foster panel Chair Pathway Care Fostering- Ashburton- Independent Reviewing Officer University of Exeter – student mentor Somerset County Council- casual employee		19/10/2019	19/10/2019	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
	Dimond	Caroline	Co-opted member of Governing Body	Member of Governing Body	Director Public Health, Torbay Council Contract CDT in Torbay		04/09/2015	20/10/2020			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
	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 Chair Staff Partnership Forum Data Protection Steering Group	Member of Taunton & Somerset NHS Foundation Trust Godmother to member of governance team's daughter	Partner on secondment to CCG Business Intelligence Team	22/08/2017	21/08/2020	Non-Financial Personal Interest	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 NHS Devon CCG Devon STP system lead for Finance	Member of Governing Body Member of Finance and Performance Committee Member of Integrated Commissioning Executive (ICE) CCG Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Member of Primary Care Commissioning Committee (PCCC) Strategic Commissioning Programme Board Commissioning Committee (CC DOI)	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015	19/06/2018	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
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	Spouse is a co-owner of Barton Surgery Pharmacy Building	22/09/2016	28/07/2019	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay and South Devon NHS Foundation Trust
Dr	Greenwell	David	Governing Body Locality GP	Member of Governing Body Member of Finance and Performance Committee Remuneration and Workforce Committee(Non exec rem) Member of Devon JCEG	GP partner at Southover medical practice Member of an independent cooperative that provides out of hours medical cover to Devon Prisons Shareholder in Devon Doctors on Call Member of Upton Vale Baptist Church (personal interest) Member of Clinical Cabinet Primary Care Network - Torquay	Spouse is freehold owner of Southover Pharmacy	20/08/2015	08/11/2018	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 Geograhical remit - Southern	Member Governing Body Member Audit Committee Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee		Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019	10/03/2020	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
Dr	Harrell	Ruth	Director of Public Health, Plymouth City Council	Devon STP Clinical & Professional cabinet NHS Devon CCG Governing Body Member of Devon JCEG	Director of Public Health for Local Authority		26/10/2016	18/08/2020	General	Direct		Plymouth City Council
	Harris	Penny	Interim Executive Director of Commissioning - In Hospital	Attendee of Governing Body Senior Leadership Team (SLT) Integrated Commissioning Executive (ICE) CCG Executive Team Meeting Finance and Perfomance 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	04/08/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	KERR Darnley Ltd

Dr	Johnson	Paul	Clinical Chair NHS Devon CCG	Member of Governing Body (Chair) Member of Remuneration and Workforce Committee Transition Sub Committee Attendee Primary Care Commissioning Committee (PCCC) non voting Commissioning Committee (CC DOI)	GP Partner, Cricketfield Surgery (ceased December 2019) Locality Clinical Director at Torbay and South Devon NHS Foundation Trust (Nov 2016 to 28 March 2017) Clinical Chair NHS Devon CCG 1 March 2017 Church Warden Holy Trinity Church Spouse works in emergency department at RDE and for Exeter Medical School Primary Care Network - Templar Care Network		21/08/2015	04/10/2018	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Kennedy	Nick	NHS Devon CCG Governing Body Secondary Care Clinician	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) QEIA Panel Member of Audit Committee Member of Devon JCEG Commissioning Committee (CC DOI) Member of Devon Clinical Cabinet System Restoration and Transformation Group	Governing Body Independent Clinician BNSSG CCG Member South West Clinical Senate Council Advisor to Western Provident Association, Medical Insurer Consultant Anaesthetist, Taunton and Somerset NHS Trust Member of national Independent Funding Request Panel NHS England Non-Executive Director GO-OP, GO-OP is a Multistakeholder Co-operative Society (Somerset Rules), registered under the Co-operative and Community Benefit Societies Acts. GO-OPGO-OP will be the UK's first co-operatively owned and run Train Operating Company Introduced PPE supplier (Orthofix International) to Devon CCG. Company part owned by my cousin Non-Executive Director of a start up limited company called LinkExec, an online business aimed at promoting start up businesses and investors. April 2020		26/09/2017	14/08/2020	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
Dr	Kerr	Simon	Governing Body Clinical Lead – Eastern.	Member of Governing Body Member of Quality Assurance Committee Member of Integrated Commissioning Executive (ICE) Attendee Remuneration and Workforce Committee Attendee of Audit Committee Member Strategic Commissioning Programme Board Commissioning Committee (CC DOI)	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
	Lees	Sarah	Representative of Director of Public Health for Plymouth City Council	Member of Governing Body (Deputy) Member of Primary Care Commissioning Committee (PCCC) Population Core Group	School Governor, College Road Primary School, Plymouth	Husband is an employee of Livewell Southwest	10/11/2017		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	Manton	Sonja	Executive Director SRO for Integrated Care Partnership (Western Devon)	Member of Governing Body CCG Executive Team Meeting Joint Staff Partnership Forum Senior Leadership Team (SLT) Attendee Audit Committee Chair of Integrated Care Partnership Executive Group	Member of the Academic Health Science Network SW Board	Spouse employed by South Central and West Commissioning Support unit	03/04/2017	25/09/2020	Professional & 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	McCormick	Shelagh	Lead Clinical Representative (Western) – CCG Governing Body Strategic Clinical lead - Maternity Clinical Lead - Western Locality	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
	Millward	Andrew	Devon System Director of Communications and Engagement. Chief Communications, IT and People Officer, NHS Devon CCG	Member of Governing Body Member of Integrated Commissioning Executive (ICE) CCG Executive Team Meeting Joint Staff Partnership Senior Leadership Team (SLT) Attendee Audit Committee Member of Remuneration and Workforce Committee Member of Vacancy Control Panel	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	04/03/2020	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
Dr	Pearson	Virginia	Chief Officer for Communities, Public Health, Environment and Prosperity/Director of Public Health, Devon County Council System Director of Population Health and Wellbeing, Devon STP	Co-opted Member of Governing Body Member of Primary Care Commissioning Committee (PCCC) Member of Integrated Commissioning Executive (ICE) Strategic Commissioning Programme Board	Member, STP Directors Group Member, STP Programme Delivery Executive Group Member, Devon Health and Wellbeing Board Member, Devon Safeguarding Adults Board Member, Association of Directors of Public Health Member, British Medical Association Honorary Clinical Professor, University of Exeter College of Medicine and Health		02/02/2017	22/04/2020	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.	Devon County Council

Pearson	Nick	Head of Communications and Policy	Senior Leadership Team (SLT) Primary Care Operational Group (PCOG) Member of Governing Body (Deputy for Director of Communications)	Member of the Labour Party Member of the Exeter City Supporters Trust	Spouse is owner of Pearson Creative	13/01/2017	14/08/2019	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. Will not be commissioned by employee	NHS Devon CCG
Quartermaine	Jade	Senior Administrator	Administrative support to: CCG Senior Leadership Team (SLT) Exec Team Meeting Governing Body	No interests declared		01/08/2016	20/08/2020				NHS Devon CCG
Snaith	Ginny	Board Secretary	Attendee of Governing Body (non voting) Attendee of Quality Assurance Committee Attendee of Finance and Performance Committee Attendee of Audit Committee Attendee of Remuneration and Workforce Committee Attendee of Commissioning Committee (CC DOI) Attendee of Primary Care Commissioning Commitee (PCCC) CCG Executive Team Meeting Senior Leadership Team (SLT) Working with Industry and Sponsorship Group System Restoration and Transformation Group Member of Integrated Commissioning Executive (ICE)	No interests declared		22/03/2019	10/08/2020				NHS Devon CCG
Tapley	Simon	Accountable Officer for NHS Devon CCG. Director of Commissioning for NHS Devon CCG Joint Adult Social Care Lead (South Devon), Devon County Council	Member of Governing Body Member of Integrated Commissioning Executive (ICE) CCG Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Attendee of Remuneration and Workforce Committee Strategic Commissioning Programme Board	Secondment agreement with Torbay Council (1 July 2017 for six months) Joint role with DCC as Adult Social care lead (south Devon)	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	07/09/2019	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 OD	Attendee of Remuneration and Workforce Committee Joint Staff Partnership 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 Integrated Commissioning Executive (ICE) Member of Governing Body Attendee Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) CCG Executive Team Meeting Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Quality Assurance Committee	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)	Co-opted Councillor on Budleigh Salterton Town Council (Independent Member – non-political)	Son employed by Care Quality Commission as an Information Analyst	16/10/2019	26/11/2019	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

	Wheller	Kevin	Associate Director of Finance	Attendee of Audit Committee Member of Finance and Performance Committee Senior Leadership Team (SLT) Member of Governing Body (Deputy for CFO) Northern and Eastern Preparatory Group Working with Industry and Sponsorship Group CCG R&T Project Team meeting		Spouse is employed as a finance manager at Castle Place Surgery in Tiverton. The Surgery is operated by the Royal Devon & Exeter NHS FT	22/10/2015	25/01/2018	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
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)	Member of One Ilfracombe Board Chair of One Northern Devon Partnership Board		14/02/2017	28/09/2020	Personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Wooldridge	James	Associate Non Executive Lay Member	Attendee Governing Body	Managing Director of Recovery Devon CIC which is directly funded by Devon Partnership NHS Trust (DPNHST) Proprietor of Positive Notions. A private consultancy providing mental health training services to various organisations including but not limited to: DPNHST, University of Exeter, University of Plymouth, Livewell Southwest There may be an increased reputational benefit to my Positive Notions consultancy through membership of Devon CCG. I will advocate for various mental health groups and organisations including Recovery Devon CIC, that may be in receipt of commissioned funding from Devon CCG In receipt of individually funded treatment My general interest lies in mental health, wellbeing and recovery. I intend advocating for groups and organisations that adopt and demonstrate the values and principles associated with the recovery approach		28/10/2019	28/10/2019	Financial /non Financial Professional Interests/ General	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
DRAFT minutes held in PUBLIC

Date: 24 September 2020 Time: 14:00 Location: Via Microsoft Teams

Item	Discussion	*Action*
1	**Welcome and Apologies** PJ opened the meeting and welcomed the members and guests and noted that this public meeting was an opportunity for Devon CCG to focus on the people we care for in Devon. Apologies noted from: J Wooldridge, G Snaith, V Pearson, D Greenwell, R Harrell Steve Brown – in attendance deputy for Virginia Pearson	
2	**Patient experience** CB introduced Gemma Gowan, Adam Slater and Neil Constant who joined the Governing Body meeting to talk about the role of social prescribing and to hear about Neil's experience. Gemma works for the Wolseley Trust which is a community development trust based in Plymouth offering support to people living in the local area. This community support of social prescribing has been operating for around 10 years in areas of Plymouth City and links in with 33 GP surgeries. Gemma explained how the teams operate to support the communities and described the link workers who work alongside individuals. She noted that the service continues to change and mould following feedback and there were good relationships with GP partners. Adam talked about his role as a social prescribing link worker and he covers several surgeries and has around 40 patients on his case load who have a range of needs including house, benefits and social activities. Neil shared his experience of social prescribing and noted that he was directed towards the Wolseley Trust by the local employment centre. He contacted Adam, who had given him an aim and new lease of life following a period of boredom. Adam supports Neil by directing him to courses and Neil explained that his relationship with Adam felt like someone had started listening to him, as previously he had not felt supported by his GPs. Neil was hoping that when social distancing restrictions are lifted her will be able to start to do the things that he and Adam have discussed. JWo thanked Neil for sharing his experience and wondered how the system works. Adam replied to confirm resources that are available are captured on a data base	

managed by administrative assistannt who can access a list of services that are available. He noted that it was important to understand patient needs and what they are interested in and they are then matched up to what is available to support individuals.

GApp asked Neil how he felt when he first met Adam, he said that Adam made him feel like a human being not a specimen and was genuinely interested in what he could do to support Neil. They have built up a connection which was nice, and he has given him the confidence to do things on his own.

SK asked whether Primary Care Networks will impact on the service and whether they are ready for a potential increase in numbers. Gemma explained how the appointment system works and the time needed to give time to patients to explore opportunities. If the service was to become overwhelmed this would compromise the time allocated for appointments and could result in a potential waiting list.

JT wondered what the key ingredients are for the service to be successful and are there identified gaps and has this been a big issue to overcome. Gemma responded that social prescribing has been built on evolving relationships with voluntary sector partners and local GPs which has contributed to success.

This has helped understanding of social prescribing which has enabled to build and deliver the current model and there are also positive relationships with Primary Care Networks (PCNs). There are gaps and close working with local commissioners and communication with GPs where there is gap to manage expectation. Gemma did highlight that social prescribing do struggle with support for appropriate mental health services.

PJ thanked all the guests and it was great to hear how local organisations and voluntary organisations can work much more closely together.

GT commented that the Wolseley Trust clearly provide an individual service but asked how they measure success in a way that convinces funding sources. Gemma replied to confirm that the Wolseley Trust have measures and collect data against the Warwick Edinburgh scale and the Office of National Statistics four wellbeing questions to collect qualitive data and the sharing of stories are embedded in their reports.

Adam acknowledged that during the response to COVID-19 had been challenged but the service had adapted well and has seen some positives. Adam has been personally flexible with his time to support his case load, and he was pleased to say that he and Neil were able to meet face to face for the first-time last week

He expressed there was a need to build trust as there were challenges with not being able to access notes in surgeries which can help understanding and give background of individuals. This would be helpful in providing feedback to surgeries on how things are working with patients which could benefit and link into GP visits. Gemma understood that there are data protection regulations to follow, but discussions are underway with data protection officers to explore options.

JWo recognised that social groups would have reduced during COVID-19 and asked how social prescribing responded to this. Adam accepted this had been challenging especially for people who are socially isolated and in need of befriending services. He acknowledged that if safe options were not available this may have caused individuals to develop new challenges and there are options being considered as to how support can be found for voluntary sector services who are struggling at this time.

	Gemma confirmed that conversations are underway with PCN's to support patients to be more confident in using technology and access to technology is something essential that the Wolseley Trust is exploring now. **On behalf of the Governing Body, PJ thanked, Gemma, Adam and Neil for sharing their stories.** To see more information on the Wolseley Trust, click here.	

3	**Register of Interest (ROI)**
	PJ referred to the ROI included in the pack and the following declarations were noted:
	
	• NK noted that he was no longer:
	  ○ a partner of Staplegrove Anaesthetists LLP, Taunton
	  ○ a partner of Blackdown Orthopaedic and Spinal Services, Taunton
	
	There were no conflicts of interests declared pertaining to the agenda items scheduled for this meeting.
	
	The Governing Body received and noted the ROI and the additional declarations made.	

4	**Minutes of the last meeting** PJ led a page by page review of the minutes of the last meeting held on 28 August 2020. These were approved as a true and accurate record of the meeting. Action log 1. LCPs GP practice colleagues – several discussions have taken place and it was agreed that this action had been completed and could be formally closed 2. This action was formally closed. 3. This action was formally closed 4. Clinical staff members and individual conversations around working preferences. Action reassigned to AM who will link with HR 5. This action was formally closed 6. This action was formally closed 7. Confirmation on the number of referees required for the recruitment of the Devon STP CEO Lead/ CCG AO. This action is in progress but not complete and will be further discussed at the recruitment working group in early October. 8. This action was formally closed 9. This action was formally closed 10. This action was formally closed **The Governing Body received and approved the minutes of the last meeting and noted the closures and updates on the action that remain open.**	
5	**Chair's Report** PJ did not propose to go through the report in detail but noted that the recruitment link for the Devon STP CEO/ CCG AO was now live on the Devon STP website. There has been some interest from individuals that have a vast amount of experience in system leadership which looks promising, but no formal applications have been submitted at this stage. The Governing Body received and noted the contents of the Chair's report.	

6	**Accountable Officer Report** ST presented his report and drew attention to item 2 and the returning to CCG's workplace offices. He was pleased to report that all the CCG offices are COVID-safe, for those staff members needing to work from them however the CCG is continuing to encourage staff to continue working from home if they can. ST commented that attendance at the first two Teignmouth and Dawlish online consultation meetings had been approximately 30 households, with most questions raised linked to transport and parking. He confirmed that there would be a focus on advertising the public events to encourage people to engage and he acknowledged that the timings of the events may influence the attendance levels. ST reminded the Governing Body of the staff awards that was launched around three weeks ago. He was pleased to report that several nominations had already been received but that it was be great if we could get more and invited the Governing Body members to nominate. **The Governing Body received and noted the contents of the Accountable Officer's Report.**	
7	**Integrated Care System Governance** PJ referred to paper and proposed governance Terms of Reference (ToRs) membership and governance structure. He referred to the helpful conversation that were had in an earlier meeting where the Governing Body had an opportunity to consider, reflect and talk to Philippa Slinger, Devon STP CEO lead. PJ summarised the discussions and drew attention to the key points detailed below:- 1. Include in the terms of reference the expectation that chairs and leaders to have a non-executive assurance role on board to represent and benefit the whole of Devon 2. Strengthen Equality diversity 3. Include Equity of outcomes 4. Whole system engagement forum to meet more frequently than 6 months given the pace of change PJ asked the Governing Body if there was any further comments, feedback or questions they would like to raise and there were none. PJ felt that the earlier conversations and discussions had led the Governing Body to come to a pragmatic solution to get partners to work together and that effort must be put in place effort place within local care partnerships to ensure they are embedded in the system. **The Governing Body agreed and approved this paper if the changes were made to the governance process.** **ACTION 1** **PJ, on behalf of the Governing Body would formally write to Dame Suzi Leather, Independent Chair outlining the decision from the Governing Body and recommended change and would feedback any response to the members.**	

8	**Finance Report – month 5** JD presented this report which gave the financial position for the CCG to the end of August 20. He signposted the members to page 50 in the pack which detailed the background information pre Covid-19. JD informed the Governing Body that the financial framework had been suspended due to our emergency response to the pandemic and confirmed that and emergency financial framework had been put in place across the NHS until the end of September. He assured the members that providing all costs during the pandemic that were reasonably incurred would be funded directly from this allocation or through a retrospective process. JD directed the members to Page 57 of the report and the table in section 3 which showed income expenditure across the 8-month period to August and this showed an adverse variance and £8m overspend. This will be recovered retrospectively and reimbursed and for the month of September there is an expectation for a break-even position. Section 4 page 62 showed more detail around the expenditure attributed to our COVID-19 response showing £31.5m incurred for the CCG relating to the largest single element of the fast hospital discharge programme. Section 5 set out the risk to delivery for the first six months of year including successful costs reimbursed and JD indicated that the CCG is moving closer to what the financial position will be for the second 6 months of the year and this will be reported at the next Governing Body meeting. There was concerned raised with regards to the prescribing budget and the anticipated deficit predictions. JD replied that as the year progresses there is more actual data rather than forecast and performance has improved over the last couple of months, however there are a couple of significant factors to consider such as the pandemic and European Union Exit. NK wondered about the additional funding for the transformation and recovery programme and JD confirmed that we are working with our provider sector colleagues to get work back up and running in a COVID-safe way. There is an expectation that the financial framework envelope for the second half of the year will be similar or the same as what has been spent for the first six months. JD was pleased to report that the hospital discharge programme will continue with this source of funding sitting outside allocation made locally. He noted one significant change during COVID-19 which was the standing down of all forms of assessment for continuing health care (CHC). It is expected this will be stood back up and we are working with our local authority colleagues. GAth asked for assurance against outstanding CHC assessment liability. From a financial aspect JD did not expect that to be an issue, the situation now is the packages of care in the system and any retrospective claims continue to be recourse as a separate source of funding. There is a concern with getting the assessments done and DA confirmed that we are identifying funding stream options on how to undertake assessments in a full and thorough way and this will be further discussed at the executive directors meeting on 25 September.	

	JD could not assure the Governing Body for certain that the £31m recovered costs will be enough to take the CCG to a break-even position. PJ acknowledged the risk and degree of uncertainty and ask JD if we are capturing risks. JD confirmed that we are documenting costs in a transparent way and where claims come from to maintain a break-even position wherever possible. JD confirmed that out of the £31.5m costs that have been incurred for the first six months £23m has been reimbursed to the CCG. GT gave assurance to the Governing Body members and members of the public that the financial risk has been included on the corporate risk register and the finance team are robustly monitoring this. **The Governing Body received, considered, reviewed and discussed the month 5 year to date financial performance report including the current risks.**	
9	**Performance and quality report** <u>Performance</u> JC presented the performance report which reflected up to month 4 against NHS constitutional standards and national guidance. JC drew attention to aspects with performance in section 5 data and weekly performance against standards at end of August and noted this was unvalidated data. Cancer performance at the end of July improvements have been seen in terms of attendance for treatment and response. The independent sector has been pivotal during our response to COVID-19. There are variances across trusts however we have managed to see improvement and upholding the current position. Challenges have been seen for 2ww and levels of demand is creating pressure in system in terms of performance there was a dip in performance for July. Part of cause was not demand capacity but organisational capacity within the context of diagnostic and outpatient facilities. The waiting time performance position has been exacerbated during COVID-19 and there is now a backlog. We have seen a loss of productivity in trusts again, with a dip in performance at the end of July which was below the national position of 52%. At the end of August patients waiting over 52 weeks were around 4000 for outpatient and surgical waits. Capacity is being identified to address this as a national position and for Devon our demographics appear to be more challenging. There is a focus on understanding our total capacity across the system – system patient treatments list that is about understand totally waiting list across system. The CCG recognise the importance of oversight across system length of waits and priority. Numbers remain challenging and we are working with trusts across system to gain the ability to understand waiting lists and flex capacity where needs are greatest. Diagnostics waiting times pre COVID-19 was challenging in some areas in terms of performance, but an improvement has been seen at the end of August. We have secured funding to increase capacity through a national programme for adopt and adapt and we continue to use the Nightingale Exeter for diagnostic capacity. There is a major system wide agenda to direct capacity to the full whilst we continue to comply with requirements such as infection control and social distancing.	

Emergency Departments(ED) have seen reduced demand during COVID-19, and there was also improved performance levels increasing pre COVID-19 There are pressure points in Western and Eastern which have seen a significant increase in demand , however at this time of year and winter plan we must factor this in regarding levels of demand.

111 performance continues to be challenging with regards to issues with answered calls within 60 seconds where these did fall under target. Investments have been put into place to increase call handler response.

Quality
DA introduced this report and drew attention to the focus and understanding of the quality impacts and harm in performance agreements in the system and the wide approach being tested specialties.

With regards to Winter pressures in the system we are working with the Western system and Kernow to further understand the impact on ED departments and this includes review end to end reviews to support providers with improved pathways.

DA noted that the recent Care Quality Commission report for Devon Doctors had been published and detailed metrics for the 111 services and call abandonment of 60 seconds. There are areas of concern, however over the last couple of weeks the CCG has seen improvements. It was important to note that investment has been identified to help improve the skills for call handlers.

We continue to work with our partners around family health in Devon and we have seen improvement plans for delays which is showing a good trajectory, and this will be reported further at a future GB meeting.

DA briefed the board on CHC options, but it was important to note however the significant risk to capacity with assessments and this is being further discussed with the executive directors on 25 September.

Discharge plans are in place for the next six months and we are now moving towards system flu planning which we recognise will be a challenge to the system. Plans are developing and we are on track to deliver.

DA pointed out that there had been an increase in section 42 referrals for care comes as an emerging picture and the CCG continue to support care homes and more details around this issue will be reflected in future quality reports.

It was clarified that the 52 weeks wait performance included surgery and outpatient treatments. CB asked if we understood the breakdown of accessing ED and JC confirmed that there were pressure points in the system and the level of complexities were varied.

DA gave assurance and was confident that Devon Doctors were able to deliver the specific timelines. JT also assured the Governing Body that contract options and timetables would be further discussed at the commissioning committee and would then come back to the Governing Body for decision in December.
AD asked whether the CCG was confident that the issues with the 111 service was a capacity issues or a possible organisational process issue. DA acknowledged that there was a need for more workforce and not just call handlers but clinicians as well. There is

	also work underway looking at areas of the system such as how rotas work and to understand pressure points to prevent back logs and prevent delays. SK was concerned with the performance for referral to treat 52 weeks at the Royal Devon and Exeter (RDE) and have the patients been clinically assessed as he worried around patient safety and hard. JC confirmed that next month's report will include trajectory agreed as part of phase 3 submission where trusts have shown recovery against progress and performance. JC noted that it was important to understand there will be a difference in case mix, clinical need and risk. The level and depth of this future report will provide assurance to the Governing Body. JH asked if we are looking at mass processing initiatives and JC confirmed this and that trusts are maximising capacity, supporting each other and sharing approaches. **The Governing Body:** • **Received and noted the 1st April 2020 to 31st July 2020 (month 4) Constitutional Standards performance position in line with national guidance published on the 28th March 2020 entitled *Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic*.** • **Received and noted the quality, nursing and safety performance position for the period 1st April to 31st August 2020 (month 5).** • **Received and noted the update on progress in relation to Phase 3 and performance targets for the remainder of 2020/21.**	
10	**Committee Chair's Reports** <u>Audit</u> NB presented this report and offered his apologies as two appendices were included in the papers which did not need to be. NB directed the Governing Body members to page 118 and the standards of business conduct policy. There had been some minor changes made to the policy and this was in line with national policies for whistleblowing and fraud. He noted that the standards of business conduct policy had previously been presented to the Audit Committee and was being presented to Governing Body as a recommendation for approval The purpose of the policy is it to define the way we should conduct our business and it details the full range of business conduct. There was no question raised. **The Governing Body received, noted and approved the Standards of Business Conduct Policy** PJ asked what other forums other than the Audit Committee was the risk register reviewed in detail given the recent discussions around out of hours and resilience in primary care workforce which were deemed as high-risk areas. NB responded and confirmed that the Senior Leadership Team (SLT) regularly review the register as a mediation process against judgements made by the Audit Committee. ST suggested for the risk register to be added to the next SLT agenda for a further review.	

	ACTION 2 **NC to link with the SLT administrator to add review of risk register to the next SLT agenda. Post meeting update: this action has been completed.** Quality Assurance This report was taken as read. AD queried when the improvement plan for Children and Family Health Devon would be available. DA confirmed there was an aim to present this to the Quality Assurance Committee in November and would appear in the Governing Body papers for December. **ACTION 3** **NC added Children and Family Health Devon Improvement plan to the forward planner for the Governing Body meeting to be held in December.** Primary Care Commissioning There was nothing further to add to this report.	
11	**Locality Update Reports** There was nothing further to add to the locality update reports, for Northern, Eastern, Southern and Western Locality.	
12	**Any other business** The Chair thanks all committee members for taking the time to develop their individual reports. He brought the meeting in public to a close and thanked everyone for attending and contributing to the meeting and listening to discussion and debate.	

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
Caroline Dimond – Dr (CD) **	Director of Public Health, Torbay Council
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) A	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
Jayne Carroll (JC) **	Chief Operating Officer, Devon CCG
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Womersley – Dr (JWo) A	Clinical Lead Representative, Northern Locality Devon CCG

Jo Turl (JT) **		Director of Commissioning – West, Devon CCG
Judith Hargadon (JH) **		Non-Executive Director/ Lay Member – Primary Care
Matt Fox (MF) A (in absence of DG)		Clinical Representative, Southern Locality, Devon CCG
Nick Ball (NB) **Vice Chair** **		Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) **		Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) Chair A		Clinical Chair, Devon CCG
Penny Harris – (PH) **		Director, Devon CCG
Ruth Harrell - Dr (RH) A		Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **		Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc)**		Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST)**		Interim Accountable Officer, Devon CCG
Sonja Manton – Dr (SMa) **		Executive Director and SRO for Integrated Care Partnership (Western Devon), Devon CCG
Virginia Pearson – Dr (VP) A		Director of Public Health, Devon County Council
In Attendance		
Nikki Coombes (NC) ** **Minute Taker**		Executive Assistant, Devon CCG
Jonathan Sewell ** **item 1**		
Gemma Gowan ** **item 1**		Health and Wellbeing Project Manager, Wolseley Trust
Adam Salter ** **item 1**		Social Prescribing Link Worker, Wolseley Trust
Neil Constant** **item 1**		Patient and user of Wolseley Trust
Steve Brown (SB) ** (for VP)		Deputy Director of Public Health, Devon County Council
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**	**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		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	27-Aug-20	SMc asked if individual conversations had taken place with clinical staff members to offer support and enquire about prefernces of working from home or work base.	29-Oct-20	Andrew Millward	24.9.2020 action reassigned to AM and this will be followed up with HR. 16.10.20 HR have reviewed and confirm that 19 GPs have completed COVID Health and Wellbeing conversations. 35 GPs remain outstanding and HR will be making contact with the respective managers to confirm that the health and wellbeing conversations with the remaining GPs will need to take place as soon as possible.				**IN PROGRESS**
2	27-Aug-20	SMc noticed that only two referees will be sought for the appointment of the Devon STP CEO Lead/ CCG Accountable Officer. It was confirmed this was standard process but could be reconsidered. PT and GT to give further thought to the number of referees	29-Oct-20	Piers Tetley/ Graham Turner	15.09.2020 Consideration given to 3-4 referees and Piers Tetley linking with GatenbySanderson the number appropriate for this level. After speaking with GatenbySanderson it is normal to take 2 references but if the individual has done more senior/significant assignments over that time then we could request more than 2 references to cover the period of time.				**FOR CLOSURE**
3	24-Sep-20	PJ, on behalf of the Governing Body would formally write to Dame Suzi Leather, Independent Chair outlining the decision from the Governing Body and recommended change and would feedback any response to the members	29-Oct-20	Paul Johnson	12.10.2020 Letter sent to Dame Suzi Leather 12 October 20 from PJ copied to Governing Body members and Philippa Slinger, Devon STP CEO Lead. Action completed recommended for closure.				**FOR CLOSURE**
4	24-Sep-20	NC to link with the SLT administrator to add review of risk register to the next SLT agenda.	29-Oct-20	Nikki Coombes	Post meeting update this action has been completed. Recommended for closure.				**FOR CLOSURE**
5	24-Sep-20	NC added Children and Family Health Devon Improvement plan to the forward planner for the Governing Body meeting to be held in December.	29-Oct-20	Nikki Coombes	Post meeting update this action has been completed. Recommended for closure.				**FOR CLOSURE**

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Chair's Report				
Date of committee: 29 October 2020 **Date report produced: 21 October 2020**				
Author (s) Name and Title: **Dr Paul Johnson, Clinical Chair** **Contact Details:** **Paul.johnson4@nhs.net**		**Supporting Executive: N/A** **Name and Title:** **N/A** **Contact Details: N/A** **Report Approved by:** **Name and Title:** **Dr Paul Johnson, Clinical Chair** **Date:** 21 October 2020		
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
- System Lead Executive and CCG Accountable Officer Recruitment
- Integrated Care System (ICS) Partnership Board
- Clinical Lead Representative Meeting – 16 September
- Primary Care Network (PCN) Clinical Directors Masterclass – 23 September
- Dr Nikki Kanani, NHS Medical Director for Primary Care – virtual visit

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 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
Reference to other documents or accompanying papers:
Item 7.1 of the Governing Body agenda re: Integrated Care System Governance.
Does this report have implications in any of the areas highlighted below?

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

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

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY – CHAIRS REPORT

1. Introduction

As we move closer to becoming a formal Integrated Care System (ICS), it is becoming clearer how important those relationships and collaborations across the system are, which is reflected in this report. The combining of the two key leadership roles of the system (System Lead Executive and CCG Accountable Officer) will be a significant step forward, the coming together of key system leaders within the Partnership Board, and the improving integration of General Practice and clinical leaders in the Devon system will all help us be better equipped as an ICS.

2. System Lead Executive and CCG Accountable Officer Recruitment

The advert for this post has now closed and we are in the process of shortlisting and assessing applicants. A verbal update will be provided at Governing Body to ensure the most up to date information is provided.

3. Integrated Care System (ICS) Partnership Board

The Shadow ICS Partnership Board was held on 7 October. Items under discussion included the outcome framework which is being presented to this Governing Body today and progress on place-based arrangements and Local Care Partnerships of the ICS.

The CCG Governing Body will be aware that there have been ongoing discussions on how best to meet the needs of the Plymouth and West Devon populations, and the most appropriate Local Care Partnership configuration to achieve this. This discussion remains in need of resolution and it was agreed by key stakeholders in that geography and ICS Partnership Board members that an options paper will be brought to the next ICS Partnership Board for consideration and final decision. The most important thing from this discussion is we have commitment from all key partners including General Practice and Local Authorities to work together under whichever configuration is determined by the Board.

4. Clinical Lead Representative Meeting – 16 September

The CCG has benefitted from Clinicians, including GPs, at all levels of the organisation, and at both system and locality level. As with all staff members it is important that they are both able to contribute to and understand the strategic priorities of the CCG. To that end, the first of ongoing regular meetings was held to bring together the Executive team and the Clinical Leads to share those priorities and create an opportunity for peer sharing and support. It felt like a key step following on from the process of assigning clinical leadership that took place earlier in the year.

5. Primary Care Network (PCN) Clinical Directors Masterclass – 23 September

The first PCN Masterclass was held in February 2020 with a key focus on Integrated Care Systems and the role and opportunities of PCNs within the future ICS. It was identified at the time that a greater understanding of Local Authorities would be helpful and a subsequent second Masterclass was planned. This has been understandably delayed but went ahead last month with both local and national leaders working with our clinical directors to understand how best Primary Care and Local Authorities can work together and how to identify some of those key opportunities.

6. Dr Nikki Kanani, NHS England Medical Director for Primary Care– virtual visit

On 15 October Dr Kanani made a virtual visit to Devon to hear from our leaders in General Practice, including the Collaborative Board Chairs, on both the challenges and the successes we have in Devon. It was a great opportunity for the national NHS leadership to hear some of the things that Primary Care in Devon is rightfully proud of such as the implementation of population health management, the development of a new health and wellbeing centre in Crediton, the care home visiting service in Torbay and the integration of mental health and primary care in Plymouth.

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GOVERNING BODY

Report title: Accountable officer's Report				
Date of committee: 29 October 2020 **Date report produced:** 20 October 2020				
Author (s) Name and Title: Simon Tapley, accountable officer Sam Cush, internal communications manager **Contact Details:** sam.cush@nhs.net 01392 675 367		**Supporting Executive:** **Name and Title:** Simon Tapley, accountable officer **Contact Details:** **Report Approved by:** **Name and Title:** Simon Tapley, accountable officer **Date:** 20 October 2020		
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. Devon's COVID-19 response and winter planning
2. CCG Operations Centre
3. COVID-19 alert levels
4. Teignmouth and Dawlish consultation
5. Staff awards
6. Think 111 First
7. Understanding the experiences of black, Asian and minority ethnic (BAME) staff and communities across 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 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
Reference to other documents or accompanying papers:
N/A
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. Devon’s COVID-19 response and winter planning

Organisations within the Devon system have worked together through the COVID-19 response, showing commitment and flexibility in working to deliver the best for our local population.

By sharing resources and expertise, we will be best placed to manage the impact of the coronavirus pandemic, prepare for winter and keep essential services running.

As COVID-19 infections rise, health and social care partners are preparing for an increase in patients with the virus at hospitals in coming months.

We want to continue to provide as much as we can as locally as possible, but by doing some things differently, we have a chance at reducing the long-term effects COVID-19 has on our health system.

Devon’s four main hospitals will work closely as a network to manage resources in the most effective way to deliver a range of services as safely as possible.

2. CCG Operations Centre

On Monday 19 October, we reinstated our Operations Centre (previously known as our Incident Management Team) to help us coordinate efforts across the system.

Led by Sonja Manton and Jayne Carroll, it will oversee COVID-19, winter pressures (such as flu), non-COVID-19 services (such as planned care) and the potential impact of the EU Exit (also known as 'D20').

Similar to during the first wave, our Operations Centre will work with a range of cells/functions – including care homes, primary care and mental health.

3. COVID-19 alert levels

Earlier this month, the Prime Minister announced a new three-level alert system across England with areas rated medium, high or very high.

As Devon isn't under any local restrictions, we are rated in the lowest category (called 'medium').

This means the existing restrictions apply where people can meet in groups of up to six, should work at home where possible, and pubs and restaurants will close at 10pm.

We are continuing to encourage our staff to continue to work at home where possible and are working with our partners – including local authorities, NHS organisations, GPs and the community and voluntary sector – to ensure local people get the latest information.

4. Teignmouth and Dawlish consultation

Hundreds of local people had their say in our Teignmouth and Dawlish consultation, which closed on Monday 26 October 2020.

Many members of the public attended the six online consultation meetings and posed important questions which will be considered as we develop a final proposal.

Healthwatch will be undertaking an independent verification of the consultation process and will provide a feedback report in December.

We asked people to consider a proposal for moving services from Teignmouth Community Hospital, given that a new £8million Health and Wellbeing Centre is due to be built in the heart of Teignmouth.

The centre will bring GP services, community health and care and voluntary sector services together under one roof in the centre of town, meaning that care can be much more easily coordinated for each patient.

With COVID-19 still circulating, the consultation took place in a different way with six live meetings held online so that the risks of public gatherings are avoided.

We also delivered the consultation document and survey to 16,000 local people and offered telephone conversation with someone from the NHS for those without the internet.

5. Staff awards

I was pleased to announce our the shortlist for our Celebrating You Awards earlier this month.

We received a record number of entries – almost twice the number from last year – which highlights how exceptional our staff have been over the past 12-months.

I was on the judging panel along with Andrew Millward, Dr Paul Johnson, representatives from our Staff Partnership Forum, a local clinician and member of the public. It was truly heart-warming to read all the nominations and see how much our staff value each other.

There were nine categories that any member of staff could nominate for by completing a short form.

While much of our work in the past few months has been coronavirus-related, the awards will celebrate the work of all staff throughout the past year.

Given the restrictions around face-to-face events, the ceremony will take place virtually through Microsoft Teams in November, which all staff are invited to.

Despite all the challenges we've faced – particularly over the past few months – the way our staff have come together has been fantastic and I've never been prouder to lead our organisation.

I hope the awards will go some way to showing our appreciation to our incredible colleagues.

6. Think 111 First

The Think 111 First project is underway with a soft launch this month, ahead of launching nationally and locally in December.

Jo Turl, Philippa Slinger (the lead chief executive for Devon's system) and clinical colleagues from across Devon held the first staff webinar a couple of weeks ago to provide staff with the latest information and the opportunity to ask questions. We are also planning a wide-reaching public campaign for the full launch in December.

Think 111 First is a national model that offers people a different way of accessing and receiving healthcare, including a new way to access emergency departments.

This need has been brought into focus during the COVID-19 pandemic, particularly given the capacity in our A&Es, the need to meet nationally targets for treatment and bed occupancy, while maximising the use of capacity to respond to winter pressures and plan for surge.

The model has already launched in other parts of the country – including Cornwall and the Isles of Scilly – and we are learning from these early adopters.

It will encourage people to contact NHS 111 (by phone or online) first when they experience an urgent health issue that is not immediately life-threatening.

Contacting 111 first makes it is easier and safer for patients to get the right advice or treatment when they urgently need it, while reducing exposure to infection and the need for a patient to go to a physical location.

GP practices (in normal practice opening hours) will continue to be the place for patients to contact with anything they would normally contact their GP for.

7. Understanding the experiences of black, Asian and minority ethnic (BAME) staff and communities across Devon

Understanding and improving how we care, support and engage with our black, Asian and minority ethnic (BAME) communities is one of the key priorities for the emerging Integrated Care System (ICS) in Devon.

Nationally, there are known health inequalities that exist between different ethnic groups. This is reflected starkly in the current coronavirus pandemic where we have seen higher mortality rates for people who are from BAME backgrounds than others.

Recent discussions on the ethical framework for Devon highlighted some worrying perception of health and care services for people from BAME backgrounds. This has accelerated the need to understand more about the disparities in outcomes and experience for BAME communities.

In addition, the new NHS People Plan sets out an inclusive vision for the NHS workforce and a clear imperative for improving the experience for BAME staff.

With support from the Nous Group (experts in the field of addressing BAME inequalities), we are working with our ICS partners to develop an understanding of the existing projects, schemes and initiatives that support BAME communities and BAME staff.

Some organisations have progressed this work further than others but building a system view of how we need to improve will be invaluable for the development of the ICS moving forward.

This work will give us a rich understanding of the current perceptions, experiences and outcomes among our BAME communities and staff. It will help us achieve the vision of ensuring all members of our BAME communities - patient, public and staff, are respected, valued and cared for and not subject to discrimination or racism of any kind (conscious or unconscious).

The project runs from September to January 2021 and the findings will be shared soon after.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Outcomes Framework				
Date of committee: 29 October 2020 **Date report produced: 7 October 2020**				
Author (s) Name and Title: Simon Chant Consultant in Public Health, Devon County Council simon.chant@devon.gov.uk Kelvin Grabham Director of Strategic Intelligence, NHS Devon CCG kelvin.grabham1@nhs.net		**Supporting Executive:** **Name and Title: Simon Tapley, Accountable Officer** Simon.tapley@nhs.net **Report Approved by:** **Name and Title:** **Contact Details:**		
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 summarises work to develop the Devon ICS Outcomes Framework and partnership.				
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:				

Devon Integrated Care System (Shadow) Partnership Board – 7 October 2020

Key recommendations and actions requested:

- To note

It is recommended that progress on the framework is noted and its further development is supported, including the inclusion of additional information on interventions and priorities from ICS workstreams and the identification of system leads.

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

Reference to other documents or accompanying papers:

- Appendix 1 – Devon ICS Strategic Outcomes Framework Top Level Dashboard
- Appendix 2 – Devon ICS Strategic Outcomes Framework Data Availability
- Appendix 3 – Example of inequalities breakdown (fuel poverty)

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

	If Yes, please give details	**No**
Quality of Services	The outcomes framework will support decision making and prioritisation across the ICS. It will also provide information to monitor progress and become an integral part of the strategic commissioning process	
Health Inequalities		
Equality (staff or public)		
Resource and Finance		
Legal		
Engagement and Consultation		
Risk		

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against

employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS
Devon
Clinical Commissioning Group

Devon ICS Strategic Outcomes Framework

1. Introduction and Context

1.1 As the Devon Integrated Care System (ICS) develops, it is vital that the system can monitor the health of the population and the health of the integrated care system itself.

1.2 Work was started in 2020 to develop a Devon ICS strategic outcomes framework, bringing together intelligence and commissioning expertise from ICS partners covering health, social care and public health to propose a suitable framework guided by the following principles:

- The framework should make a clear distinction between the health of the population and the health of the ICS
- The framework should have a clear focus on reducing inequalities in health
- The framework should cover wider determinants of health to guide partnership work
- A life course approach should be adopted to ensure a focus on all age groups.

2. Devon ICS Strategic Outcomes Framework

2.1 Following this work a Devon ICS Strategic Outcomes Framework is proposed comprising two parts, covering separately the health of the population (covering the health status of the population and highlighting inequity in outcomes), and the health of the ICS (to determine if people are being appropriately and equitably supported by ICS partners). Indicators are further grouped into four domains focused across the life course (early years, school age, working age, older adults) to achieve balance across younger and older age groups.

2.2 Work has started to compile indicator data for the framework. Appendix 1 displays currently available data within the framework including trend information and comparators for the ICS as a whole and Devon, Plymouth and Torbay separately. Some indicators will require further development and input in their design from ICS partners.

2.3 The indicators and framework will be expanded to explore inequalities at a more local level. Appendix 2 sets out the availability of local breakdowns for each

indicator, including further breakdowns by district council, locality, Primary Care Network (PCN), and deprivation (IMD), along with further equality characteristic breakdowns where available. As the framework is developed, these further breakdowns will be added to identify inequalities.

2.4 Appendix 3 provides an example of breakdowns by locality, PCN and deprivation for one of these indicators: fuel poverty, revealing a pattern linked to both rurality and deprivation. This is to illustrate local variation and the types of breakdown that are available, with the intention that these breakdowns are made available within the overall framework and reports.

2.5 To ensure the strategic outcomes framework effectively captures and directs ICS activity, a further set of information will be requested from workstreams to describe in more detail the relevance and importance of the measure, the groups most affected, a summary of local priorities and interventions, and evidence of what works. To do this we should ICS leads should be identified for the indicators who can coordinate this.

3. Next Steps and Recommendation

3.1 Once the framework has been reviewed by this group, work will commence to compile the indicators and provide the more detailed breakdowns as outlined in appendices 1,2 and 3.

3.2 CCG and local authority partners will work together to produce an interactive dashboard which will allow ICS partners to interrogate indicators in detail, which alongside entire dashboard views of the data will include the ability to view profiles for individual PCNs, districts and localities, compare areas, and monitor trends over time. This could also be made publicly available.

3.2 The work to develop the framework will link closely with the population health management development programme. The principles on which the framework is based align with PHM principles, and the interactive dashboard will be made available through the PHM portal. Development of the One Devon Dataset should also facilitate analysis of framework indicators across a wider range of individual and community characteristics, and the identification of specific high-risk groups and communities of interest.

3.3 It is recommended that progress on the framework is noted and its further development is supported, including the inclusion of additional information on interventions and priorities from ICS workstreams and the identification of system leads.

Devon ICS Strategic Outcomes Framework

Health of the Population
What is the health status of the population and are equitable outcomes being achieved'?

Domain	Measure	latest period	England Latest	England trend	STP latest	STP Trend	Devon County Council Latest	Devon County Council Trend	Plymouth County council Latest	Plymouth County Council Trend	Torbay County council Latest	Torbay County Council Trend
Overarching	a. Healthy Life Expectancy (Male)	2016-18	63.4				66.6		62		62.6	
	a. Healthy Life Expectancy (Female)	2016-18	63.9				66.8		58.7		61.7	
1. Early Years	a. Low Birth Weight	2018	0.0286				2.6%		3.0%		2.9%	
	b. Early Years Foundation Score or ASQ Ages and Stages score (developmental measure)	2018/19	0.903				0.861		0.979		0.985	
	c. Infant Mortality	2016-18	3.9		3.3		3.3		3.3		3.4	
	d. Breastfeeding	2018/19	0.462				0.51		0.397		0.4	
2. Young people	a. Child Poverty	2016	0.17		0.15		0.125		0.2		0.212	
	b. GCSE Attainment (overall)	2015/16	0.578				0.602		0.502		0.566	
	GCSE Attainment (Free School Meal cohort)	2014/15	0.333				0.333		0.303		0.323	
	c. Child Obesity: Reception year	2018/19	0.226				0.195		0.259		0.251	
	Child Obesity: Year 6	2018/19	34%				27%		32%		35%	
	d. Under 18 Alcohol Admissions	2018/19	31.4		49.4							
	e. Not in Education, Employment or Training NEET 16-18	2018	5.5%				5.6%		6.4%		6.1%	
3. Working Age	a. Employment Rate Gap (mental health)	2018 Q4	0.48				0.679		0.331		0.812	
	b. Fuel Poverty	2018	0.103				0.107		0.103		0.1	
	c. Rough sleeping/homelessness indicator	2017/18	2.40				0.90		2.60		3.10	
	d. Mortality from Preventable Causes (under 75)	2016-18	180.8				159.9		212.7		214.8	
	e. Smoking prevelance	2018/19	17%		16%		15%		19%		19%	
	d. Excess u75 Mortality in Adults with Serious Mental Illness	2014/15	3.7				3.299		3.697		3.193	
4. Older Adults	a. Life Expectancy at Age 65 (Male)	2016-18	18.8				19.5		18.6		18.8	
	Life Expectancy at Age 65 (Female)	2016-18	21.2				22		20.3		21	
	b. Disability Free Life Expectancy at Age 65 (Male)	2016-18	9.9				11.4		9.5		10.4	
	Disability Free Life Expectancy at Age 65 (Female)	2016-18	9.8				10.9		10.7		10.8	
	c. Admissions Following Accidental Fall											
	d. Social Connectedness (Users / Carers)											
	e. Excess Winter Deaths	Aug 2017 - Jul 2018	30%				34%		23%		27%	

Health of the ICS Are people being appropriately and equitably support by the Integrated Care System?												
Domain	Measure	latest period	England Latest	England trend	STP latest	STP Trend	Devon County Council Latest	Devon County Council Trend	Plymouth County council Latest	Plymouth County Council Trend	Torbay County council Latest	Torbay County Council Trend
Overarching	a. ICS Spend vs Allocation											
1. Early Years	a. Take up of nursery places											
	b. Immunisation rates MMR at age five (one dose)	2018/19	95%		94%		96%		98%		97%	
	c. Immunisation rates MMR at age five (two doses)	2018/19	86%				92%		94%		93%	
	Take-up of health visitor checks											
2. Younger people	a. Timeliness / effectiveness of education, health and care plans (SEND)											
	b. Children and young people accessing mental health services											
	c. Coverage of 24/7 crisis support for mental health	2019/20	12%		3%							
	d. Admissions for self-harm 15-24 years	2018/19	12%		3%							
3. Working Age	a. Out of area placements (mental health and learning disability)											
	b. Health checks for people with learning disabilities	2018/19	52%				60%		49%		58%	
	c. Flu Vaccinations (At-Risk Individuals)	2019/20	45%				46%		41%		45%	
	d. Cancer Diagnoses at Early Stage (1 or 2)	2017	52%				56%		54%		50%	
	e. Improving Access to Psychological Therapies	2019	18%		21%							
	f. Alcohol admissions (adults)	2018/19	2367				1643		2172		2396	
4. Older Adults	a. Reablement Services (Coverage and Effectiveness) offered reablement	2018/19	3%				2%		5%		6%	
	Reablement Services (Coverage and Effectiveness) still at home 91 days after	2018/19	82%				80%		80%		77%	
	b. Flu Vaccinations (Aged 65 and Over)	2019/20	72%				73%		71%		72%	
	c. Bed Occupancy Rates (All hospitals)	2020-21 Q1	64%		59%							
	d. Dementia Diagnosis Rate	2019	4.3%				3.9%		4%		4%	
	e. Delayed Transfers of Care	01/06/2020			2%							
	f. CQC Care Home Ratings (Good or Excellent)											
	g. Emergency Admissions to Hospital	2018/19	425.7		574.1							
	h Avoidable admissions for ambulatory care-sensitive conditions											

Devon ICS Strategic Outcomes Framework: Local data availability and known high risk groups
Section 1: Health of the Population

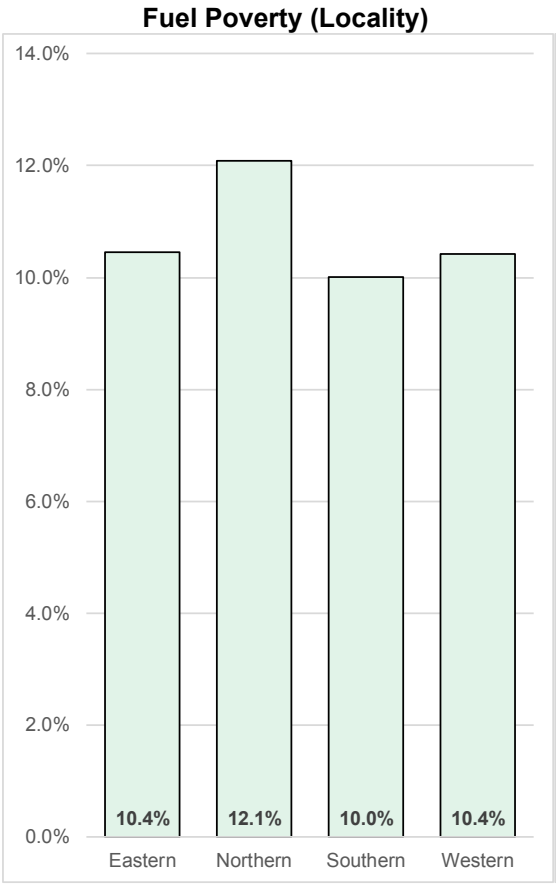
Domain	Measure		Local area breakdown availability						
			ICS	County/Unitary	District	Locality	PCN	IMD	Further equality breakdowns
Overarching	a.	Healthy Life Expectancy (Male)	Y	Y	Y	Y	Y	Y	Rurality, area type
	a.	Healthy Life Expectancy (Female)	Y	Y	Y	Y	Y	Y	Rurality, area type
1. Early Years	a.	Low Birth Weight	Y	Y	Y	Y		Y	
	b.	Early Years Foundation Score or ASQ Ages and Stages score (developmental measure)	Y	Y	Y	Y	Y	Y	Language, SEN, ethnicity
	c.	Infant Mortality	Y	Y	Y	Y		Y	Deprivation (national)
	d.	Breastfeeding	Y	Y	Y	Y	Y	Y	Ethnicity, age, complexity
2. School Age	a.	Child Poverty	Y	Y	Y	Y	Y	Y	Rurality, area type
	b.	GCSE Attainment (overall)	Y	Y	Y	Y	Y	Y	Language, SEN, ethnicity, care
		GCSE Attainment (Free School Meal cohort)	Y	Y	Y	Y	Y	Y	Language, SEN, ethnicity, care
	c.	Child Obesity: Reception year	Y	Y	Y	Y	Y	Y	Ethnicity, sex
		Child Obesity: Year 6	Y	Y	Y	Y	Y	Y	Ethnicity, sex
	d.	Under 18 Alcohol Admissions	Y	Y	Y	Y		Y	Rurality, area type, sex
	e.	Not in Education, Employment or Training NEET 16-18	Y	Y	Y	Y	Y	Y	Rurality, area type
3. Working Age	a.	Employment Rate Gap (mental health)	Y	Y					
	b.	Fuel Poverty	Y	Y	Y	Y	Y	Y	Rurality, area type
	c.	Mortality from Preventable Causes (under 75)	Y	Y	Y	Y	Y	Y	Rurality, area type, sex
	d.	Excess u75 Mortality in Adults with Serious Mental Illness	Y	Y					
4. Older Adults	a.	Life Expectancy at Age 65 (Male)	Y	Y	Y	Y	Y	Y	Rurality, area type
		Life Expectancy at Age 65 (Female)	Y	Y	Y	Y	Y	Y	Rurality, area type
	b.	Disability Free Life Expectancy at Age 65 (Male)	Y	Y	Y	Y	Y	Y	Rurality, area type
		Disability Free Life Expectancy at Age 65 (Female)	Y	Y	Y	Y	Y	Y	Rurality, area type
	c.	Admissions Following Accidental Fall	Y	Y	Y	Y	Y	Y	Rurality, area type, sex, age
	d.	Social Connectedness (Users / Carers)	Y	Y	Y	Y		Y	
	e.	Excess Winter Deaths	Y	Y	Y	Y		P	Sex

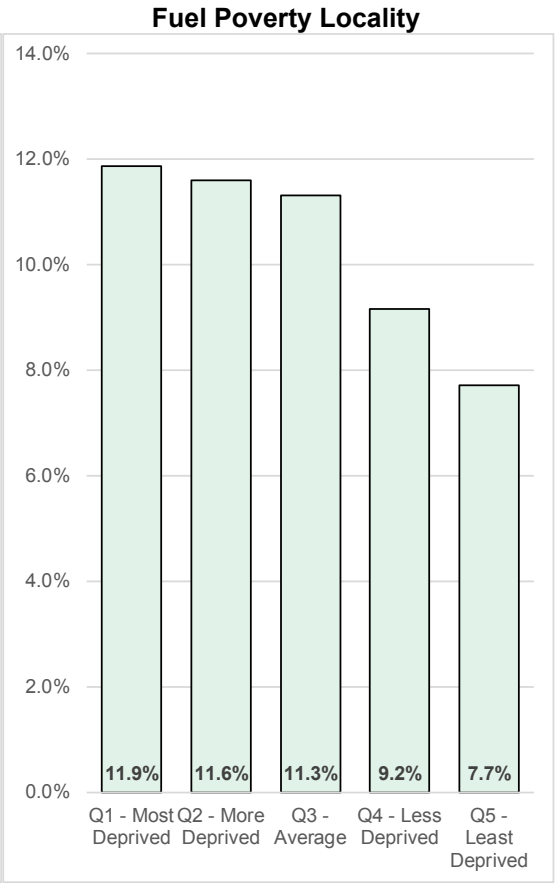
Section 2: Health of the ICS

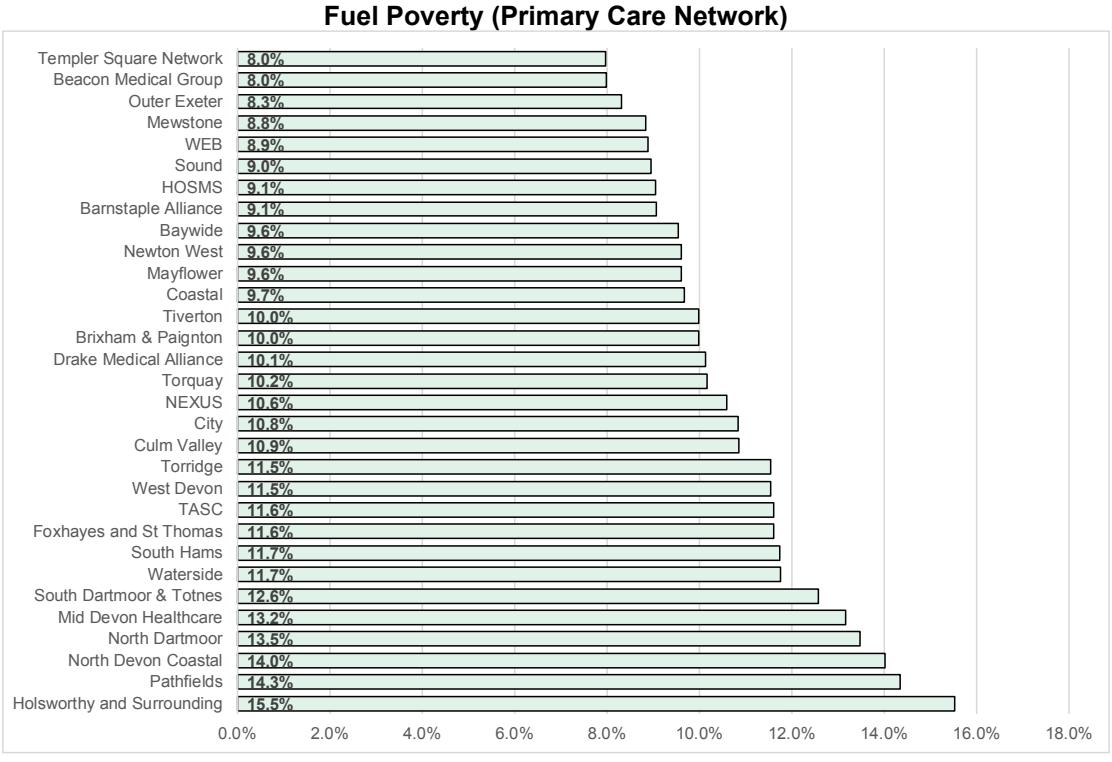
Domain	Measure		Local area breakdown availability						
			ICS	County/Unitary	District	Locality	PCN	IMD	Further equality breakdowns
Overarching	a.	ICS Spend vs Allocation	Y			Y	Y		
1. Early Years	a.	Take up of nursery places	Y	Y	P	P	P	P	To be investigated
	b.	Immunisation rates MMR at age five (one dose)	Y	Y	Y	Y	Y	P	
	c.	Immunisation rates MMR at age five (two doses)	Y	Y	Y	Y	Y	P	
		Take-up of health visitor checks	Y	Y	P	P	P	P	To be investigated
2. School Age	a.	Timeliness / effectiveness of education, health and care plans (SEND)	Y	Y	P	P	P	P	To be investigated
	b.	Children and young people accessing mental health services	Y	Y	P	P	P	P	To be investigated
	c.	Coverage of 24/7 crisis support	Y	Y	P	P	P	P	To be investigated
3. Working Age	a.	Out of area placements (mental health and learning disability)	Y	Y	P	P	P	P	To be investigated
	b.	Flu Vaccinations (At-Risk Individuals)	Y	Y	Y	Y	Y	P	
	c.	Cancer Diagnoses at Early Stage (1 or 2)	Y	Y	Y	Y			Ethnicity
	d.	Improving Access to Psychological Therapies	Y	Y	Y	Y	Y	Y	Rurality, area type, sex, age
4. Older Adults	a.	Reablement Services (Coverage and Effectiveness) offered reablement	Y	Y	Y	Y			Ethnicity, client group, sex, age
		Reablement Services (Coverage and Effectiveness) still at home 91 days after	Y	Y					Ethnicity, client group, sex, age
	b.	Flu Vaccinations (Aged 65 and Over)	Y	Y	Y	Y	Y	P	
	c.	Bed Occupancy Rates (Acute Hospitals)	Y			Y			
	d.	Dementia Diagnosis Rate	Y	Y	Y	Y	Y	P	
	e.	Delayed Transfers of Care	Y	Y	Y	Y			To be investigated
	f.	CQC Care Home Ratings (Good or Excellent)	Y	Y	Y	Y	Y		
	g.	Emergency Admissions to Hospital	Y	Y	Y	Y	Y	Y	Rurality, area type, sex, age

Local area breakdown availability based on current known status. Areas/indicators marked with a 'Y' highlight breakdowns that are currently possible with existing data flows (may require some further report design), areas/indicators marked with a 'P' highlight where availability is still to be

Appendix 3, Devon ICS Strategic Outcomes Framework: Examples of Local Breakdowns for selected indicator – Fuel Poverty (2018)







NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: FINANCIAL PERFORMANCE REPORT				
Date of committee: 29th October 2020 **Date report produced: 19th October 2020**				
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:** 19th October 2020		
Public or Private (Governing Body only):	**Public**		**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

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

The report details the financial position to the 30th September 2020 and includes reference to the impact of the COVID19 pandemic and the financial consequences for the CCG during 2020/21.

In light of the COVID19 pandemic the 2020/21 planning round for the NHS was suspended during March. In order to ensure the CCG entered the year we sought the Governing Bodies approval to a draft budget based on the CCGs and STP's plan submission of the 5th March 2020. This was approved as a working budget at the Governing Body on 30th April 2020.

The draft plan was a deficit position of £47.8m with a savings requirement of £22.6m to deliver that position.

In May NHS England (NHSE) put in place a temporary financial regime covering the period 1st April to 30th September, resulting in NHSE re-setting the CCG allocation for a six-month period. The allocation is based on the CCG's forecast outturn expenditure for 19/20 uplifted for NHSE derived growth and inflation assumptions and adjusted for changes made to the NHS and Independent sector funding arrangements during the COVID19 emergency period (The NHSE Model).

On the above basis the CCG has received an allocation of £1,045.3m, including £26.8m for COVID19 related expenditure, to the end of August, together with an expectation that budgets are set within the parameters stipulated by the NHSE Model. The current report covers the period to the 30th September only.

A revised financial framework has been published for the period October 2020 to March 2021 and the team is currently working through the guidance to determine the consequences for the CCG.

NHSE expectation is that CCG's will breakeven for the period ending 30th September. Variances against plan (including exceptional COVID19 related expenditure) will be reviewed by NHSE on a monthly basis. Where costs are deemed reasonable a retrospective allocation will be issued.

NHSE have advised CCG's to report a breakeven position to their Governing Body's pending the review by anticipating a retrospective resource allocation to match the in-year variance.

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 year to date performance including the current risks.

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

Reference to other documents or accompanying papers:

N/A

Does this report have implications in any of the areas highlighted below?		
	If Yes, please give details	**Yes**
Quality	Safety: Effectiveness: Experience:	
Equality		
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 – 2020/21

Contents

Appendices

1. Executive Summary

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On the above basis the CCG has received an allocation of £1,045.3m, including £40.2m that provides funding for the overspend to the end of August including COVID19 related expenditure. The current report covers the period to the 30th September only.

A revised financial framework has been published for the period October 2020 to March 2021 and the team is currently working through the guidance to determine the consequences for the CCG.

NHSE expectation is that CCGs will breakeven for the period ending 30th September. Variances against plan (including exceptional COVID19 related expenditure) will be reviewed by NHSE on a monthly basis. Where costs are deemed reasonable a retrospective allocation will be issued. Detail of the variances driving the additional costs are set out in Appendix 3.

NHSE have advised CCGs to report a breakeven position to their Governing Bodies pending the review by anticipating a retrospective resource allocation to match the in-year variance.

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 30th September 2020.

September 2020 (Month 6)	Budget £'000	Actual £'000	Variance £'000	Additional Allocation £000	Revised Variance £'000
Year to date position	1,045,278	1,052,862	7,584	-7,584	0

The variance against the original allocation to the end of September is £47.8m of which £40.2m has currently been reimbursed. The variance mainly arises from additional costs linked to the COVID19 pandemic £38.5m. These costs are detailed in section 4.

The remaining variances are detailed in the sections below with the significant variances being a product of the Better Care Fund, delegated commissioning and running costs being greater than budget, offset by underspends relating to non-contract acute activity and continuing healthcare.

Savings Plan

The CCG's original plan included a saving requirement of £22.6m. The six-month budget to the 30th September is based on 19/20 forecast expenditure and by inference does not include an implicit savings target. The CCG will be reviewing its original planning assumptions and actions to deliver savings as we move into the next stage of the financial framework post 30th September 2020.

Risk

The main risk to delivering against the temporary financial regime for the period to 30th September 2020 is the possibility that some of the excess costs over and above the budget set are not funded by NHSE through the top up process. Whilst we have received funding to cover the CCG's first five months of COVID19 and non-COVID costs, it is not guaranteed that this arrangement will continue.

Should the top up 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.

STP Plan

The STP planning process was put on hold in March, however as mentioned above the revised financial framework has been published for the period October 2020 to March 2021 and the CCG and STP partners are addressing the next steps through the restoration and recovery programme and its response to the financial regime post 30th September.

2. Financial Assurance Dashboard

The NHS England CCG Improvement and Assessment Framework cover 4 domains and a number of clinical priorities. The sustainability domain looks 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.

In terms of financial sustainability, the framework assesses the following two areas

- Financial plan
- In Year Financial performance

Given the current situation regarding the planning process for 20/21 the indicators below are only indicative measures against the draft plan submitted at the beginning of March.

NO.	INDICATOR	Devon CCG
Financial Plan Ratings detail		RAG
1	Minimum cumulative 1% planned surplus	RED

NO.	INDICATOR	Devon CCG		%	RAG
		Plan/Target	Actual/Forecast		
In Year Financial Performance		£'m	£'m		
2	Year to Date in year deficit	20.2	7.6	37.5%	GREEN
3	Forecast Outturn deficit to 30th September	20.2	7.6	37.5%	GREEN
4	Running Costs	10.8	10.9	101.6%	RED
5	Risk adjustment to deficit (% of allocation)	0.0	0.0	0.0%	GREEN
6	Cash Position (% drawn down)	50.0%	57.5%	115.0%	RED
7	BPPC (% paid - value)	95.0%	99.1%	104.3%	GREEN

NO.	INDICATOR	Devon CCG
CCG Additional Indicator		
8	Delivery of plan YTD	GREEN
9	Delivery of plan FOT	GREEN

3. Detailed Financial Performance

The year to date financial position to the 30th September 2020 by main service heading is as follows.

2020/21 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2020 TO 30 SEPTEMBER 2020 Month 06 September	DEVON CLINICAL COMMISSIONING GROUP Year To Date Budget	Non Covid Actual	Covid Actual	Total Actual	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's
COMMISSIONED SERVICES					
Acute Services	454,481	453,493	-	453,493	-989
Mental Health Services	106,940	106,916	261	107,177	238
Community Health Services	155,076	139,098	21,001	160,099	5,023
Placements	65,487	62,936	2,184	65,120	-367
All Other Healthcare	28,765	23,214	6,213	29,427	662
Primary Care Services					
Prescribing	109,826	107,198	2,638	109,836	10
Delegated Commissioning	85,421	86,114	-	86,114	693
Other Primary Care	30,072	25,023	5,633	30,655	584
Primary Care Subtotal	225,318	218,335	8,271	226,605	1,287
Commissioned Services Subtotal	1,036,067	1,003,991	37,931	1,041,922	5,855
CORPORATE					
Running Costs	9,211	10,343	597	10,940	1,729
EARMARKED RESERVES AND CONTINGENCIES					
Earmarked Reserves	-	-	-	-	-
Contingency	-	-	-	-	-
Other Reserves	-	-	-	-	-
Reserves Subtotal					
TOTAL COMMISSIONED SERVICES	1,045,278	1,014,334	38,528	1,052,862	7,584

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.

For the majority of NHS Acute services, the contracts payments to providers for the period to 30th September 2020 has been determined by NHSE through a methodology linked to a projection of their underlying expenditure. The CCG's budget under the temporary financial arrangements has been set to match the payments.

Contracts with the main independent sector providers have been negotiated and paid for nationally for the COVID19 period and the CCG budget for these services has been removed within the temporary arrangements.

The underspend of £1.0m at Month 6 relates mainly to the reduction of non-contract activity compared to the budget set.

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

3.2 Mental Health Services

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

In 2020/21 the CCG had planned to invest £11.9m (5.63% increase) in Mental Health Services. Based on the recent Phase 3 guidance the expectation that MHIS will still be honoured over the course of the financial year and we are working with our providers to understand the current position against this plan and trajectory for investment for the remainder of the year.

At month 6 there is an overspend of £0.2m for all mental health services and is driven mainly by the temporary budget setting process when compared to actual commitments. The largest of which relates to Learning Disability and s117 placements where the budget compared to commitments and other pressure presents a £0.2m adverse variance at Month 6.

3.3 Community Health Services

Community healthcare services include contracts with STP 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.

Much of the year to date overspend of £5.0m relates to COVID19 costs within the Devon Better Care Fund and the Plymouth Integrated Fund (detailed in section 4), however £0.5m relates to the NHS budget model not reflecting the BCF uplifts agreed.

3.4 Placements

Placements includes Continuing Care budgets comprising of Continuing Care Admin, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care, Funded Nursing Care (FNC) & Individual Patient Placements (IPP) Physical Disability.

This area in total is underspent by £0.4m at Month 6. This is as a result of exceptional costs during the current pandemic (uplifts to market rates), variance between NHSE/I budget setting model verses local plan and non-delivery of QIPP but offset by client number reductions and additional budget received from NHSE/I for Covid costs & 19/20 FNC uplift. The table below summarises the key variances.

Placements FOT Variance	
Variance Type	**£m**
Additional Covid related costs e.g. fee uplifts	2.1
Additional Budget for Covid costs M1-6 & M5 variance top up	-0.7
Budget variances (NHSE/I model vs local plan) & profiling	1.0
Non delivery of QIPP savings plan	1.8
Cost reduction due to client number movements (partly Covid related)	-4.9
FNC Uplift over and above plan assumption	1.1
Additional Budget for 1920 FNC Uplift	-0.8
Total	- 0.4

This is a challenging time for the financial management of the placements area. The Covid emergency is having a number of specific effects on costs and on the focus of the service which will impact on how the financial position unfolds during 2020/21.

Specifically, a number of investments have been necessary to support the care market and ensure efficient flow across the health and care system. At the same time NHSE have implemented new discharge guidance which affects the traditional flow and reporting of costs in the placement's arena.

The Phase 3 planning guidance includes provision that CHC assessments should be re-commenced for new placements from the 1st September with reviews of those placements made between 19th March and 31st August to be undertaken. We are expecting detailed guidance to clarify the specifics in order that we can predict the financial consequences going forward.

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.

Overall, the year to date £0.7m overspend in this area is due to the additional costs relating to COVID19.

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.

There are some variances to budget expected outside of the direct costs relating to COVID19 which are as follows:

Prescribing

Prescribing is overspent by £10k at month 6 and is based on the current Prescribing Monitoring Document (PMD), the spend profile of which has changed due to the unusual peaks through the main lockdown period.

Category M risk is included based on national guidance and the No Cheaper Stock Obtainable (NCSO) spend has decreased, meaning no further risk to us outside of the forecast at present.

Delegated Commissioning

The month 6 delegated commissioning figure is reported as a £0.7m overspend reflecting the recurrent commitments and pressures anticipated in 20/21.

Other Primary Care

The variances here are driven by the primary care COVID19 costs that have been funded by the CCG less the allocation received for the first five months.

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 must report against it separately and mustn't overspend against the limit set.

In previous financial years the CCG has underspent against its allocation, giving additional flexibility to support healthcare services. In 2019-20 this equated to approximately £3m.

The CCG's allocation for 2020-21 was set to reduce from £25.4m last year to £22.4m for this financial year but as part of the framework set for this period to 30th September this has been revised. The CCG is reporting expenditure for the 6 months at £10.9m, of which £0.6m are specific short-term costs in relation to COVID19.

This at present is running at a higher rate than the adjusted methodology but is in line with NHS England expectations and within our original allocation as a proportion of the full year.

3.8 Resource Allocation

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

Planned revenue resources	£'000
Allocation after place based pace of change	1,759,720
Primary care commissioning	170,193
Running costs allocation	22,411
Recurrent adjustments	-1,768
Non recurrent adjustments	-945,496
Non recurrent allocation COVID19 (to month 5)	26,801
Non recurrent retrospective top-up (to month 5)	13,416
Total revenue resources	**1,045,277**

The resources include non recurrent COVID19 allocations totalling £26.8m, but excludes the assumed additional allocation to cover the overspend position reported. The high level parameters under which the allocation was set are as follows:

Plan modelled as follows:

1. Block payments to NHS providers based on Month 9 2019/20 Agreement of Balances exercise
2. No payments to acute independent providers
3. Payments to other independent providers based on 2019/20 average monthly spend (uplifted)
4. Other activity increased in line with 2020/21 national planning assumptions except:
   - Prescribing growth increased by 0.7% to reflect additional Category M prescribing pressures
   - FNC increased to reflect (i) 2019/20 rate settlement and (ii) further 2% for additional price growth in 2020/21

4. COVID19 Specific Costs

Since the beginning of the COVID19 pandemic the response to emergency has necessarily required investment in staff, equipment and in response to national initiatives to assist the transformation of health services in preparedness for the impact on the health of the population.

The CCG has incurred costs of £38.5m to date, as detailed below.

COVID 19 Commitment Analysis	YTD £m
Nightingale Hospital	2.2
CHC - Market Enhancements	2.3
Prescribing	2.6
Primary Care	6.0
PPE, Staffing and other costs	4.8
	17.9
Hospital Discharge	
Devon CCG	1.0
Devon Council	14.8
Plymouth Council	3.1
Livewell Southwest (Social Care)	1.7
	20.6
Total	38.5

The CCG has put in controls to ensure that COVID19 expenditure is appropriately procured and approved before commitments are made.

Expenditure on the Nightingale hospital has largely come to an end for the CCG now that the facility is under the control of the Royal Devon and Exeter NHS FT.

The CCG implemented a Standard Operating Process for COVID spend for Primary Care, and this has provided a framework within which this cohort of expenditure is managed.

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 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. We continue to work without Local Authorities on the developing strategies for the market management of the care home sector and responding to the Phase 3 guidance in relation to the Hospital Discharge Programme.

Hospital discharge costs in relation to Torbay Council are incurred by Torbay and Southern Devon NHS FT and are reclaimed by them directly from NHSE.

5. Risks

The main risk to delivering against the temporary financial regime for the period to 30th September 2020 is the possibility that some of the excess costs over and above the budget set are not funded by NHSE through the top up process. Whilst we have received funding to cover the CCG's first five months of COVID19 and non-COVID costs, it is not guaranteed that this arrangement will continue.

Should the top up 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.

6. Other Financial Information

6.1 Statement of Financial Position

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

The CCG's position at 30th September 2020 is shown in appendix 1.

6.2 Capital

The CCG has requested capital allocations in line with previous years to cover the CCG's IT requirements, £0.1m for business as usual laptop replacements, as well as the £0.2m capital grant contribution to Delt infrastructure. NHS England has approved the £0.1m for the laptops and is currently reviewing the £0.2m capital bid and will inform us of the outcome in due course.

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	99.34%	97.81%
NHS Creditors - % of bills paid within target	96.16%	99.64%

The target of 95% has been met for the number of invoices paid within 30 days.

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 including the current risks.

Appendices

Appendix 1: Statement of Financial Position

AS AT 30 SEPTEMBER 2020	DEVON CCG
STATEMENT OF FINANCIAL POSITION	**ACTUAL**
	£000's
NON CURRENT ASSETS	
Property Plant Equipment	1,737
Intangible Assets	2
Investment Properties	-
Trade & Other Receivables	0
Other Financial Assets	-
Total Non Current Assets	1,739
CURRENT ASSETS	
Inventories	400
Trade & Other Receivables - NHS	119,293
Trade & Other Receivables - Non NHS	24,640
Other Current Assets	-
Cash & Cash Equivalents	2,585
Non-current Assets held for Sale	-
Total Current Assets	146,918
Total Assets	148,658
CURRENT LIABILITIES	
Trade & Other Payables - NHS	- 9,620
Trade & Other Payables - Non NHS	- 146,791
Other Liabilities	- 1,231
Borrowings / Cash in Transit	- 3,851
Provisions	-
Total Current Liabilities	- 161,493
Total Assets less Current Liabilities	- 12,835
NON-CURRENT LIABILITIES	
Trade & Other Payables	-
Other Financial Liabilities	- 89
Total Non Current Liaibilities	-
Total Assets Employed	- 12,924
FINANCED BY TAXPAYERS EQUITY	
General Fund	12,924
Total Taxpayers' Equity	12,924

Appendix 2: Cash

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

Measure	Month 6
CCGs must operate within their expected annual cash drawdown requirement. *The expected annual 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 £2,017.890m for Devon CCG the year.*	57.5% of the MCD has been utilised as at month 6 (50.0% is expected based on a straight-line trajectory at month 6). Over utilisation is due to the requirement by NHS England to pay Providers one month's block payment in advance.
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 £6,431 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

2020/21 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2020 TO 30 SEPTEMBER 2020 Month 06 September	DEVON CLINICAL COMMISSIONING GROUP Year To Date Budget	Non Covid Actual	Covid Actual	Total Actual	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's
ACUTE CARE					
NHS Royal Devon & Exeter Foundation Trust	138,157	138,156	-	138,156	-1
NHS University Hospitals Plymouth NHS Trust	114,181	114,189	-	114,189	8
NHS Northern Devon Healthcare Trust	60,440	60,440	-	60,440	0
NHS South Devon Healthcare Foundation Trust	101,128	101,128	-	101,128	-0
NHS Taunton and Somerset	4,826	4,826	-	4,826	0
NHS South Western Ambulance Trust	25,248	25,248	-	25,248	0
Independent Sector	797	705	-	705	-92
Other Acute	9,702	8,799	-	8,799	-904
Subtotal	454,481	453,493	-	453,493	-989
PLACEMENTS					
Continuing Healthcare	57,764	55,618	1,696	57,314	-450
Funded Nursing Care	7,336	6,904	488	7,392	56
Individual Patient Placements	387	414	-	414	27
Subtotal	65,487	62,936	2,184	65,120	-367
COMMUNITY & NON ACUTE					
Livewell Southwest	26,794	24,522	3,056	27,578	784
Royal Devon and Exeter Community	29,368	29,368	-	29,368	-0
Northern Devon Healthcare Community	15,306	15,306	-	15,306	-0
South Devon Healthcare Community	35,255	35,255	-	35,255	-
Children and Families Health Devon	5,615	5,623	-	5,623	8
MIU Contracts	407	403	-	403	-4
Plymouth Integrated Fund	6,991	4,678	3,079	7,757	766
Better Care Fund_Devon CC	27,321	15,834	14,866	30,700	3,379
Better Care Fund Torbay	1,561	1,647	-	1,647	86
Other Community Services	6,458	6,463	-	6,463	5
Subtotal	155,076	139,098	21,001	160,099	5,023
MENTAL HEALTH SERVICES					
Devon Partnership NHS Trust	64,971	64,971	-	64,971	-
Livewell MH Services	19,382	19,382	-	19,382	-
Children and Families Health Devon	5,530	5,551	-	5,551	21
Individual Patient Placements	13,916	13,932	161	14,093	177
Other Mental Health	3,141	3,079	101	3,180	39
Subtotal	106,940	106,916	261	107,177	238

2020/21 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2020 TO 30 SEPTEMBER 2020 Month 06 September	DEVON CLINICAL COMMISSIONING GROUP Year To Date				
	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance Adv / (Fav)
OTHER COMMISSIONED SERVICES					
NHS 111	1,837	1,837	-	1,837	-0
Integrated Urgent Care Service	333	333	-	333	1
Hospices	4,335	4,290	56	4,346	11
Patient Transport Services	4,286	4,076	186	4,262	-24
All Other Commisionned Services	17,975	12,678	5,972	18,650	675
Subtotal	28,765	23,214	6,213	29,427	662
PRIMARY CARE					
Prescribing	109,826	107,198	2,638	109,836	10
Enhanced Services	7,393	7,468	-	7,468	74
Delegated Commissioning	85,421	86,114	-	86,114	693
GP Out Of Hours	7,343	6,932	597	7,529	187
Other Primary Care	15,336	10,623	5,036	15,659	323
Subtotal	225,318	218,335	8,271	226,605	1,287
TOTAL COMMISSIONED SERVICES	1,036,067	1,003,991	37,931	1,041,922	5,855
RUNNING COSTS					
Pay	6,926	8,085	441	8,526	1,599
Non Pay	2,332	2,314	157	2,470	138
Income	-48	-56	-	-56	-8
Subtotal	9,211	10,343	597	10,940	1,729
EARMARKED RESERVES AND CONTINGENCIES					
Earmarked Reserves					
Contingency					
Other Reserves	-	-	-	-	-
Subtotal	-	-	-	-	-
NET TOTAL OPERATING COSTS	1,045,278	1,014,334	38,528	1,052,862	7,584

NHS Devon Clinical Commissioning Group

NHS DEVON GOVERNING BODY - PUBLIC

Report title: Performance and Quality Report				
Date of committee: 29 October 2020 **Date report produced: 16 October 2020**				
Author (s) Name and Title: **Sarah Zanoni – Associate Director Professional Practice & Workforce** **Sian Jones – Business Intelligence Manager** **Alison Wilkinson – Deputy Chief Operating Officer**		**Supporting Executive:** **Name and Title:** **Jayne Carroll – Interim Chief Operating Officer** **Report Approved by:** **Name and Title:** **Jayne Carroll – Interim Chief Operating Officer** **Darryn Allcorn – Chief Nursing Officer** **Date: 9 October 2020**		
Public or Private (Governing Body only):	**Public**	✓	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

The purpose of the paper is three-fold:

- To present the 1 April 2020 to 31 August 2020 (month 5) Constitutional Standards performance position in line with national guidance published on the 28 March 2020 entitled *Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic*.
- To present the quality, nursing and safety performance position for the period 1 April to 30 September 2020.
- To provide an update on the latest Devon system Phase 3 plan, as submitted to NHS England on 5 October 2020.

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

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

Finance and Performance Committee

Key recommendations and actions requested:
Members of the Governing Body are asked to: • To agree the 1 April 2020 to 31 August 2020 (month 5) Constitutional Standards performance position in line with national guidance published on the 28th March 2020 entitled *Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic*. • To agree the quality, nursing and safety performance position for the period 1 April to 30 September 2020. • To note the update on the latest Devon system Phase 3 Plan.
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:
Appendix 1 - Performance report

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

	If Yes, please give details	**No**
Quality of Services	Underachievement against waiting times targets, in particular those related to cancer and very long wait patients, could have quality implications. However, this is reviewed regularly with providers and assurances sought by the patient safety and quality team.	
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√
Risk	Reputational risk due to non-achievement of trajectories	

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

NHS Devon CCG
GOVERNING BODY (PUBLIC)
29 October 2020

Performance and Quality Report

1. Introduction

This paper builds on the last performance paper presented to the Governing Body on 24 September 2020. The purpose of the paper is three-fold:

- To present the 1 April 2020 to 31 August 2020 (month 5) Constitutional Standards performance position in line with national guidance published on the 28 March 2020 entitled *Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic*.

- To present the quality**,** nursing and safety performance position for the period 1 April to 30 September 2020.

- To provide an update on the latest Devon system Phase 3 plan, as submitted to NHS England on 5 October.

2. Constitutional Standards Performance from 1 April to 31 August 2020

This section of the report summarises the latest available performance information using a combination of unvalidated weekly data and nationally validated monthly data, as at 31 August or, in some cases, 30 September.

It should be noted that validated national data has not yet been released and so all figures are provisional and subject to change. Also, providers are not currently running full validation processes, so there may be an element of data quality issues which adversely affects performance.

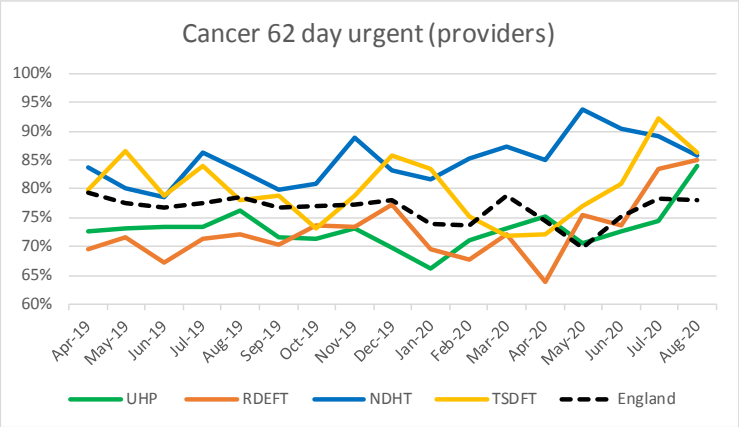
Appendix 1 shows the detailed performance information, but the key Constitutional targets and other specific areas of focus are summarised below.

Cancer Waiting Times

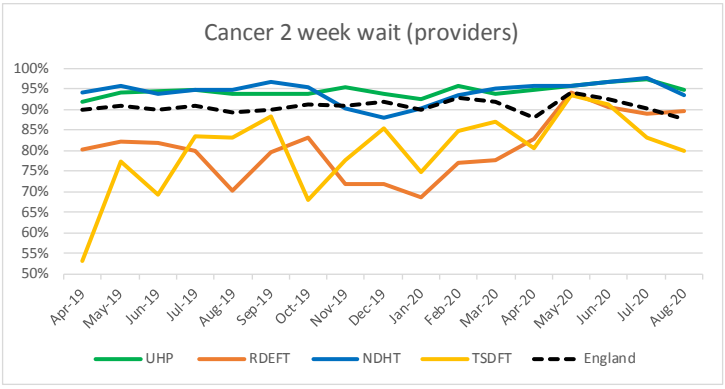
Performance against the cancer waiting times standards remained relatively stable through the initial Covid-19 period.

Cancer 62-day urgent saw a further increase in performance in August, with the Devon Sustainability and Transformation Partnership (STP) position rising from 84.8% to 85.1%. All

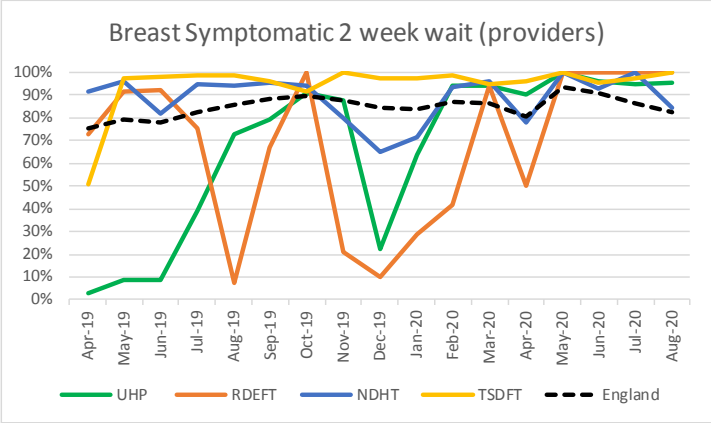
providers except University Hospital Plymouth NHS Trust (UHP) achieved the target of 85%. UHP's performance improved, from 74.6% to 83.9%, the Royal Devon and Exeter NHS Foundation Trust (RD&E) improved from 83.5% to 85.9%, whilst performance at Northern Devon Healthcare NHS Trust (NDHT) and Torbay and South Devon NHS Foundation Trust (TSD) fell slightly, to 85.9% and 86.3% respectively.



Performance against the main two week wait standard continues to be below target in August, falling from 90.9% in July to 88.8% in August, slightly above national average of 87.8%, but ranking 88th out of 123 CCGs. Both NDHT and UHP achieved the target, at 93.5% and 94.7% respectively. RD&E improved slightly from 89.1% to 89.6% and TSD fell from 83.4% to 80.1%. Staffing levels, as a result of sickness, and access to diagnostic pathways are the main contributors to current under achievement. Both of these challenges are the focus of the Adapt & Adopt programme to increase capacity and productivity in diagnostics.



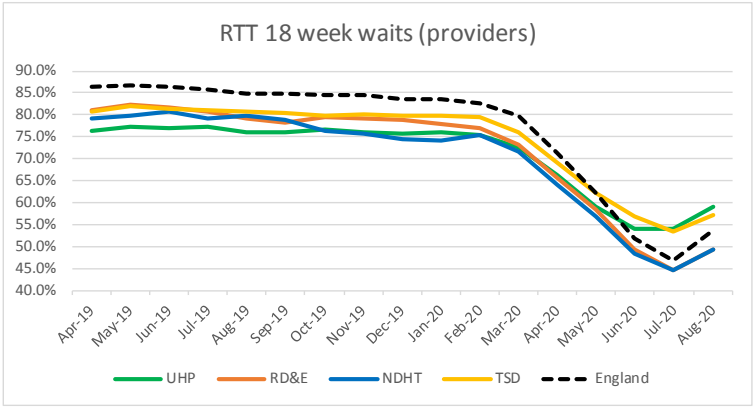
Breast symptomatic performance continues to be above target in August at 97%, with all providers except NDHT achieving the target.



Elective Care

Referrals to Treatment (RTT) Waiting Times

August validated data shows an improved position for RTT 18-week performance rising from 49.6% to 53.6% at an STP level, compared to the target of 92% and national performance of 52%.



Waiting lists have risen in August. The table below shows the provisional RTT waiting list movement between July and August by provider:

	RD&E	NDHT	UHP	TSD
July	31626	12194	27064	23733
August	32590	13026	28537	25275
Variance	**964**	**832**	**1473**	**1542**

Long wait patients continued to increase, with numbers waiting over 52 weeks rising quickly at all providers in August, as can be seen in the table below. Breaches are expected to continue to rise in September. Potential harm is managed through individual risk stratification, clinical waiting list validation is also being explored across the system.

	RD&E	NDHT	UHP	TSD
July	1204	630	766	524
August	1486	830	881	745
Variance	**282**	**200**	**115**	**221**

The majority of the long waiters are in Orthopaedics and Ophthalmology and these specialties are the focus of the surgical restoration programme, reviewing productivity data across the STP ensuring any variation is understood with opportunities identified for improvement.

Providers continue to engage with the CCG Quality and Equality Impact Assessment (QEIA) process to assess and understand the impact of service change on patients (stepping up/stepping down/changing service). The CCG has seen a small number of enquiries/yellow cards relating to waiting times and access to treatment.

The latest unvalidated weekly position (27/09/2020) shows 18-week performance for NDHT at 53.9%, RD&E at 51.4%, TSD at 60.6% and UHP at 63.7%. A summary of long waiters for the latest week is shown below:

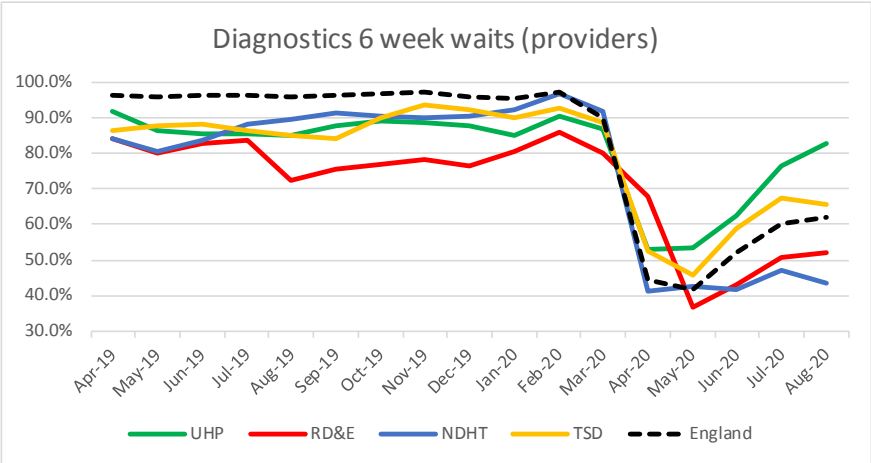
Long waiters	NDHT	RDEFT	TSDFT	UHP
40-52wws	1502	3785	2099	2166
52+ wws	1016	1606	870	997
78 + weeks	2	37	26	42
104 + Weeks	0	3	0	2

NHS England are seeking additional assurance around those patients who have waited in excess of 78 weeks, introducing a new weekly data return from early October focused on this cohort. We are seeking assurance of processes by provider for validating waiting list, utilising the learning from the national diagnostics PTL review, exploring data quality and validation opportunities, reviewing internal processes and increasing focus on >40 week waiters.

Diagnostic Waiting Times

Diagnostic waiting times have also been significantly affected by the Covid-19 pandemic. Provisional August figures show NDHT falling to 43.6% of patients seen within the 6-week timeframe, with RD&E remaining static at 51.9%, UHP performance increasing to 82.7% and TSD falling to 65.5%. The table below shows the number of patients seen within 6 weeks, compared to the national 99% target, and the movement between July and August. The STP position of 61.1% remains well below the 99% target and is slightly below the England position of 62%.

	RD&E	NDHT	UHP	TSD
July	50.50%	47.20%	76.30%	67.60%
August	51.90%	43.60%	82.70%	65.50%
Variance	**1.4%**	**-3.6%**	**6.4%**	**-2.1%**



Action being undertaken

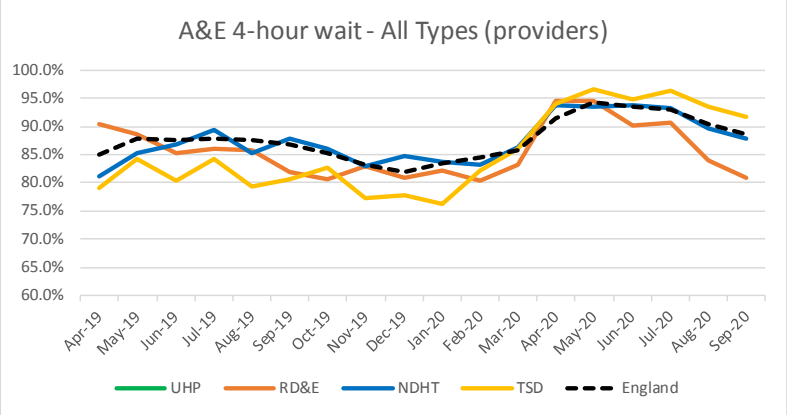
The Adapt and Adopt programme continues to drive initiatives in key areas of capacity and efficiency (in addition to those underway before COVID):

- Development of a system Patient Treatment List (PTL) to support patients with greatest need in accessing treatment. This is being developed initially in relation to hips, knees, cataracts, cholecystectomy, cystoscopy and some male urology. System clinical leads have been identified in each workstream to engage with localities and lead improvement. The initiative is focused on zero and one-day length of stay (LOS) activities. Clinical Champions in the above areas have been appointed at system level who will lead a series of webinars focussing on productivity gains in these areas. Increasing day case activity, achieving zero and one day length of stay in Orthopaedics will increase bed capacity to support productivity and increase through put through elective theatres, supporting reduction in waiting lists.
- Maximising and enhancing existing theatre capacity, including increasing the number of specialties that can be undertaken in the independent sector;
- Prioritisation of long waiters by both acuity and time waiting, to ensure those most in need are seen in a timely way; Enhanced reporting of waiting list data, exploring digital implementation of fully stratified waiting
- Reducing 'Did Not Attends' (DNAs) using partial booking to book mutually agreeable times and enable text reminders;
- Increasing diagnostic capacity and availability with local and regional hubs, including the Nightingale Hospital Exeter;
- Maximising the efficient use of the independent sector for outpatient and diagnostic services;
- Extending operating hours for existing scanners;
- Replacement scanners, to widen casemix and reduce risk of breakdowns;
- Digital initiatives to support diagnostics, including remote reporting for CT and MRI across all Trusts and unified (pooled) waiting lists and the use of digital or virtual appointments;
- Increasing headcount in diagnostics, optimisation of clinical time using clinical support staff and encouraging wider networked working;
- Proactively encouraging patient-initiated follow-ups (PIFU).

Urgent Care

A&E Waiting Times – September Position

As reported in previous updates, performance against the A&E 4-hour wait target improved as lower numbers presented in emergency departments in late March and April. Attendances have been steadily increasing since May, but attendance volumes are currently 24% below those in September last year. September saw a further deterioration in performance against the 95% national four-hour standard – at 87% for all types and 82.3% for type 1 attendances, remaining below the standard and the England position at 83.8%.



UHP reported nine 12-hour breaches in September. Three of these cases have been assessed as not resulting in patient harm and further information is being sought on the remaining six cases so that they can be reviewed and assessed to identify harm, including poor experience. Time lost to ambulance handover delays across Devon in September totalled 288 resource hours (an improvement on August), with UHP showing as the area of most challenge. There has been no reported harm in relation to delays, either to the patient in the ambulance or patients still waiting for an ambulance, but it is likely to have impacted on patient experience. ECIST are working with UHP to understand and address the issues.

111 Performance – September Position

The proportion of calls answered within 60 seconds increased from 51.4% in August to 53.1% in September below the national average of 65.8%. The call abandonment rate also remains high, at 22% (a worsening position from August) – the national average is 10.5% abandoned calls.

Performance remains well below the target of 95% and continues to be the lowest in the South West. Actions being taken by the CCG to address this include additional investment of circa £800k (full year) in 111 call handler capacity and the Think 111 programme, which has a demand/capacity workstream with objectives linked to ensuring that the 111 service has enough capacity to deal with additional demand when the campaign is launched.

No harm has been reported by the provider relating to this level of performance and a high level of support is being provided to the provider following the July focussed CQC inspection and subsequent report which highlighted concerns with both performance and quality.

Learning Disability and Autism

The NHS England trajectory for children with LD/Autism in inpatient care is 10 children and Devon CCG is currently at 5-6, so under trajectory. This is a significant achievement, given that this time last year the CCG was over trajectory and the work of the team involved in this work is acknowledged.

3. Nursing and Quality Functional Performance for September 2020 (month 6)

CHC: Executive agreement for additional resources and use of outsourcing is in place to ensure a reset of the operational CHC function, working collaboratively with the local authorities to manage the backlog of assessments that has arisen due to COVID-19. This backlog poses a financial risk to the CCG and is included on the risk register.

Safety Systems & Patient Experience: The overall serious incident position for Devon remains stable. However serious incidents continue to rise within DPT. The CCG is working closely with DPT to rectify this position and ensure that learning from serious incidents is taken forward and embedded. Two never events were reported by TSDFT in September, one retained foreign object and one wrong site surgery. Seven serious incidents involving primary care have been reported between July and September, with six of those identified through the CCG PITCH (Yellow Card) process.

Infection, Prevention & Control: Frontline healthcare worker flu vaccination plans are underway in all Trusts, with assurance received that plans are progressing in accordance with the vaccine availability schedule. Flu vaccination in primary care has had a higher uptake than expected, with the result that stocks of vaccine have now been impacted upon in both GP surgeries and pharmacies. Further vaccine will be made available from national stock, although a date for this has not been specified. Rates of COVID-19 have increased in Devon over the past month, in particular within Exeter (university focussed).

Equality, Diversity and Inclusion: The annual CCG EDI report has been published here**.**

4. CCG Performance Reporting – Phase 3

The final Phase 3 plan was submitted to NHS England on 5 October 2020, setting out activity plans for the period from September 2020 to March 2021 and showing these as a percentage of 2019/20 levels, including outpatients, elective inpatients, day cases and diagnostics.

The national Phase 3 guidance (*Third Phase of NHS Response to COVID19*, dated 31 July 2020) set out an expectation that systems would restore elective activity to:

- 90% of 19/20 levels by October for elective inpatient, day case and outpatient procedures
- 100% of 19/20 levels of MRI, CT and endoscopy procedures (by October)
- 100% of last year's levels for new and follow-up outpatients

The Devon system recovery plans go a long way to achieving the national ambition, but do not fully meet the requirements, due to a number of factors, including physical space, such as clinic room and theatre loss, and additional pathway measures to ensure a COVID safe environment.

Once the activity recovery rates are confirmed, the CCG will work with providers to ensure that we understand the resultant performance trajectories.

5. Recommendations to members

Members of the Governing Body are asked to:

- To agree the 1 April 2020 to 31 August 2020 (month 5) Constitutional Standards performance position in line with national guidance published on the 28th March 2020 entitled *Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic*.

- To agree the quality**,** nursing and safety performance position for the period 1 April to 30 September 2020.

- To note the update on the latest Devon system Phase 3 plan.

Appendix 1

Governing Body (Public) – Performance Report

October 2020

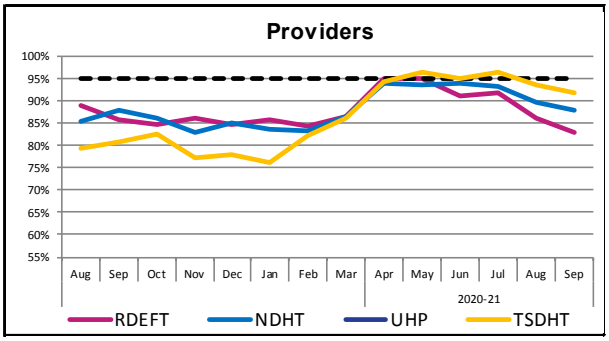
Performance and Quality indicators

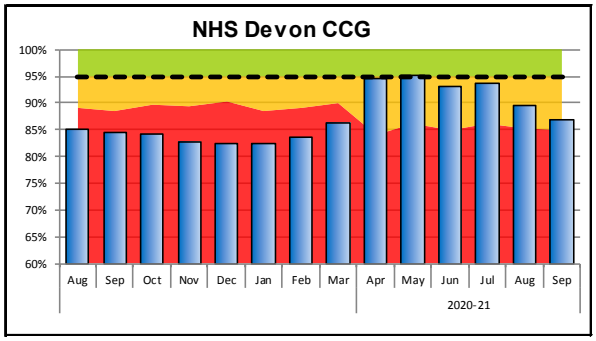
A&E Performance - Percentage of patients waiting less than 4 hours.

All types (including MIU and WiC)

Trust	Trajectory	September	2020/21
RDEFT	86%	83.1%	89.5%
NDHT	87%	87.8%	91.6%
UHP	N/A	N/A	N/A
TSDFT	82%	91.8%	94.4%

CCG	Trajectory	September	2020/21
NHS Devon	95%	87.0%	91.7%
ENGLAND		88.6%	91.7%

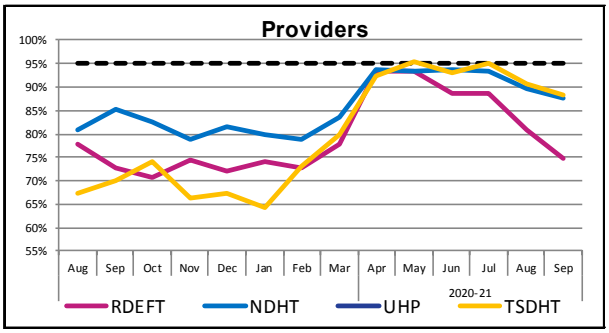


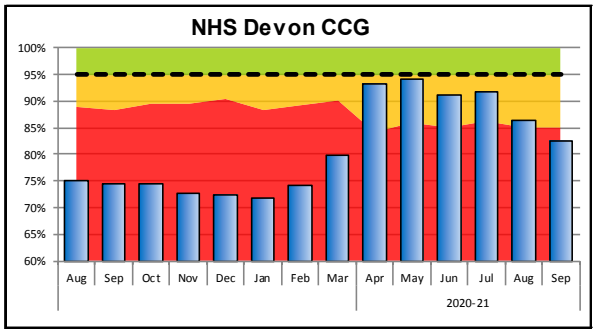


Type 1 A&E only

Trust	Trajectory	September	2020/21
RDEFT	86%	74.7%	85.7%
NDHT	87%	87.8%	91.6%
UHP	N/A	N/A	N/A
TSDFT	82%	88.2%	92.4%

CCG	Trajectory	September	2020/21
NHS Devon	95%	82.4%	89.4%
ENGLAND		83.8%	88.5%



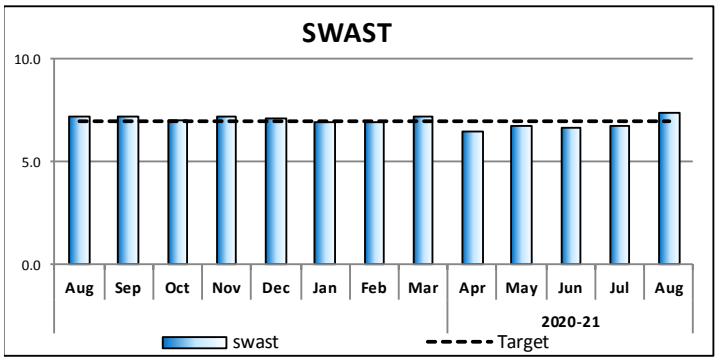


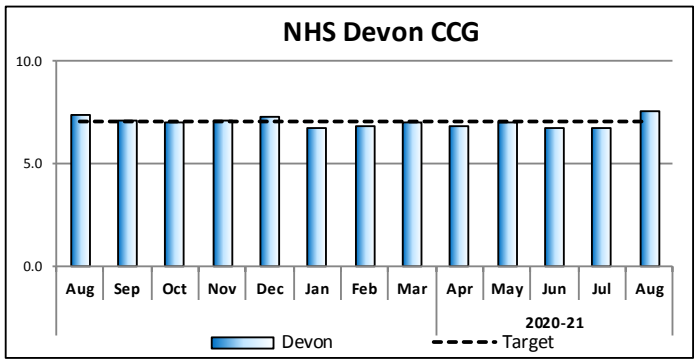
Performance Commentary

The September STP 'all types' position was 87%, down from 89.4% in August. TSDFT continued to see the highest level of performance at 91.8%, with NDHT at 87.8% and RD&E at 83.1%. Type 1 performance also fell to 82.4% compared to the England position of 83.8%.

SWAST Cat 1 Mean response time

Trust	Target	August	2020/21
NHS Devon	7.00	7.50	6.90
SWAST	8.00	7.40	6.60



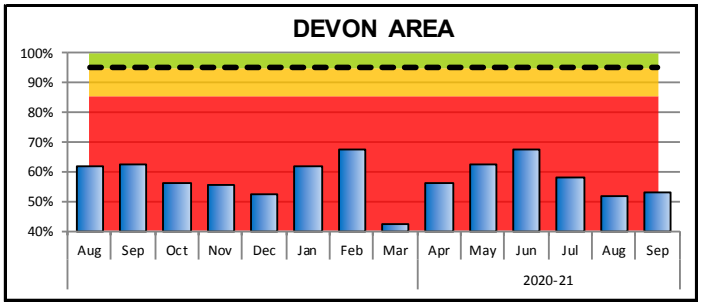


Performance Commentary

At STP level the 7-minute response time performance was above target in August at 7.5 minutes for Devon.

NHS 111 answering calls within 60 Seconds

Trust	Target	September	2020-21
DEVON	95%	53.1%	57.8%
ENGLAND	95%	65.8%	80.9%



Performance Commentary

The proportion of calls answered within 60 seconds increased from 51.4% in August to 53.1% in September. Performance remains well below the target of 95% and continues to be the lowest in the South West.

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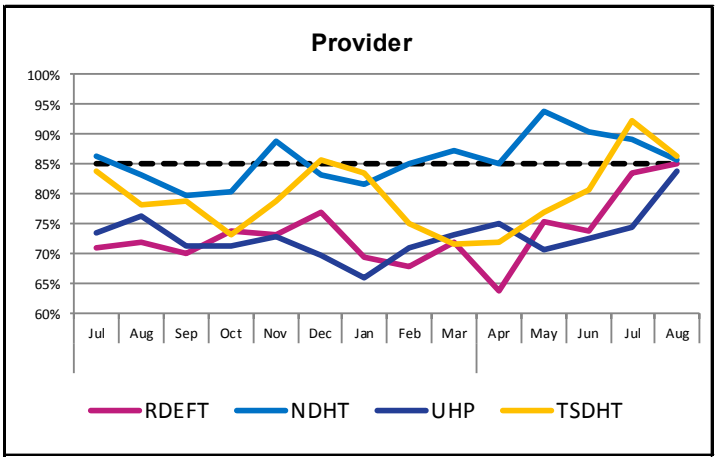
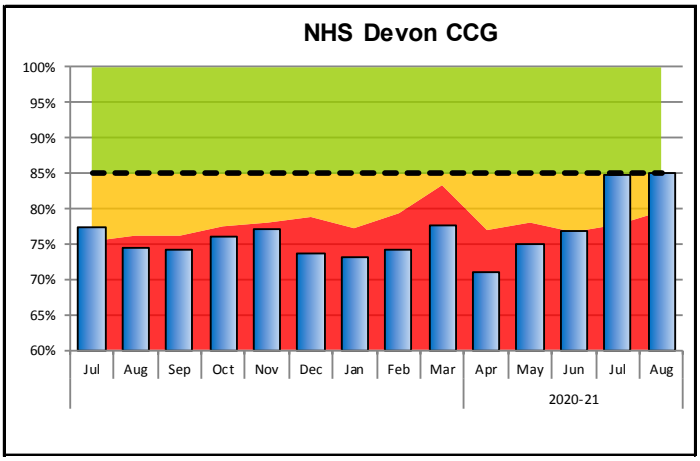
Cancer 62 day Urgent Referral

Trust	Trajectory	August	2020/21
RDEFT	76.5%	85.1%	76.5%
NDHT	85.7%	85.9%	88.3%
UHP	76.0%	83.9%	75.2%
TSDFT	85.4%	86.3%	81.7%

CCG	Trajectory	August	2020/21
NHS Devon	80%	75.6%	2400.0%
ENGLAND	85%	77.9%	75.5%



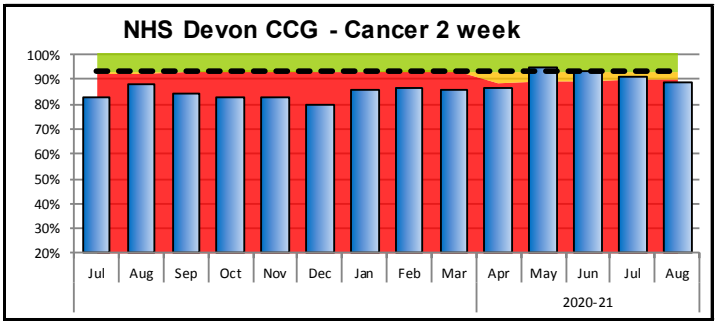


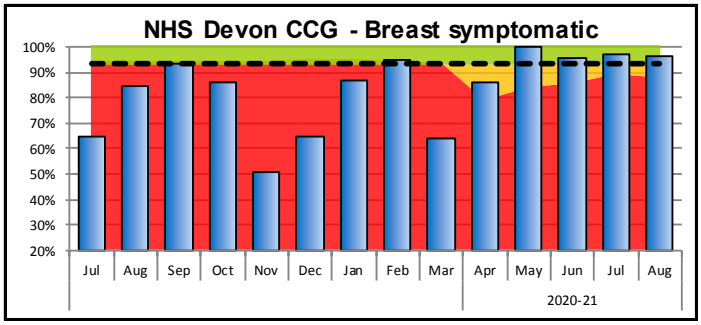
Performance Commentary

There was a further increase in performance in August with the STP position rising from 84.8% to 85.1%. Provider figures show all providers except UHP achieving the 85% target. UHP improved from 74.6% to 83.9%. The STP achieved the target and remains above the national position of 78.4%.

Cancer Targets (August-2020)

Target	Measure	NHS Devon	RDEFT	NDHT	UHP	TSDFT
93%	2 week urgent	88.8%	89.6%	93.5%	94.7%	80.1%
93%	2 week breast	96.3%	100.0%	84.6%	95.6%	100.0%
90%	62 day screening	83.3%			73.7%	0.0%
85%	62 day consultant	91.7%	85.7%	92.3%	81.6%	
96%	31 day first	97.5%	97.3%	98.5%	97.5%	97.3%
94%	31 day surgery	91.9%	85.7%	100.0%	93.9%	91.3%
98%	31 day drugs	100.0%	100.0%	100.0%	100.0%	100.0%
94%	31 day radiotherapy	97.3%	98.9%		91.5%	100.0%





Performance Commentary

TSDFT and UHP achieved four of the cancer waiting times measures in August RDEFT and NDHT achieved five of the targets applicable to them. At STP level five of the eight measures where achieved.

Performance against the 2ww breast symptomatic measure remained above target but the STP slipped under target for the main 2ww target.

RTT Incomplete Waits

RTT Percentage seen within 18 weeks

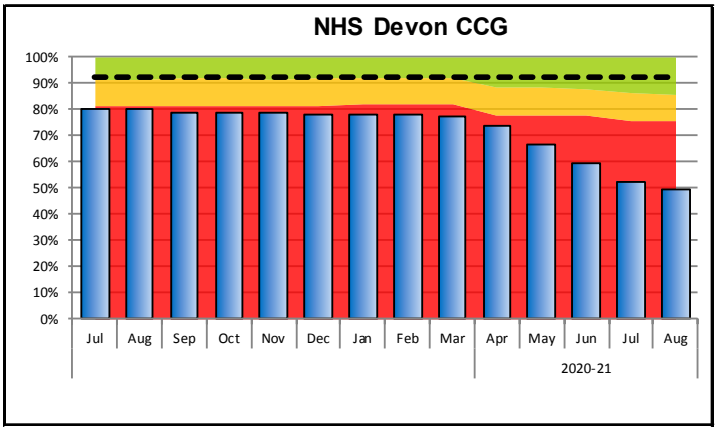
Trust	Trajectory	August	2020/21
RDEFT	72.5%	49.4%	53.5%
NDHT	74.0%	49.2%	52.4%
UHP	75.2%	58.9%	58.5%
TSDFT	78.6%	57.3%	59.4%

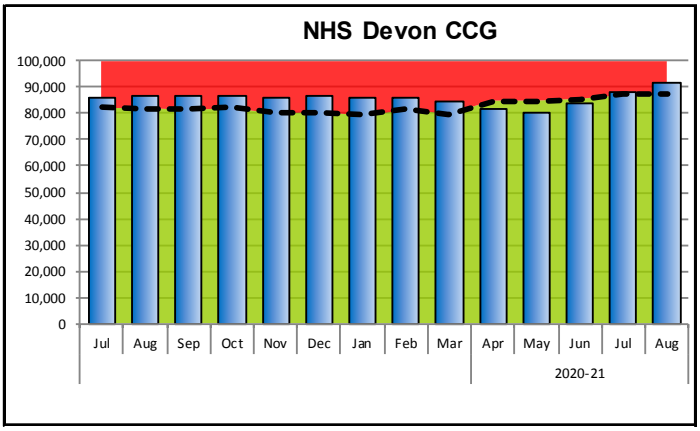
CCG	Trajectory	August	2020/21
NHS Devon	75.4%	53.6%	56.1%
ENGLAND	92.0%	53.6%	57.1%

RTT incomplete waits volume

Trust	Trajectory	August
RDEFT	33,707	32,590
NDHT	11,313	13,026
UHP	28,730	28,537
TSDFT	18,379	25,275

CCG	Trajectory	August
NHS Devon	81,730	91,677





Performance Commentary

The STP level RTT position improved slightly in August from 49.6% to 53.6% compared to the target of 92% and national performance of 53.6%. All providers saw an improving position with UHP performance increasing to 58.9%, RD&E at 49.4%, NDHT at 49.2% and TSDFT at 57.3%. All providers are under target.

The RTT waiting list increased back to pre-Covid levels with rises at all providers.

RTT Incomplete Pathways long waiters

40-52 week waits

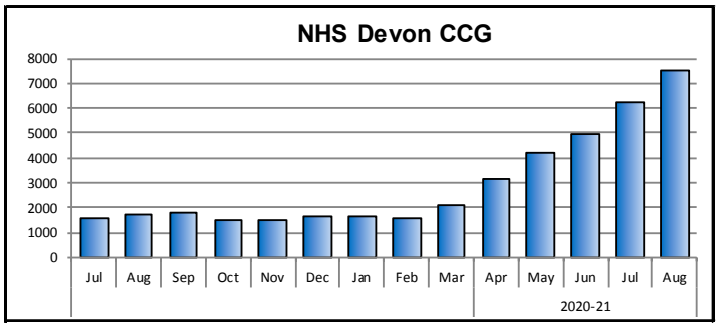
Trust	August	2020/21
RDEFT	3163	10619
NDHT	1269	4732
UHP	1940	7737
TSDFT	1664	5325

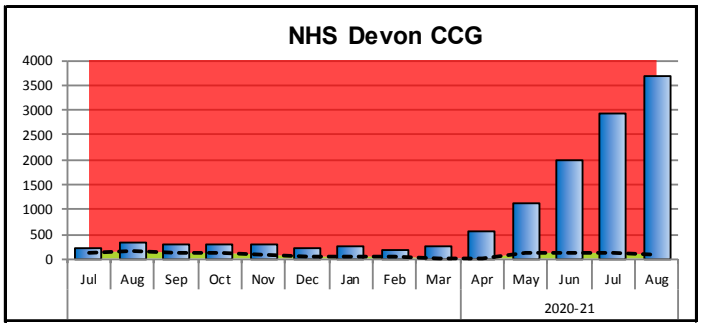
CCG	August	2020/21
NHS Devon	7543	26088

Over 52 week waits

Trust	Trajectory	August	2020/21
RDEFT	0	1486	4273
NDHT	0	830	1998
UHP	40	881	2909
TSDFT	115	745	1898

CCG	Trajectory	August	2020/21
NHS Devon	139	3674	10252





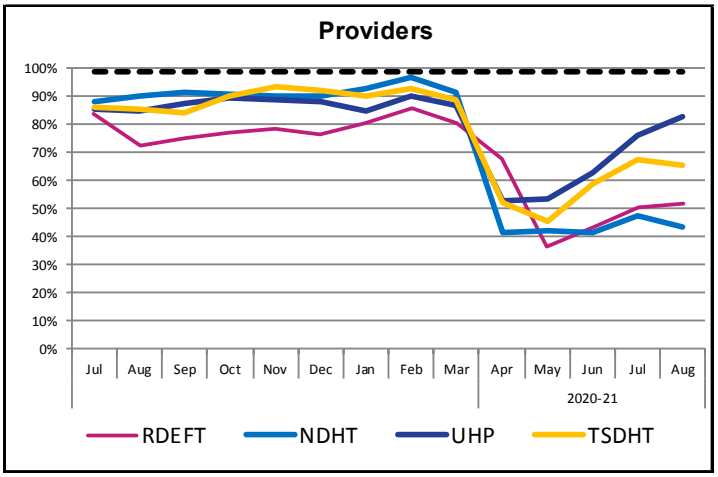
Performance Commentary

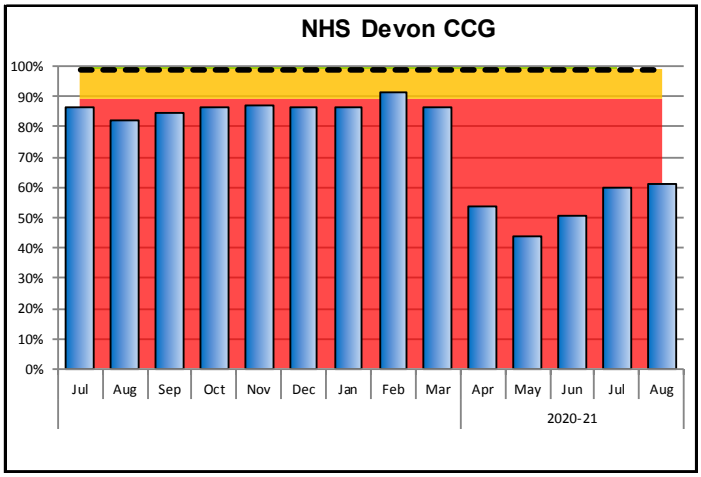
Over 52-week waits have continued to increase. There were 6,223 people waiting between 40 and 52 weeks in July and this has risen to 7,543 in August. All providers have seen an increase in breaches with August figures show RD&E rising to 1,486 (from 1204), UHP at 881 (766), TSDFT at 745 (524) and NDHT at 830 (630). September is expected to show a further increase.

Diagnostic Seen within 6 weeks

Trust	Trajectory	August	2020/21
RDEFT	97.0%	51.9%	50.8%
NDHT	86.5%	43.6%	56.4%
UHP	95.1%	82.7%	34.4%
TSDFT	90.3%	65.5%	41.0%

CCG	Trajectory	August	2020/21
NHS Devon	93.4%	61.1%	54.2%
ENGLAND	99.0%	62.0%	53.1%





Performance Commentary

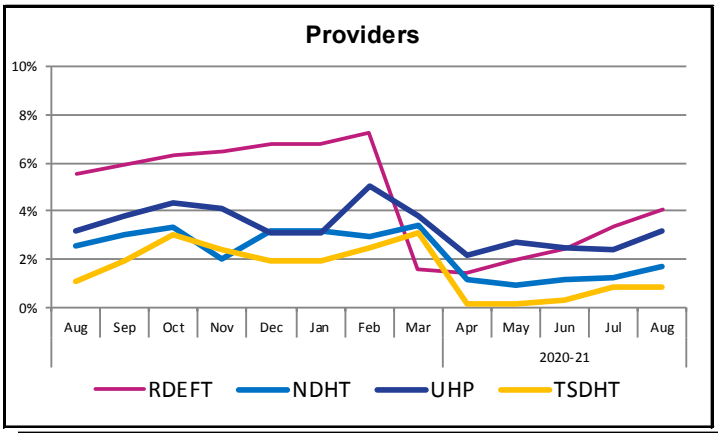
The STP position remain stable in August, with 61.1% of patients being seen within the 6 week target compared to a national threshold of 99% and an England position of 62%.

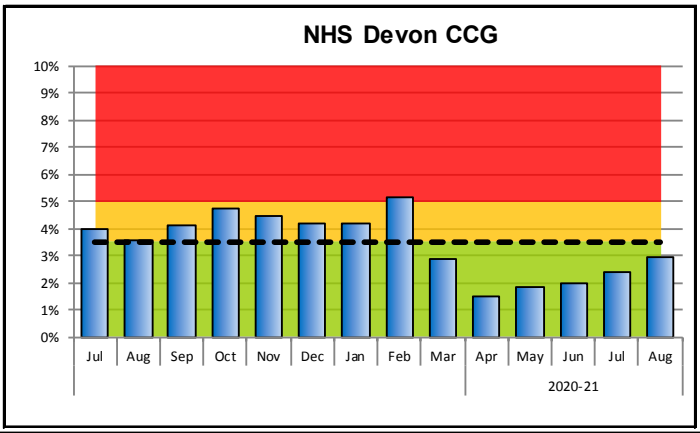
August figures show UHP performance rising from 76.3% to 82.7% RD&E increased slightly from 50.5% to 51.9%, NDHT falling from 47.2% to 43.6% and TSDFT falling slightly from 67.6% to 65.5%.

Acute Delayed Transfers of care

Trust	Target	August	2020/21
RDEFT	3.50%	4.1%	2.6%
NDHT	3.50%	1.7%	1.2%
UHP	3.50%	3.2%	2.6%
TSDFT	3.50%	0.9%	0.5%

CCG	Target	August	2020/21
NHS Devon	3.50%	2.96%	2.1%





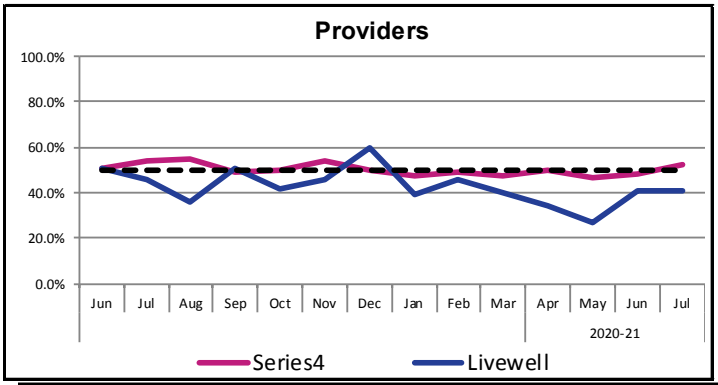
Performance Commentary

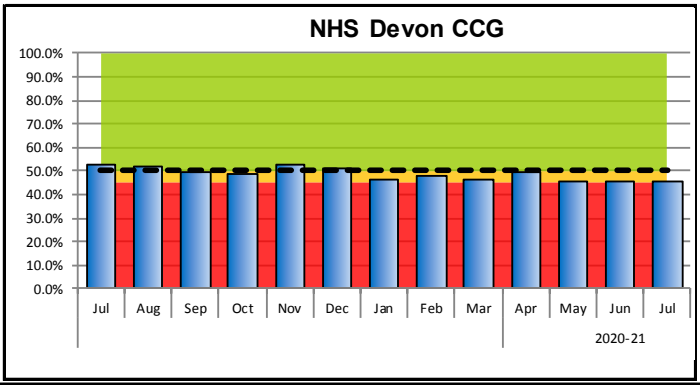
In August acute delayed transfers of care (DTOC) continued to be within the 3.5% target at 2.96%. All providers except RDEFT were meeting the target.

IAPT Recovery rate

Trust	Target	July	2020/21
DPT	50%	52.6%	49.2%
LIVEWELL	50%	40.7%	37.2%

CCG	Target	July	2020/21
NHS Devon	50%	45.8%	46.5%





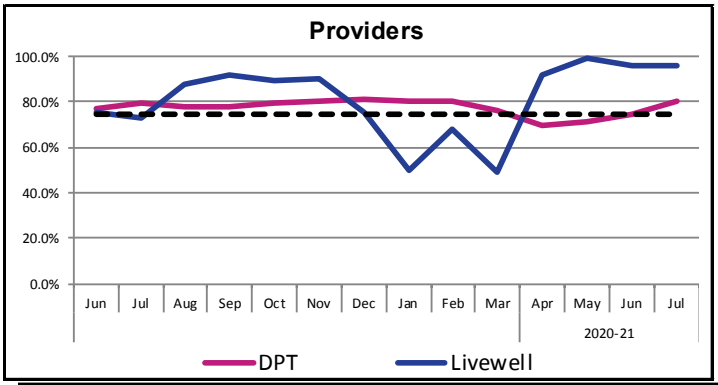
Performance Commentary

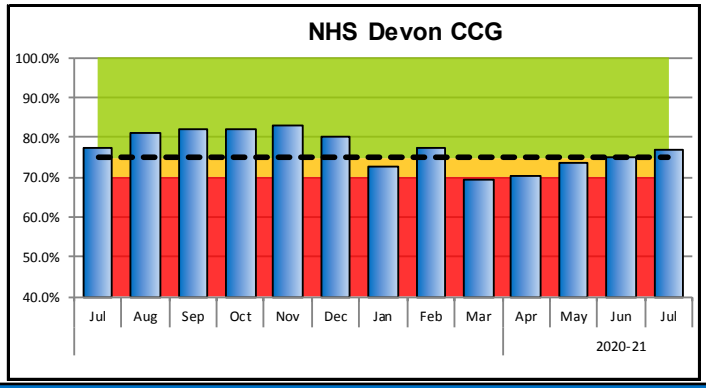
July IAPT recovery data shows performance continuing to be under the 50% target at 45.8% for the STP. DPT above target at 52.6% and Livewell continue to perform lower at 40.7%.

IAPT waiting 6 weeks

Trust	Target	July	2020/21
DPT	75%	80.8%	74.0%
LIVEWELL	75%	96.3%	96.5%

CCG	Target	July	2020/21
NHS Devon	75%	77.0%	74.2%



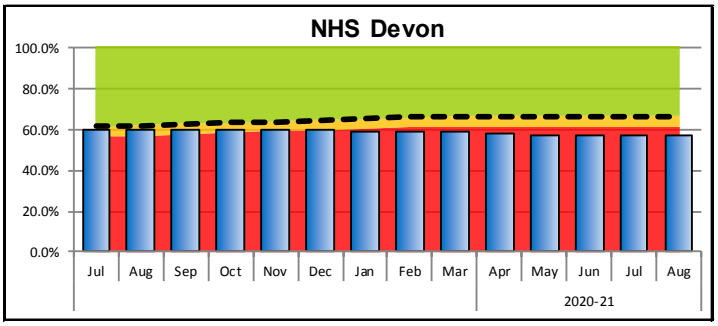


Performance Commentary

IAPT 6-week waits improved and are above target in July at 77% for the STP against the 75% target. Both providers achieved the target.

Dementia Diagnosis Rate

CCG	Trajectory	August	2020/21
NHS Devon	66.7%	56.7%	56.7%
ENGLAND	67.0%	63.1%	63.8%



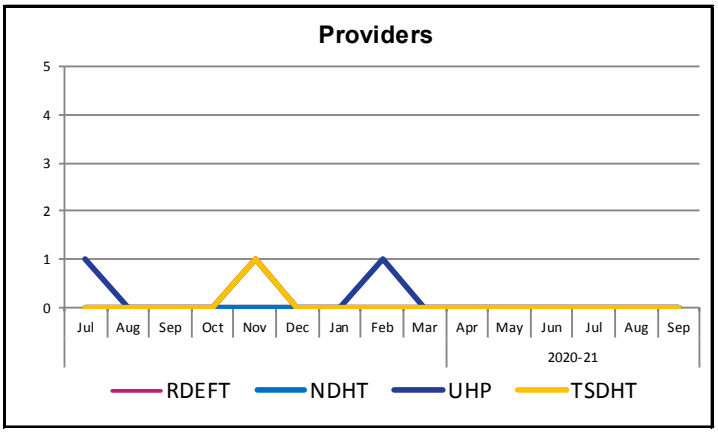
Performance Commentary

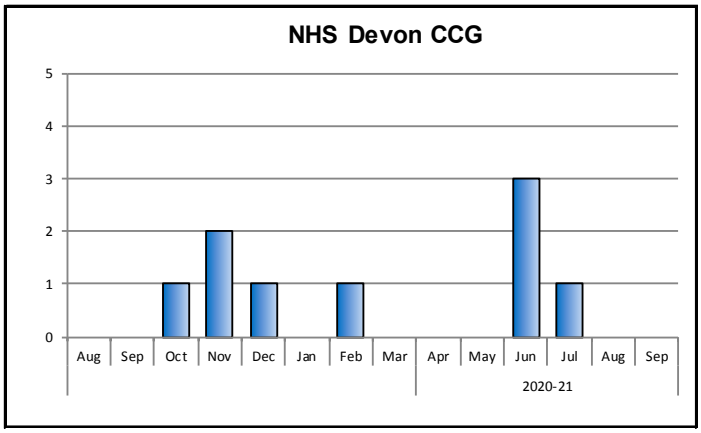
STP level performance remained static in August and there has been little change at CCG level over the past year. Nationally performance has been mapped to Local Authority areas which is showing that the lowest rates in Devon are seen in South Hams (42.2%), Mid Devon (51.1%) and Plymouth (56.5%). Conversely Exeter is at (69.3%), Torbay (60.3%) and East Devon at (63.7%).

MRSA breaches

Trust	Target	September	2020/21
RDEFT	0	0	0
NDHT	0	0	0
UHP	0	0	0
TSDFT	0	0	0

CCG	Target	September	2020/21
NHS Devon	0	6	4





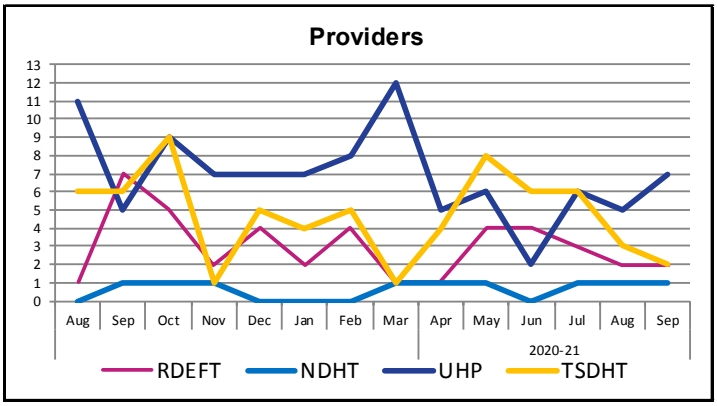
Performance Commentary

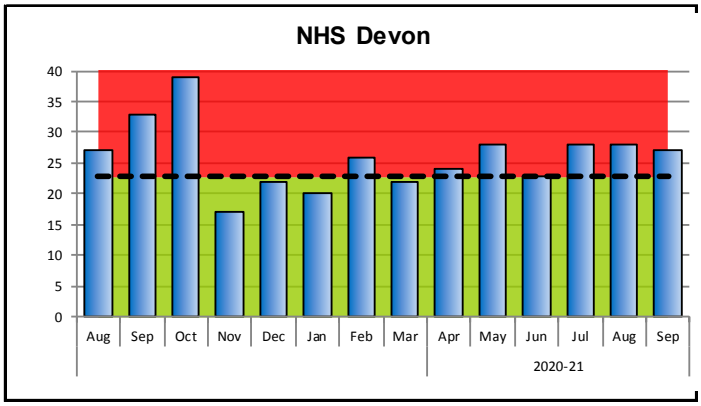
There were zero reported cases of MRSA in August for the CCG, and none in Devon providers.

C-Diff breaches

Trust	Target	September	2020/21
RDEFT	<31	2	16
NDHT	<9	1	5
UHP	<63	7	31
TSDFT	<36	2	29

CCG	Target	September	2020/21
DEVON STP	<274	27	158





Performance Commentary

There were 12 C-Diff cases acquired within the Devon acute providers and 27 across the STP in August.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Approval of Health and Safety Policy				
Date of committee: 29 October 2020 **Date report produced: 12 October 2020**				
Author (s) Name and Title: **Clare Doble, Head of Governance** **Contact Details: clare.doble@nhs.net**		**Supporting Executive: Ginny Snaith** **Name and Title: Board Secretary** **Contact Details: g.snaith@nhs.net** **Report Approved by: As above** **Name and Title:** **Date**		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

The CCG's Health and Safety policy is being presented to the Governing Body for approval in line with the Governing Body forward planner.

The policy has been refreshed to accommodate our response to health and safety requirements in support of any incident, epidemic or global pandemic. The policy also includes reference to the Board secretary's portfolio who has, since last time of writing, been delegated responsibility for health and safety on behalf of the CCG.

Revisions to our CCG Health and Safety Policy have ensured that staff welfare remains paramount and that relevant safeguards and reasonable adjustments have been implemented, particularly in light of the current Covid-19 incident. These amendments offer additional clarification ensuring each individual staff's health and safety needs are addressed, and process of escalation understood and embedded, details of which can be found here. Our message continues to be '**work from home, if you can'** balanced against the needs of individual's mental health and wellbeing.

These amendments to the Health and Safety Policy are being presented as track changes for ease of visibility. The Governing Body are requested to accept the track changes, offer any additional comment and formally approve to ensure that the CCG meets its statutory obligations and duty of care under the Health and Safety at Work Act etc 1974.

The policy will be amended as necessary in line with any national or local requirements and reviewed annually to ensure that it remains fit for purpose. If no significant amendments are required, the policy will be presented to the Governing Body no less than two years from approval.

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:

Site Safety Coordinators Group – H&S Competent Advisor present and has reviewed policy

Staff Partnership Forum

Executive

Key recommendations and actions requested:

The Governing Body are requested to accept the track changes, offer any additional comment and formally approve the amendments to the CCG's Health and Safety Policy to ensure that the CCG meets its statutory obligations and duty of care under the Health and Safety at Work Act 1974.

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:

N/A

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.

Health & Safety Policy

NHS Devon Clinical Commissioning Group

Author(s): Richard Hookway, H&S Competent Advisor, Amarisk Clare Doble, Head of Governance,	Contact Details: D-CCG.Healthandsafety@nhs.net Governance Team	GEN 023
Approved by: Governing Body	*Date of formal approval to be completed once approved* *V0.1*	Review Date: Sept 2022
Date V0.1 Issued:		Version 0.1
All policies are held centrally by Governance: d-ccg.governance@nhs.net		

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V0.0	August 2020	Document replaces policy held jointly by NHS NEW Devon CCG and NHS South Devon and Torbay CCG • Reviewed in line with changes to legislation and incident response management by Health and Safety Competent Advisor and Head of Governance (CCG Health and Safety Lead)
V0.1	September 2020	• Presented to Staff forum 10 September 2020 and approved • Reviewed by Board Secretary 30 September 2020
V0.1	October 2020	• Presented to NHS Devon CCG Executives 06 October 2020 for endorsement ahead of Governing Body formal approval • Presentation to Governing body for formal approval 29 October 2020

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 4Q

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

1. Introduction

1.1 NHS Devon Clinical Commissioning Group ('the CCG') is fully committed to protecting the health, safety and welfare of all staff. The Governing Body of the CCG will provide the leadership to ensure that exemplary health and safety practices are firmly embedded throughout the organisation to provide a secure and healthy environment in which to work.

1.2 The Governing Body has overall responsibility for Health and Safety throughout the organisation's operating activities, specifically:

- Ensuring that all governing body members maintain and demonstrate their commitment to Health and Safety
- Ensuring that health and safety risks and other information brought to their attention are appropriately considered and acted upon
- Ensuring adequate resources including finance are made available for the provision of adhering to this health and safety policy and compliance with the Health and Safety at Work Act 1974 and associated regulatory guidance.

1.3 The CCG has appointed an independent health and safety adviser and has delegated to the Head of Governance via the Board Secretary to keep under review the CCG Health and Safety Policy; co-ordinate matters of Health and Safety management and provide an annual report in accordance with the corporate calendar to the Governing Body. This role does not detract from the responsibilities of the Governing Body and other Directors for specific areas of Health and Safety management which are outlined in the constitution and also the Health and Safety at Work Act 1974.

1.4 In compliance with health and safety legislation as it applies, this is a statement of the Health and Safety Policy of the CCG and the arrangements for its implementation. The policy itemises not only the duties of the CCG to protect the health, safety and welfare of its staff, but also the legal obligations that these acts place upon every member of staff whilst at work.

1.5 There is an obligation upon the CCG, the Head of Governance, the Human Resource team and each line manager to work jointly, and ensure that staff are informed and instructed with regards to Health and Safety training, instruction and that such activities are properly recorded and records maintained.

1.6 The CCG are tenants of 5 sites with responsibility for health & safety within their own working areas only. Communal areas within buildings are the responsibility of the CCG, landlord or their appointed agent as determined in relevant lease agreements held by Finance and Contracting.

NHS Devon CCG is a tenant of:

- **Bridge House** Collett Way, Newton Abbot TQ12 4PH
- **County Hall,** Topsham Road, Exeter, EX2 4QL
- **Crown Yealm House**, Pathfields Business Park, South Molton, EX36 3LH.
- **Pomona House**, Oak View Close, Torquay, TQ2 7FF.
- **Windsor House**, Tavistock Road, Plymouth, PL6 5UF.

1.7 This policy aims to ensure that:

- Managers and individuals of the CCG look after the health, safety and welfare of its staff as far as is reasonably practicable.
- The health, safety and welfare of other persons e.g. contractors, visitors, general public who are affected by the CCG's activities, is looked after.
- Satisfy the requirements of the relevant regulations as they apply, and any other associated relevant regulations and guidance.
- To supplement and enhance any associated policies
- As a CCG we will take all reasonable steps to ensure adherence to national or local policy and guidance. Therefore, this policy will be updated in accordance with any national or local policy changes.

2. Scope of Policy

2.1 This policy applies to those members of staff that are directly employed by the CCG and for whom each CCG has a legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisations policies are also applicable whilst undertaking duties for or on behalf of the CCG. Further, this policy applies to all third parties and others authorised to undertake work on behalf of CCG.

3. Strategic context

3.1 The CCG attaches great importance to the Health and Safety of its staff, and, recognises its legal obligations under the Health and Safety at Work Act 1974, to ensure the health, safety and welfare of its staff, so far as is reasonably practicable. Additional guidance will be adhered to during any local incident, epidemic or global pandemic in line with its emergency planning resilience and response plans, but principles of this policy apply throughout. The CCG also accepts such responsibility for other persons who may be affected by its activities whilst working in the CCG's premises or as part of agreed homeworking activities.

3.2 The CCG aims to design and implement services, policies and measures that are fair and equitable. As part of its development, this policy and its impact on staff, service users and the public have been reviewed in line with CCG's Legal Equality Duties. The purpose of the assessment is to improve service delivery by minimising and, if possible, removing any disproportionate adverse impact on employees, service users and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.

4. How health and safety will be delivered

4.1 Good practices will be adopted to manage Health and Safety, and the CCG will endeavour to secure the co-operation of all staff in matters of Health and Safety and encourage their active participation through consultation.

4.2 The CCG has a Site Safety Coordination Group which meets on a quarterly basis, or more often as required. Its purpose is to:

- Provide a forum for consultation and discussion of health and safety matters including review and input into the CCGs Health & Safety policy and working arrangements and their impact on CCG Staff.
- Promote co-operation between the Governing Body, Managers and Staff on all matters relating to health, safety & welfare.
- Make recommendations to the Governing Body for safety compliance and in line with government guidelines for keeping staff safe in the workplace during an incident such as a local outbreak, epidemic or global pandemic.

4.3 All CCG staff are expected to undertake mandatory Health & Safety training every 3 years via the e-Learning tool on ESR. This is outlined in the CCG's Mandatory Training Policy which is available to all staff via the CCG(intranet pages.

4.4 The CCG will make necessary provisions to ensure the CCGs Health and Safety policy and procedures are regularly monitored and reviewed. This will include regular annual site compliance audits and quarterly work place inspections of each site.

4.5 The CCG will take all necessary precautions to safeguard its staff from exposure to harm including stress at work, violence, harassment and bullying. The CCG's HR department is available for one to one advice and guidance. In addition, any health and safety incidents can be logged via the Datix incident portal and these incidents reported through to the Executive team via the Board Secretary no less than annually.

4.6 The CCG's ways of working safely will be guided by:

- CCG's Accountable Officer
- CCG Executives
- Advice from the CCG's Health and Safety Competent Advisor
- CCG's Health and Safety Lead
- Partner organisations
- Published organisational values
- HSE guidance

4.7 New employees will be provided with a Health and Safety Induction by their line manager (or the line manager's delegated person) and supported by the Site Safety Co-ordinator. The induction includes a Health and Safety statement which new employees are asked to read and sign. This checklist will be retained in the employee's personal file.

4.8 Any existing NHS Devon CCG employee who is working at another NHS Devon CCG site, not their normal contracted place of work, will be encouraged by their line manager to liaise with the site safety coordinators to request familiarisation of the building, to ensure that they are informed of all of the H&S aspects of the building and feel able to alert others and the site safety coordinator(s) of any health and safety issues for the duration of working on the premises.

5. The general statement

5.1 It is a requirement under Section 2 of the Health and Safety at Work Act 1974 that the organisation prepares and, as often as may be appropriate, revises a written statement of its general policy with respect to the Health and Safety at work of its staff, outlining the legal and statutory duties for both the employer and staff. This also provides details of the organisations responsibilities for carrying out that policy and to bring that statement or any subsequent revision of it to the attention of all staff.

It is the policy of the CCG to:

- provide and maintain standards of health, safety and welfare, which comply fully with Health and Safety at Work Act 1974 and any other statutory provisions, or approved codes of practice relevant to the nature of the business
- provide and maintain equipment and systems of work that are suitable, safe and without risk to health
- provide all staff with sufficient instruction, information and supervision to develop and encourage safety awareness in order to work in a safe manner
- provide a safe place of work including safe access and egress.
- establish joint consultation on matters of Health and Safety in order to help identify risks and to assist in the prevention of accidents; and
- ensure that as far as is reasonably practicable, that the operations of the CCG are safe and without risk to the Health and Safety of visitors and the local community.

6. Organisation and responsibilities

6.1 The Accountable Officer is accountable for the CCG's Health and Safety systems.

6.2 The Accountable Officer has delegated responsibility for all aspects of Health and Safety to the Head of Governance via the Board Secretary.

6.3 At an operational level, the duties will fall to the Site Safety Coordinators, a voluntary role in addition to normal working arrangments, through direction from the Head of Governance who will act as the Health and Safety Lead for the CCG and offer strategic guidance and support in matters related to health and safety.

6,4 The Chief Communications, IT and People Officer has responsibility for all of the CCG's five main sites. He has appointed five Strategic Accommodation Representatives, who will help oversee the main strategic needs of these offices – for example, leases, utilisation of space and future accommodation needs. They will have no role in the day-to-day management of the offices.

6.5 The HR team and individual line managers are responsible for ensuring staff receive all necessary Health and Safety training, instruction and information and that such activities are properly recorded and records maintained.

The line managers together with site safety coordinators will:

- organise the department, section or workplace so that operations or work carried out is to a satisfactory standard of safety, resulting in minimal risk to people, equipment and materials;
- plan and maintain good house-keeping
- review operating and work instructions and specific related hazards to staff transferred into the department and/or new staff
- ensure all accidents / incidents are reported in accordance with the accident and incident reporting procedure so that they may be recorded
- ensure all staff are aware of Health and Safety procedures
- encourage the good behaviours required by staff by setting a good example with respect to Health and Safety.

6.6 Site Safety Co-ordinators are appointed for each NHS Devon CCG premise. Their role is to co-ordinate and report, safety issues relating to their nominated office, represent the views of Staff at Site Safety Coordinators Group and the staff forums / staff councils as appropriate.

Responsibilities of this role include;

- Consulting with local managers and staff on Health & Safety matters
- Co-ordinating risk assessments, reports and other information as appropriate for feedback to the Corporate Services team/Safety Group as appropriate.
- Ensuring safety inspections and relevant records are maintained for relevant premises.
- Ensuring that the necessary work equipment is adequate, available, properly maintained and used appropriately
- Attending Site Safety Coordinator Group meetings
- Attend as appropriate Staff Forum and / or Staff Council meetings
- Bring any health and safety issues to the attention of their line manager and the CCGs Health and Safety Lead as soon as possible

Details of Site Safety Coordinators are publicised through regular communications and on posters at each CCG site.

7. Staff duties and responsibilities

7.1 All staff whilst at work have a legal duty to take reasonable care for the Health and Safety of themselves and others who may be affected by their acts or omissions, and to co-operate fully with the arrangements made by the organisation to meet its legal responsibilities for Health and Safety as in Section 7 of the Health and Safety at Work Act 1974.

7.2 Staff have a responsibility for bringing to the immediate attention of their manager, business manager or their Site Safety Co-ordinator, any issues that could be detrimental to themselves and others, including visitors.

7.3 It is the responsibilities of all staff to:

- comply with local fire procedures;

- comply with local first aid procedures;
- comply with national or local guidance in the event of an incident, epidemic or pandemic which may include, but is not limited to, social distancing and adhering to principles of good hygiene/infection prevention control measures at all times
- not attempt to repair any item of electrical equipment (unless properly authorised to do so) but to report it to their manager or the Site safety Coordinator
- not to bring personal electrical equipment into work unless authorisation agreed with site safety coordinator and / or line management
- report any obstructions to any walkways, entrances and exit areas and avoid creating such obstacles
- not to use any equipment for which they have not been trained, without first seeking the advice of an appropriately trained person;
- ensure the cleanliness of workstations taking in to consideration that others may use their desk
- report any building and/or equipment defects and/or shortfalls in cleanliness to their manager; and
- set a good personal example with respect to working safely .

7.4 Each site has appointed first aid trained staff, details of which are displayed locally at each premise and available on the CCG intranet. First aiders will comply with any local or national guidance as a result of any incident. The CCG's first aider guidance will be updated accordingly and made available to staff by the CCGs Health and Safety Lead.

7.5 Each site has appointed fire wardens, details of which are displayed locally at each premise.

7.6 The CCG take the welfare and mental health of its staff seriously. The CCG's HR team has a contact list of Mental Health First Aiders. These staff members are not clinicians or professionals in mental health, however the group have attended a short course on recognising the signs and symptoms of common mental health issues, how to be an effective listener and signpost staff to the right professional help. Access to any Mental Health First Aider will be through the HR Team d-ccg.hr@nhs.net .

8. Accident Book and RIDDOR reporting

8.1 It is CCG policy to report any incidents, accidents and near misses in order for an investigation to be conducted to eliminate/minimise the possibility of such an event occurring again in the future. Further information can be found in the Incident and Accident Policy available on the CCG intranet

8.2 In the event of an accident or incident relating to a health and safety matter, the injured party (staff / visitor / contractor), or another person on their behalf must report using DATIX. The Datix icon can be found on each CCG employee's desktop.

8.3 The Site safety coordinator and / or a member of the Governance team will follow up, action and investigate where appropriate. Details of all health and safety related incidents will be reported to the Executives by the Board Secretary no less than once a year.

8.4 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) is the law that requires employers, and other people in control of work premises to report and keep records of:

- Work related accidents that cause death
- Work related accidents which cause certain specified injuries
- Diagnosed cases of certain occupational diseases; and
- Certain "dangerous occurrences" (incidents with the potential to cause harm).
- Any other requirements as set out by national guidance which are included in the CCG DATIX system

8.5 The Site Safety Coordinator and / or the CCGs independent health and safety advisor will decide / agree whether an accident is reportable via the criteria as set by RIDDOR and in line with any additional national requirements that may be implemented at any given time.

8.6 All reportable events under RIDDOR shall always be thoroughly investigated by the Line manager, and/or Safety Co-ordinator.

8.7 All reportable events will be raised and discussed and the Accident and Incident reports (anonymised) will be reviewed by the Site Safety Coordinators Group, Staff Forum and Staff Council as appropriate.

9. Violence/bullying and harassment

9.1 The CCG as an employer are under a legal obligation of a duty of care to provide both a safe place and safe system of work. Consequently, this issue is included in the Grievance policy. Any violence, bullying and/or harassment of CCG staff that is reported will be investigated in order to comply with this duty of care.

10. Control of substances hazardous to health (COSHH)

10.1 Risk assessments will be undertaken to ensure staff and other persons do not become harmed in any way from exposure to hazardous substances in the workplace. Where elimination of that substance is not possible, effort will be made to find a lower risk substitute.

10.2 Any potentially hazardous substances identified will be suitably stored and labelled correctly. Appropriate information will be readily available relating to the natural characteristics of a particular substance, and suitable control measures and contingency plans will be in place to ensure appropriate action is taken in the event of an accident or injury.

10.3 Full training and information will be given to all staff that are required to handle hazardous substances.

For further guidance on COSHH regulations please refer to the Health and Safety Executive COSHH Regulations http://www.hse.gov.uk/coshh/

11. Display screen equipment

11.1 All staff who are dependent on the daily and prolonged use of Display Screen Equipment are classed as “display screen users”. The CCG will ensure that risk assessments are carried out to identify any workstation hazards and risks that a display screen user maybe exposed to. Pregnant staff and new mothers should refer to the Leave and Pay for new parents policy and guidance New starters are asked to complete a self-user DSE assessment. If desk accessories are required upon completion of a DSE Assessment the CCG will purchase the appropriate equipment as is reasonably practical.

It is the responsibility of the staff member to ensure they adhere to the same health and safety requirements both in the office environment and if working from home. For those staff who work from home a Homeworker Assessment is also available for completion, this includes a risk assessment of the workstation and surroundings and identifies any Display Screen Equipment required. (The Homeworker Assessment can be accessed via the intranet.

11.2 Staff who have been advised to purchase specialist workstation equipment for a long term condition / disability under the Equality Act 2010 .i.e. specialist chair or height adjustable desk, will be asked to provide a note or recommendation from their medical professional. This is to ensure that the correct equipment is purchased. The CCG is unable to follow up a request for specialist equipment without the relevant clinical recommendation. The recommendation should be discussed and approved by the person’s line manager in the first instance. The Site Safety Co-ordinator will require authorisation from the person’s line manager to proceed with the order.

11.3 Eye and eyesight tests are available free of charge for permanent staff who use Display Screen Equipment (DSE) as defined above. Please refer to the Display Screen Equipment policy for further details.

For further guidance on working with visual display units please refer to the Health and Safety Executive Regulations 1992 https://www.hse.gov.uk/pubns/books/l26.htm

12. Fire and emergency evacuation

12.1 The CCG will ensure a fire risk assessment is conducted (in accordance with the Regulatory Reform (Fire Safety) Order 2005) for each premise occupied, and ensure that appropriate control measures have been implemented and maintained.

12.2 Details of Fire Wardens with responsibility for fire prevention/control will be posted on relevant notice boards.

12.3 Instruction regarding fire prevention and emergency procedures will be provided for all employees during induction. Details of fire procedures will be located around individual premises, and staff should read the appropriate evacuation procedures for any sites that they attend.

12.4 Emergency evacuations prompted by incidents other than fire will have the same essential principles for fire evacuation, although may not be signalled by an audible alarm, but via fire wardens / senior staff who will provide instructions of escape routes as some areas may be impacted by a suspicious device or gas leak for example. Specific instructions will be issued to staff as the need arises.

12.5 Personal Emergency Evacuation plan (PEEP's) will be undertaken where required in conjunction with the staff member their line manager and the site safety coordinator and overviewed by either the Health & Safety Competent person or Health and Safety Lead for the CCG.

13. Building maintenance

13.1 The CCG's landlord will have arrangements in place for planned preventative maintenance for all key building services such as air-conditioning, hot and cold water supplies, lighting, cleaning, fire equipment in the communal areas and alarm systems, security systems, sanitary facilities and general decoration. These details for part of the quarterly site safety checks.

13.2 Agreements will be made with the landlord at senior officer level where financial limits allow for such maintenance, and appropriate records will be kept of all maintenance, breakdowns and repairs.

13.3 In the event of emergency breakdowns the reporting officer must make essential information available to the relevant site safety coordinator / landlords or other designated persons at the CCG with senior officer powers for that site.

14. Manual Handling

14.1 All CCG staff are required to undertake mandatory Manual Handling training every 3 years via the e-Learning tool on ESR.

14.2 Consideration is given to the elimination of significant manual handling activities wherever practicable with provision of risk assessment for significant risks, and special equipment where appropriate.

14.3 Training, supervision and information can be given to staff by competent people prior to work being carried out.

15. Mobile telephones

15.1 In line with guidance from the Health and Safety Executive (HSE) the use of hand held mobile phone whilst driving is not encouraged. It is the advice and strong recommendation of the CCG that mobile phones, even when legally used, should not be used when driving and preference should be given to only using mobile phones when stationary. Guidance is available here for reference: https://www.hse.gov.uk/pubns/indg382.pdf

15.2 Consideration must be given to proper rest breaks and staff must not be contacted involuntarily outside normal working hours. Mobile phone users are therefore entitled to switch off their phones during rest breaks, whilst driving and when they are not working.

16. General safety and environmental

16.1 The CCG will work with the landlord at each site to ensure that:

- electrical and fire control systems are correctly maintained.
- control measures are in place to ensure communal walkways are free from obstruction at all times.
- Control measures to deal with ice and snow are in place at all sites .
- Control measures are implemented in the event of any incident and risk assessments undertaken by qualified staff.

16.2 CCG staff must only park their cars in designated areas and adhere to any local or national guidance as required. The roadways must not be obstructed. Any traffic cones to prevent obstructive parking must not be removed.

17. Premises security

17.1 The CCG has security measures in place for each site. These will be actively monitored and reviewed to ensure the safety of staff, visitors and equipment. Any issues or concerns should be reported to the Site Safety Coordinator.

18. Lone working

18.1 The CCG acknowledges its duty to make adequate provisions for the Heath and Safety of lone workers in the workplace. Lone working is acknowledged as a significant risk and all foreseeable risks associated with lone working should be identified, assessed and controlled as appropriate.

18.2 Lone working environments present unique health and safety challenges. Although there is no specific legal guidance on working alone, under the Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations 1999, and following the 2005 guidance from the NHS counter fraud and security management service, the CCG must put in place systems to control the health and safety of lone workers in the workplace.

18.3 It is encouraged that staff with support from their line manager undertake a risk assessment before lone working on any CCG premises. Following this assessment any corrective action should be implemented to ensure all aspects of health and safety or where possible lone working discouraged.

18.4 Each CCG employee has a responsibility to ensure that their home working environment is safe and fit for purpose. It is, therefore, the CCGs role to ensure relevant homeworking processes and checklists are in place for staff to raise health and safety issues during their working day, but it is recognised that the CCG is not responsible for the health and safety of the employee's home environment.

18.5 Where a CCG employee is lone working at home, the CCG has put in place relevant processes to ensure that the employee feels safe and supported in the event of any health and safety issue that may arise during their working day. Each employee working from home must complete a homeworking checklist and

liaise with their line manager to identify all potential risks or concerns at their earliest opportunity and where necessary advice sought from the health and safety team.

18.6 Advice for lone workers can be obtained from the CCG's health and safety team d-ccg.healthandsafety@nhs.net until such time that the detail becomes available in the CCG flexible working policy

19. Risk assessment

19.1 A workplace risk assessment is regularly carried out by a competent person to identify hazards at each site (competent person includes individuals IOSH qualified, CCG's Health and Safety Competent Advisor or the Health and Safety Lead for the CCG). The assessment states what the hazards are, the risks associated with them, who might be harmed and how. Appropriate control measures will be put in place to reduce risks and regular reviews will be undertaken.

20. Training

20.1 Provision will be made ensuring staff receive adequate information, instruction and training with respect to Health and Safety where appropriate. It is a requirement of the CCG that all staff complete the mandatory e-learning Health & Safety module, every 3 years via the e-Learning tool on ESR.

21. Waste disposal including Confidential

21.1 Waste will be managed effectively. Thought will be given to waste materials to determine whether they can be reduced, reused or recycled in any way. Where this is not an option, all waste materials will be disposed of safely and the CCGs confidentiality policy adhered.

21.2 Confidential waste should be shredded by the individual or placed in the confidential waste bins (process differs dependent on site) and will be collected by an appointed secure waste contractor

21.3 The CCG will dispose of any food (bi-weekly) kept in the staff fridges that is out of date or could cause contamination with other food. Staff are warned that unless food is retrieved and taken home, the CCG will dispose of it.

22. Working environment

22.1 The CCG will ensure, so far as is reasonably practicable, that the working environment is a safe and healthy one. Provisions will be made in order to comply with the Workplace (Health, Safety and Welfare) Regulations. Where staff have any concern this must be highlighted to the relevant line manager, one of the CCG site safety coordinators and the health and safety team d-ccg.healthandsafety@nhs.net

23. Third party contractors

23.1 Third party contractors are managed by the CCG (for their remit only) together with the Landlord for each respective site; therefore it is the duty of both parties to retrieve and retain all third party contractors' safety documentation for work undertaken under their responsibility. This will include documents confirming appropriate competency (training certificates, qualifications), liability insurance, and where appropriate, copies of risk assessments/method statements.

23.2 All contractors that attend CCG sites out of hours will be provided with Health and Safety arrangements and guidance and issued with permits for work where applicable. Responsibility for management of the contractors out of hours will be that of the landlords for work being undertaken on their behalf. Management of contractors for any work undertaken on behalf of the CCG out of hours will be coordinated by the most senior officer for the site, and the site safety coordinator informed of any works to be undertaken.

24. Electrical safety

24.1 The CCG will liaise with the landlord for each respective site to ensure that all fixed electrical systems are in compliance with the Electricity at Work Regulations, and where a defect is found, will ensure that the fault is rectified, either by repair, or removal/replacement.

24.2 Each site has individual provision for the compliance of portable electrical equipment and testing is completed on a regular basis coordinated by the site safety coordinator. All authorised personal electrical equipment must have under gone testing before use.

24.3 All staff should report any defects to their line manager with immediate effect. The installation or tampering of any electrical equipment by employees/workers is not permitted.

25. Visitors

25.1 All visitors to CCG premises will be required to sign in at each premise and adhere to any health and safety control measures that have been implemented. Whilst on the CCG premises, the visitor will become the responsibility of the host they are visiting, and who will remain responsible for the visitor's health, safety and welfare whilst they are on site. The host is to ascertain in a sensitive manner whether the visitor might have any perceived difficulty in responding to an emergency evacuation.

25.2 In the event of an emergency alarm, the host is to ensure that the visitor is evacuated from the building in line with the relevant local procedures.

26. Health surveillance

26.1 The CCG will endeavour to promote and maintain the highest practicable degree of physical, mental and social wellbeing of its employees. All health aspects of work process and procedures, which may adversely affect the relationship of work on health, will be regularly reviewed.

26.2 Health monitoring is conducted, normally at beginning of employment and through line management arrangements. Where an employee advises of a particular impairment, the CCG will conduct a risk assessment to ensure that risks from work activities are minimised.

26.3 We provide referral to occupational health services where required.

The CCG's policies mentioned in this document can be found:-

Policies – Devon CCG Intranet (these include, but are not limited to)

- Mandatory Training Policy
- Grievance Policy
- Leave and pay for new parents Policy
- Display Screen Equipment Policy
- Mobile device when remote working Policy
- Flexible working policy – pending amendments to lone working at time of writing

Further links to other associated documents include:

- Returning to office guidance
- Homeworking checklist
- Homeworker assessment guidance
- Site safety coordinators

GOVERNING BODY

Report title: Statement of EPRR Assurance for NHS Devon CCG and its Commissioned Providers					
Date of committee: 29 October 2020 **Date report produced: 15 October 2020**					
Author (s) Name and Title: Phil Coutie, EPRR Lead **Contact Details:** philip.coutie@nhs.net			**Supporting Executive:** **Name and Title:** Dr Sonja Manton Accountable Emergency Officer/ Executive Director SRO for Integrated Care Partnership (Western Devon) **Contact Details: sonja.manton@nhs.net** **Report Approved by:** **Name and Title:** As above **Date October 2020**		
Public or Private (Governing Body only):			**Public**	✓	**Private**
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):					
Purpose and scope of report:	**Consultation**		**Approval**	✓	**Information**
Does this report place individuals at the centre?			**Yes**	✓	**No**

Executive Summary:

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

The assurance process grades organisations' preparedness in relation to Emergency Planning and response. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport incident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services, and where possible business as usual.

Due to the unusual circumstances of undertaking an Assurance during a pandemic, NHS England has made this years process light-touch, requiring only a Statement of Assurance from each organisation's Accountable Emergency Officer on their level of preparedness.

NHS organisations involved:
Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

This report outlines NHS Devon CCG's self-assessed assurance, and that of its providers, and requests that the Governing Body notes the position and approves the submission to NHS England in readiness for the deadline of 31 October 2020.

Strategic risk: (include risk number if on register)	**Mitigating Actions:**

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 your own organisation via either
d-ccg.corporateservices@nhs.net or corporate.sdtccg@nhs.net to update the central register.

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

Key recommendations and actions requested:

1.1 NHS Devon CCG Governing Body is asked to receive and approve this Statement of Assurance of the CCG and its Providers state of emergency preparedness.

1.2 The Governing Body are also asked to receive the self-assessed assurance ratings of our provider organisations, as assessed by their Accountable Emergency Officers, which will be presented to their Boards.

Reference to other documents or accompanying papers:

None

Have the legal implications been considered?

Yes

Equality Impact Assessment:

Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	**No**
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?		✓
3. 3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will the patients or workforce be disadvantaged as a result of the proposed work?		✓

5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 3) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**.

If an equality assessment is not required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

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.

Statement of EPRR Assurance for NHS Devon CCG and its Commissioned Providers

1. Introduction

1.1 Each year, NHS England undertakes an assurance process to determine the level of emergency preparedness of each NHS commissioning and service provider organisation. This annual process normally assesses organisations' state of preparedness against the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR). These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer (AEO) in each organisation is responsible for making sure these standards are met and NHS England must be assured each year of each organisations' level of compliance with these core standards.

Due to the unusual circumstance in which the 2020 EPRR Assurance process is being undertaken, NHS England has changed the process for this year to a more light-touch approach, requiring only a statement of assurance from each organisation's AEO. Their statement must provide an assessment of the organisation's level of preparedness, based upon existing knowledge rather than a full assessment against the core standards, and related to the Compliance levels set out below; the statement should also provide assurance of the following aspects:

- Identification and application of learning from the first wave of the COVID-19 pandemic;
- Incorporating progress and learning into winter planning arrangements

For Acute Providers only:

- Chemical, Biological, Radiological and Nuclear (CBRN) audits

As part of this process, the CCG also requested specific assurances regarding Providers' business continuity plans, that they had incorporated learning from the first wave into them, and that their Infection Prevention and Control had been incorporated.

This report outlines NHS Devon CCG's assurance and that of its providers, and requests that the Governing Body notes the position and approves the submission to NHS England in readiness for the deadline of 31 October 2020.

Compliance Level	Evaluation & Testing Conclusion	Totals
FULL	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The board has agreed with this position statement.	Addresses **all** core standards
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the board has agreed.	Does not appropriately address **one to five** core standards

Partial	Arrangements are in place however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the board has agreed.	Does not appropriately address **six to ten** core standards
Non – Compliant	Arrangements are in place however they do not appropriately address eleven or more of the core standards that the organisation is expected to achieve. A work plan has been agreed by the board and will be monitored on a quarterly basis in order to demonstrate future compliance.	Does not appropriately address **eleven or more** core standards

2. Content

2.1 This paper sets out the assurances provided by both Devon Providers' AEOs and the CCG's AEO in line with the requirements of NHS England's light-touch assurance process for this year.

The CBRN Audits for Acute Providers have been centrally commissioned by NHS England and these will be undertaken in Devon by South Western Ambulance Services NHS Foundation Trust before the end of December 2020; consequently, they do not form part of the Statement of Assurance.

NHS Devon CCG is assessed as still **fully compliant** with the NHS England Core Standards for EPRR.

NHS Devon CCG	**Fully Compliant**
Statement:	NHS Devon CCG was assessed as fully compliant with the NHS England core standards for EPRR in 2019 and is self-assessing again as Fully Compliant for 2020. The CCG's Business Continuity Plans were reviewed in March 2020 at the start of the first wave and have been reviewed again in September/ October 2020 to take into account the learning from the first wave. The CCG undertook an internal Business Continuity exercise in March to assess the impact of a severe pandemic upon the ability to maintain essential functions and the learning from that informed the review of plans in March 2020. An internal debriefing of the first pandemic wave took place in August 2020 with a debriefing of the Devon System response taking place in September 2020. It was recognised in both debriefings that the Devon System had not been tested during the first wave; consequently a System-wide exercise of a response to a more severe COVID-19 wave coinciding with winter pressures, the flu season and the expected increase in staff sickness was undertaken in October 2020. The learning from both debriefings and the exercise are being incorporated into the Winter planning that is ongoing at this time.

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

3. Provider Assurance

3.1 As a commissioning organisation we are also responsible for assuring ourselves and NHS England as to the EPRR core standards of assurance for our provider organisations. We have undertaken this process jointly with NHSE and our providers over the last 12 months and the provider assurances for 2019/20 are set out below:

Devon Doctors	**Fully Compliant**
Summary of Statement of Assurance provided:	The AEO role is now fulfilled by the Devon Doctors Ltd. Chief Executive, Justin Geddes. Devon Doctors were assessed in 2019 as Substantially Compliant with work to be undertaken on their Pandemic Flu Plan and their Management of VIPs and High-Risk Patients. The Statement provides assurance that the actions agreed in 2019 have been completed: • The Pandemic Flu Plan now incorporates the UK phases of pandemic as set out in the national strategy; • An Action Card has been put in place for staff in the event that a protected individual or VIP use the NHS111 or O-o-H GP Service. Business Continuity Plans were reviewed in October 2020 and now incorporate the learning from the first wave of the pandemic; specifically, in relation to: call centre decamp, national contingency processes for NHS111 and remote working for non-operational staff. Infection Prevention and Control protocols have been reviewed and plans put into place to ensure sufficient PPE is held to allow for future delays in delivery. An internal debriefing of the first wave has taken place, with the output fed into the Devon System debriefing and incorporated into the organisation's winter plans; a further review and planning is currently ongoing to prepare for a potential second wave of the pandemic.

Devon Partnership NHS Trust	**Fully Compliant**
Summary of Statement of Assurance provided:	Devon Partnership NHS Trust were assessed in 2019 as Substantially Compliant with work to be undertaken on their Evacuation and Shelter policy, Data Protection and Security Toolkit and Business Continuity Management. The Statement provides assurance that the actions agreed in 2019 have been completed: • The Evacuation and Shelter Policy revision now has a section on evacuation of secures services and discussions are ongoing regards a whole site evacuation exercise with SW Provider Collaborative Commissioners; • The Data Protection and Security Toolkit assessment is now available online as 'Standards Met'. • Business Continuity Plans have all, bar one, been reviewed and updated this year; the exception is being worked on at this time. These reviews have incorporated learning from the first wave of the pandemic. Infection Prevention and Control guidance and training within the Trust has been updated to incorporate COVID-19 national guidance and PPE use. An internal debrief has been undertaken with a set of recommendations identified and being tracked for implementation. Winter planning is ongoing and the statement identifies many elements and learning from the first wave response that is being incorporated.

First Care Ambulance	Fully Compliant
Summary of Statement of Assurance provided:	First Care Ambulance were assessed in 2019 as Substantially Compliant with work to be undertaken to update their Pandemic plan. The Statement provides assurance that the actions agreed in 2019 have been completed: • The Pandemic section of the Business Continuity Plan has been revised to include the UK phases as per the national strategy. An internal debriefing has been undertaken of the first wave and actions undertaken as result; specifically, additional sources for supplies have been identified and a three week stock of PPE and associated consumables put in place to guard against supply chain disruption. The Infection Prevention and Control policy has been significantly updated to incorporate guidance in respect of COVID-19.

Livewell Southwest	Substantially Compliant
Summary of Statement of Assurance provided:	Livewell Southwest CIC (LSW) were assessed in 2019 as Substantially Compliant with work to be undertaken in respect of support for a mass countermeasures response, excess deaths planning and business continuity management. The Statement provides assurance that two of the three outstanding actions agreed in 2019 have been completed, with progress made on the other: • Mass Countermeasures plan updated to reflect the organisation's supporting role in this type of event; • Excess Death Planning details of how the organisation will manage deaths during an excess deaths event have now been incorporated into plans. • Assurance of Commissioned Services/ Suppliers BCPs – While progress has been made on this area, it hasn't reached the stage of meeting the requirements of full compliance. Business continuity plans have been reviewed and updated to incorporate learning from the first wave of the pandemic. The Infection Prevention and Control policy was updated in September 2020 and now incorporates COVID-19 specific guidance LSW has undertaken several debriefings over the period of the first wave, with learning incorporated as it was identified; details of the lessons learned were attached to the statement of assurance. LSW is collaborating with Western Locality partners to plan for the coming winter and this planning is incorporating the learning from their debriefings.

Northern Devon Healthcare Trust	Substantially Compliant
Summary of Statement of Assurance provided:	Northern Devon Healthcare NHS Trust were assessed in 2019 as Substantially Compliant with work to be undertaken in respect of risk assessment, pandemic influenza planning, shelter and evacuation planning and the Data Protection and Security Toolkit. The Statement provides assurance that three of the four outstanding actions agreed in 2019 have been completed and assesses the Trust as Substantially Compliant: • Risk Assessment processes have been amended to ensure that EPRR risks are appropriately considered;

	• Pandemic Flu Plan has been updated to incorporate further details on the leadership of the Trust response to a pandemic and how the Trust's response fits into the wider response to a pandemic; • Shelter and Evacuation paln has now been put in place with off-site immediate shelter sites agreed locally for patients and staff. • The Data Protection and Security Toolkit has again been assessed as '*Standards not fully met (Plan Agreed)'* – the Trust indicates that aspects that prevented compliance in 2019 were addressed, however changes to the Toolkit for 2020 have resulted in two other areas not meeting the standards. The Trust business continuity plans were reviewed during the first wave response and are currently undergoing further updating to incorporate learning from the debriefing. Infection Prevention and Control have incorporated the guidance on the management of COVID-19 cases. An internal debriefing on the response to the first wave has been completed and the Trust has updated its Operational Capacity Plan, incorporating its winter planing.

University Hospitals Plymouth NHS Trust	**Substantially Compliant**
Summary of Statement of Assurance provided:	University Hospitals Plymouth NHS Trust were assessed in 2019 as Substantially Compliant with work to be undertaken in respect of EPRR resource, Strategic and Tactical responder training, Business Continuity Plans and assurance of commissioned providers/ suppliers BCPs. The Statement recognises that whilst there has been no deterioration in the Trust's compliance with the core standards, neither has there been an improvement; despite this comment, there does seem to have been a significant improvement identified in the provision of Business Continuity Plans within the Trust. The lack of change in other aspects is attributed to the Trust's focus being upon preparations for COVID-19, PPE and the up-skilling of staff to meet the pandemic's demand, rather than the more usual preparation of major incident response. The issues identified in 2019 are set out below: • EPRR Resource - The EPLO has other responsibilities which impact upon their ability to fulfil the role effectively. At the time of the 2019 Assurance process, there were provisional plans in place to provide support to them in delivering their workload. • Strategic and Tactical responder Training – The training records are manually held and do not offer a clear overview of the training completed and required for key staff. Provisional plans to provide support for the EPLO offer an opportunity to collate these records in a more useful centralised format. The EPRR Committee are reviewing a training needs analysis at the moment to address this issue. • Business Continuity Plans – more than 95% of business continuity plans within the Trust have now been put in place, with actions undertaken to embed these within services. • Assurance of commissioned providers/ suppliers BCPs –The assurance rating for this standard is an acknowledgement that work was ongoing but there were some issues around assurances from suppliers/ contractors. The Infection Prevention and Control policy has been reviewed and reflects current COVID-19 guidance. The Trust engaged in an all staff debriefing process over the summer months from which learning was obtained; three key areas were flagged strongly: flexible working; the 'can do' attitude that exceeds anticipated outcomes, and the use of telephone clinical assessments becoming routine.

	Winter planning is ongoing and is incorpoating learning from the debriefings.

Royal Devon and Exeter NHS Foundation Trust	**Substantially Compliant**
Summary of Statement of Assurance provided:	The Royal Devon and Exeter NHS Foundation Trust were assessed in 2019 as Substantially Compliant with work to be undertaken in respect of Trained On-call Staff and the Data Protection and Security Toolkit. They have assessed the Trust as still Substantially Compliant, but with only one outstanding area requiring attention. The update on the areas requiring attention from 2019: • Trained On-call Staff – All bar two of the Trusts On-call staff were trained earlier in 2020, with the training for the two outstanding having been delayed by the pandemic. Plans are in place to complete their training. • Data Protection and Security Toolkit – As last year, the Trust's compliance with the Toolkit is registered as *'Standards not fully met (Plan Agreed)'* due to an outstanding requirement for training; an action plan is in place to remedy this. The majority of the Trust's business continuity plans have been reviewed in light of Covid-19. A clear report was presented to the RD&E EPRR Group on 17 September 2020 outlining the testing and review of business continuity plans across the Trust which demonstrates a much improved position. Infection Prevention and Control policy has been reviewed in July 2020 and reflects current Covid-19 guidance Learning from the debriefings and the Trust's Restoration and Long Term Recovery Group are incorporated into the Trust's winter plan.

Torbay and South Devon Foundation Trust	**Substantial Compliance**
Summary of Statement of Assurance provided:	Torbay and South Devon NHS Foundation Trust were assessed in 2019 as substantially compliant with work to be undertaken in respect of Business Continuity Plans, Decontamination capability/availability 24/7 and the Data Protection and Security Toolkit. They have assessed the Trust as still Substantially Compliant, but with action having been taken to address some of the issues identified. The outstanding issues are both related to Business Continuity Management: • Business Continuity Plans –The level of Service-level Business Continuity Plans completed is 66 of 154 (43%) a deterioration of the 2019 position. • Assurance of Commissioned Services/ Suppliers BCPs – it is indicated that this gap is related to the above issue. The statement indicates that the Trust has put in place a plan to resolve this situation by April 2021 and will be appointing someone dedicated to ensuring that these plans are put in place. The Trust's Infection Prevention and Control policy has been reviewed to incorporate COVID-19 guidance. A debriefing of the first wave of the pandemic has been undertaken and work is ongoing to incorporate learning into emergency plans. Learning relative to winter planning has been extracted and is being incorporated into winter planning

South Western Ambulance Services NHS Foundation Trust	**Not Yet Known**

At the time of submission of this report to Governing Body, Dorset CCG the Lead commissioner for SWASfT have not yet provided the assurance rating to NHS Devon CCG.

NHS Dorset CCG offered all CCGs in the South West Region for feedback on SWASfT performance and were provided with positive feedback based upon the CCG's experience of SWASfT work during the year.

4. Recommendations

4.1 NHS Devon CCG Governing Body is asked to receive and approve this Statement of Assurance of the CCG and its Providers state of emergency preparedness.

4.2 The Governing Body are also asked to receive the self-assessed assurance ratings of our provider organisations, as assessed by their Accountable Emergency Officers, which will be presented to their Boards.

Report author and job title: Phil Coutie, EPRR Lead
Executive Lead: Sonja Manton
Job Title: Accountable Emergency Officer

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chairs Report – Quality Assurance Committee (QAC) Public
Date of Governing Body: 15 October 2020 **Dates of Committees covered in this report: 15 October 2020**
Chair's Name and Title: Glynis Atherton Chair Quality Assurance Committee **Non-executive lay member (Chair of Quality Committee)** **Contact Details: glynis.atherton@nhs.net**
Reports discussed and assurances received
The Committee received updated reports as detailed below
Reports received and noted
Patient Experience Story The committee heard a story about a young man with autism and the difficulties in finding him a suitable placement. The committee was concerned that there appears to be a commissioning gap in Devon in relation to people with a primary diagnosis of autism accessing secondary mental health services, with current providers saying they are not commissioned to provide this service. The committee requested that this be reviewed by the Commissioning Committee. **Quality and Safety Report** **Provider Specific Issues** **Northern Devon Healthcare Trust (NDHT) and Royal Devon and Exeter NHS Foundation Trust (RDEFT)** NDHT has seen significant improvement in quality and safety and this is, in part, due to the on-going collaboration with RDEFT. Both Trusts are now in the process of planning the next steps for collaborative working and the CCG are monitoring their progress, to ensure quality and safety remains at the heart of any relationship moving forward. RDEFT cardiology incident reporting reviews continue through their Governance Committee and further assurances are anticipated following October's meeting. Experience stories have been shared at RDEFT Board highlighting both patient and staff experience during COVID-19. The Trust Patient Experience Nurse lead has accepted an invitation to present at November's Quality Assurance Committee.

University Hospitals Plymouth NHS Trust (UHP) – UHP continue to experience challenges with patient flow and long waits in A&E. Additionally ambulance handover times are not improving and worse compared to the performance 12 months ago. Nine 12 hour breaches were reported to the CCG in September. Three cases did not result in patient harm and further details have been requested on the remaining six cases to assess any patient harm.

The Fundamentals of Care Audit has shown a stepped decrease of incidences in falls in A&E, since the introduction of the Yellow Wristband scheme. Staff are more confident that they are identifying those at risk of falls and have steps in place to prevent recurrence.

There have been three incidences of Wrong Site Surgery since March within UHP (never events). As previously discussed at QAC, there is to be a cross-Devon report on **Local Safety Standards for Invasive Procedures (**LocSSIPS). This provider has made a sustained effort with regards to Serious incidents (SI's) and there are currently no overdue SI's at present.

Torbay and South Devon NHS Foundation Trust (TSDFT) - Attendance at the Trust Quality Improvement Committee and CQC Compliance Assurance Group has given assurance that the Executive Team at (TSDFT) are providing a robust and rigorous "check and challenge" to their senior leadership team in relation to the Trust's CQC action planning. There are some concerns around Trust engagement and attendance at their monthly mortality meeting which have been highlighted to the chair to escalate internally. If this continues it may impact on the Trusts ability to reflect and learn from reviews and the CCG will seek further assurance if required.

Devon Partnership Trust (DPT) - Four weekly quality surveillance meetings were agreed between the Trust, CCG, NHSEI and the CQC following the initial Quality Surveillance Group (QSG) meeting which took place 28 August 2020. A subsequent assurance meeting has not yet taken place although monthly Executive to Executive continue. Attendance at Trust meetings has given assurance that action plans have been developed around specific themes and trends.

Children and Family Health Devon (CFHD) - Continue to share monthly performance and quality information through informal CCG/CFHD collaborative meetings. Content is sometimes limited, and exception reports are referred to but not submitted. Long waits continue for children and young people (CAMHs, SALT, OT, Autism) and some concerns remain around the providers ability for restorative actions to take place. Restoration intentions have been shared with the CCG commissioning colleagues however more robust plans are anticipated in October 2020. CCG and provider restoration meetings are in place until November 2020.

During September, the CCG gained greater assurance in relation to leadership and governance; the newly appointed Head of Nursing and Quality has described processes to strengthen governance, including the organisation's audit programme and other key work that will, if maintained, improve quality and safety.

Devon Doctors (DDoc's) - Following the focused CQC inspection in July 2020 and subsequent report and conditions of registration, the CCG (quality and commissioning) continue to work closely with Somerset CCG and the CQC to monitor and support DDoc's to achieve the required improvements. This includes a formal weekly review of the position against trajectory across performance, recruitment/retention and quality. Currently, although meeting the recruitment/retention targets for NHS 111, DDoc's are not meeting the corresponding performance targets. This is likely to impact upon patient experience although no harm has been reported as a result. Delays in call back from the out of hours service continue. A system of 'comfort calling' is in place along with the introduction of a lead clinician role; which combined are anticipated to improve experience and safety for waiting patients.

System Service Specific Issues

Elective and Planned Care - Operational Delivery Group meetings have restarted, with engagement from system partners. Further STP wide work continues to ensure services are stood back up safely and effectively, in line with Government guidance. Quality remains central to this work during phase 3, including risk stratification of patients awaiting planned care and ensuring equity for waiting patients across Devon.

Communication and engagement activities have been identified and CCG Communications colleagues are linked into plans to develop the MyHealth website to support this work.

Community Care – Liaison with community providers to support care home outbreaks continues and is overseen through the Devon wide Care Home and Home Care Cell. The monthly Care Home & Home Care webinar in partnership with all 3 Local Authorities continues along with engagement and input from CQC and Care Home providers. This month's webinar is focused on winter planning including sharing some examples of good practice to winter planning, business continuity and Brexit planning, along with local information of flu immunisation programmes and engaging the market in work on prioritising the CHC deferred assessments. The webinars continue to be well attended by the market with positive feedback and therefore will be maintained over the winter period.

Primary Care - During quarter two, there have been seven identified serious incidents involving primary care. Six of those serious incidents have been identified through the CCG PITCH process. There are currently two overdue report investigations and the CCG are currently liaising with these practices. There is also a multi-agency serious incident that indirectly involves a practice and the CCG are working closely with this practice to obtain the necessary details.

There is an ongoing concern that some patients have not been accessing primary care services, due to fear of contracting COVID-19. This is a national issue and NHSEI is leading on communications encouraging patients to attend. As reported previously, with more patients being seen virtually by acute providers, the potential shift in the workload to primary care has been recognised. The CCG are working to support primary care and other providers in the short term to address this. Additional support for the GPN workforce has been discussed with the LMC Lead Nurse.

The CCG has been invited to apply to be part of NHSEI CARE programme; working with the Shiny Minds team this is a health and wellbeing programme for primary care nurses. The application was submitted last week, and the CCG await the outcome of this.

The Western locality continues to see the highest numbers of practices rated as Amber on the LMC GP Practice Alert State. Additionally, the LMC are increasingly concerned that there is more pressure and fragility in the system than is normal for this time of year. The LMC are continuing to see increased demand for both their Professional Support (PSS) and Leadership and Management Support (LMS) Services which are clear indicators of pressure within the system. As an example, the August demand on PSS was 300% of that observed last year.

Children & Young People (CYP) - Livewell Southwest (LWSW) continue to share performance and quality information with the CCG, though contract monitoring is not yet reinstated. LWSW continues to engage in specific workstream meetings such as Western Locality Paediatric interface meeting (PIM) following recommencement in September 2020. Concerns were raised by members, as referral numbers have decreased (around 50%) and a reported increase in young people with complex mental health presentations at acute settings were noted. The CCG continue to support actions to ensure timely onward care, support and, if required, placement of these young people, alongside system partners.

Urgent Care - Time lost to ambulance handover delays across Devon in September was 288 resource hours (a decrease from August). There has been no reported harm in relation to delays either to the patient in the ambulance / or patients still waiting for an ambulance, but it is likely to have impacted on patient experience.

The NHS 111 service report significant pressure with 6% more calls than forecast in September. Call abandonment rate in August remains unacceptably high at 22.16% (an increase on August) against a target of less than 5% calls abandoned. 53.11% (an improvement on August) calls were answered within the target time of 60 seconds against a target of 95%. No harm has been reported as a result of this performance.

CCG Functions/ Roles

Continuing Healthcare (CHC) - As part of 'phase 3' restoration of services, this operational function recommenced as of 1 September 2020. There is the expectation, through the reset work, that the new backlog of assessments will be cleared. This backlog has now been assessed as 645 outstanding assessments.

During the previous reporting period, a significant amount of work has been undertaken to put in place arrangements for the reset of the operational function, including collaboration with local authorities. Lists of clients have been cleansed and added to the system. A new nationally funded, six week discharge process has been established from 1 September 2020. This discharge process will generate new CHC assessment referrals, as well as those generated from the community setting. As part of the 'CHC reset', to clear the backlog of the 645 CHC assessments, a range of options are being considered to meet this target. Also, to note, there is significant financial risk to the CCG if the backlog is not cleared. A paper describing a range options was presented to the CCG executive team for consideration in September.

As part of the reset and to manage the risk, it was agreed to recruit extra staff, both health and local authority teams, as well as put in place an outsourcing contract to manage the backlog of assessments. The risk of the backlog of CHC assessments and the associated financial risk, is included on the CCGs corporate risk register. The details of this is being worked through at the time of this report.

Patient Experience - PITCH: 85 submissions were received in September and four currently remain open. A number of submissions relate to inappropriate NHS111 referral to Exmouth MIU and on investigation it has highlighted inaccuracies in the Directory of Services; this is being followed up. Two submissions relate to COVID: access to treatment and testing.

PALS - 82 enquiries were received in September within the CCG and one remains open. No particular themes were identified, although eight related to COVID including delayed appointments and questions around access to testing.

Complaints - Four complaints were opened in September, with no themes identified.

Safety Systems - The overall serious incident position remains stable, but the number of overdue reports form Devon Partnership Trust has risen to 24 at the time of reporting. Torbay and South Devon Foundation Trust communication regarding serious incidents, specifically *potential* serious incidents, continues to be a concern for the CCG.

South Western Ambulance Service - Continues to experience a high number of investigations and are in the process of recruiting additional investigators. Within Devon, the CCG have approved for one investigation to be extended, the rest remain in date.

LeDeR - The program continues to receive 2 notifications per week on average. This is a significant increase on previous years and is impacting on the ability to comply with NHSE targets of completing reviews within 6 months. Recruitment and retention of reviewers is the main challenge of the team.

Infection, Prevention & Control - The publication of new national PPE guidance has enabled both community and hospital flu vaccination clinics to function safely. Frontline healthcare worker vaccination plans are underway in all Trusts, with assurance received that these plans are progressing well. Flu vaccination in primary care has had a higher uptake than expected, with the result that stocks of vaccine have now been impacted upon in both GP surgeries and pharmacies. Further vaccine will be made available from national stock, although a date for this has not been specified.

COVID-19 - Rates of COVID-19 have increased in Devon over the past month. These rates remain low in comparison to the national picture. There have been several outbreaks, including at a hospital emergency department and a university. Several care homes have also reported outbreaks. The rates of COVID-19 within Devon are currently not sufficient for the incident management team cell structure to be restarted, although this is reviewed continuously by the CCG.

PPE: The CCG is working closely with the Local Authorities to establish a long term solution for the supply and storage of FFP3 masks and gowns. This 'advanced' PPE is required for carers of patients in the community undertaking aerosol generating procedures. The CCG is moving to a free supply of disposable gowns in line with national and regional guidance.

Quality Equality Impact Assessment (QEIA) - The panel is due to restore to monthly activity from October 2020.

Devon Referral Support Services (DRSS) - Continue to operate all eligible support services and have adapted those with a great deal of flexibility. Staff have now returned from redeployment roles with several colleagues continue to support restoration and transformation workstreams.

Speech and Language Therapy (SALT)
Provision of SALT services for children were paused in line with national guidance in response to COVID 19. Consequently, both providers have more recently seen an increase in the numbers of children waiting for SALT and have needed to adapt how services are provided to allow for infection control and digital access. Nevertheless, there remain opportunities for Livewell South West in sharing innovations in pathway design and practice with other providers in Devon to support service improvement. At the same time development of consistent quality and performance reporting would support identification and comparative monitoring of variations in services in different areas across Devon.

Safeguarding Quarterly Report
Looked After Children - Performance reporting was stepped down in March 2020 due to the NHS response to COVID 19, however initial health assessments (IHA's) were to continue. As restoration of services has begun, CCG commissioners are working with providers to re-instate contract monitoring.
Safeguarding Children - Child Protection Information Sharing (CP-IS)
Torbay has not implemented the Child Protection Information System (CPIS), cost and capacity given as main rationale. This has raised concerns with NHS England. Detailed audits have been undertaken to gain assurance of their processes. The CCG has no evidence that this has caused problems or delays to children. TSDFT have undertaken quarterly auditing and report no significant events.
Plymouth Multi Agency Safeguarding Hub (MASH) - The Joint Targeted Area Inspection undertaken during November 2019 identified that there was a lack of consistent presence of health decision-makers in the MASH meaning that some decisions lacked appropriate input from health agencies. The Designated Nurse Safeguarding Children has been working alongside the CCG Children's Commissioners and Plymouth City Council public health team to complete a business case, including an options appraisal to address the identified problem. This will be taken to the CCG Commissioning Committee for appropriate resourcing. The CCG Safeguarding Team is assured by Livewell South West that interim arrangements are in place to ensure appropriate health support to MASH.
Children and Families Health Devon (CFHD) - Significant concerns were raised by Devon Partnership Trust regarding the safeguarding children processes and provision within CFHD. Designated Doctor and Nurse have been supporting the Alliance and attend the newly formed Safeguarding Children Governance Group. Plans are now in place to mitigate the risks identified and ensure processes are in place to safeguard children and ensure staff are equipped with the resources, support and training to do this. The group is meeting monthly for the next 6 months, this will then be reviewed.
Safeguarding Children Partnerships - Devon County Council underwent an Inspection of Local Authority Children's Services (ILACS) in January 2020 and was found to be inadequate. During the pandemic, normal Ofsted processes were suspended and Devon Children's and Families Partnership (DCFP) monitored the improvement plan implementation. An Improvement Board has now been established.
Torbay - Following a review of their safeguarding arrangements, Torbay Cabinet have agreed to end the joint Partnership with Plymouth. This approach has been supported by Plymouth City Council and work is underway to embed the new safeguarding structures.
Plymouth - An updated JTAI action plan has been submitted to Ofsted. Health providers are contributing to the improvements required.
Rapid Reviews and Child Safeguarding Practice Reviews - DCFP have one rapid review currently being undertaken. There is also an appreciative enquiry being undertaken as a local child safeguarding practice review.

Patient Safety Framework and Roles
Nikki Thomas outlined to the Committee a broader scope for the patient safety incident response framework

- Patient Safety Incident Response Framework' (PSIRF) replaces Serious Incident Framework (SIF)
- Describes incident management as part of a system-based approach to safety
- Signposts guidance and support to prepare and respond to Patient System Incidents (PS)

A risk-based approach:

- Moves away from reactive and hard to define thresholds for Serious Incidents
- Moves towards a proactive approach to learning from patient safety incidents
- Introduces local provider PS Incident Response Plans agreed with commissioners
- Highlights a range of incident management activities and alternative responses as part of a systems approach to safety (e.g. Case note review; Timeline; Being open; After action review; Audit) to better describe review activities and address queries)

Infection Prevention & Control and E coli Reduction Quarterly Report - The report provided information and updates against the following Infection Prevention and Control areas.
There have been a total of four cases of **Methicillin-resistant Staphylococcus aureus** (MRSA) bloodstream infections since April 2020. These cases have been individually investigated by the hospital infection control teams, and several are connected to an ongoing Staphylococcus aureus outbreak in a vulnerable population. The cases themselves are unlinked.

Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia rates remain steady. The rates for NDHT and TSDFT fluctuate significantly more than those for RDEFT and UHPT; this is consistent with the smaller size of these organisations. There has been a minor increase in rates of E coli bacteraemia, although this may be due to seasonal variation. The planned reduction strategies have been delayed due to the COVID-19 priorities and will be reprioritised once that workload reduces.

A review of MSSA cases over the past 12 months has been conducted, with each hospital reviewing their historic cases. This showed no clear trends in hospital-associated cases and has been shared with NHSE England as part of a wider South West dataset.

COVID 19 - The COVID situation remains fast moving, with agile and adaptable working solutions required. The IPC team continues to work within the Care Home and Home Care workstream to support the COVID-19 situation during the recovery/restoration phase. Rates of COVID-19 have increased in Devon since the start of September. These rates remain low in comparison to the national picture, although there are local hotspots emerging. There have been several outbreaks, including at a hospital emergency department and a university. Several care homes have also reported outbreaks.

GP Patient Survey - Primary Care Committee received the results of the 2020 GP Patient Survey in August. Committee members noted consistently high levels of patient satisfaction across Devon with many indicators reporting results well above the national average.

Quality Equality Impact Assessment Update Report – The update report outline the panel's intentions to restore the monthly rhythm and routines from October 2020. This report provides an overview of the panel activities during the pandemic response, revival of the QEIA panel and the future development.

Autism update on progress with WSOA (SEND) and partnership working arrangements
While COVID 19 has slowed the growth of referrals there has not been any significant impact on the services ability to reduce the numbers of children waiting. In addition, it is anticipated that there are children who were not referred during the pause in referrals, and children were not seen, to be referred by schools during lock down and then summer holidays. Future model and transformation plans for Autism spectrum disorder (ASD) have been paused. The CCG is awaiting confirmation of scope and timescales for this work to re-start and continue. Whilst demand continues to outstrip capacity for ASD diagnostic services, there remains a need to accelerate and address the longer term change needed across the wider system.

The pursuit of a whole system approach is still necessary to address pre and post diagnostic support to families across health, care and education. To enable the system to respond to need senior leaders and families across the STP must be confident in moving away from a diagnosis focused position. The CCG funded wait list initiative

will only address the original 1800 that were waiting at the time of planning. Continuing demand for assessment means that the wait list is continuing to grow. Children Family Health Devon CFHD will lead service transformation alongside the waiting list initiative. Further detail will be confirmed following Commissioning Committee later this month.

The Committee are requested to:
Note the work update including NHS providers work to reduce waiting times for assessment and the challenges of delivering this improvement given the constrictions of COVID 19 on assessment and more widely 'eyes on' children and young people generally.

Note the anticipated requirement for a sustained investment in ASD services across Devon Torbay and Plymouth to be discussed and confirmed at Commissioning Committee, October 2020.

Risk Register Review Updates

Quality Risk & Assurance Report including Risk Register:
Please see below with regards to Risk Register Review (changes and pertinent areas).
Data extracted for this report on the 6 October 2020,NHS Devon CCG has 30 open on the corporate risk register.

One new risk has been added to the corporate risk register and was considered for reporting to QAC. However it was agreed that it would be more appropriate if it sat with the PCCC.

- Risk 132 Lack of Robust Reporting Processes in General Practice
- Risk 104, Development of Datix has been reviewed and the risk score reduced from 12 to six. On review by the Nursing and Quality Senior Leadership Team it has been agreed to remove the risk from the corporate risk register as actions have been put in place and the matter will be monitored locally on the directorate risk register.

Committee Decisions

- No specific decisions required.

Items of concern to be escalated to the Governing Body

- None

Recommendations for Governing Body

To note the reports received and positions of assurance by the Quality Assurance Committee.

Recommendations for other Committees

That the Commissioning Committee considers the access to secondary mental health services for people with a primary diagnosis of ASD.

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 29th October 2020

Dates of Committees covered in this report: Wednesday 23rd September and Thursday 8th October 2020

(Minutes of these committee meetings 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

23rd September 2020 Meeting

Update on Phase 3 Planning and Finance Overview

- **The Committee were provided with an update on the Phase 3 Planning and Finance overview.**

Additional funding in education settings for children with additional health needs

- **The committee noted the report received and requested a further update following legal opinion prior to approving any recommendations made within the paper. Item to report back to Committee in November.**

Out of Hospital Health and Care Strategy

- **The Committee were provided with an update paper on the development of the out of hospital strategy. A further update will be provided in the December and January Committee's.**

8th October 2020 Meeting

Peninsula Clinical Services Strategy

- **The Committee were provided with an update on the Peninsula Clinical Services Strategy (PCSS) Stocktake Recommendations for System. Further updates will be provided at future committees on specific workstreams.**

Risk Register Review Updates

8th October 2020 Meeting

- **The Committee approved closures of risk ID 44 (Autism Assessments), ID 15 (Autism Neuro Developmental assessments) and ID 75 (long waits and speech and language access). All three risks will now be captured within a new risk that is opening and will be relating to the provider.**
- **The Committee approved the risk score reduction for risk ID 115. The risk will remain on a team risk register and will be reviewed on a monthly basis.**

Committee Decisions

23rd September 2020 Meeting

- **The Committee approved the Terms of Reference for the Commissioning Committee. A further review of the Terms of Reference will take place in December.**

- **The Committee approved Recommendations 1 to 8 within the Review of Autism Assessment and ADHD Services.**
  - **An overview of the approved recommendations was for the CCG to revise its strategic plans and the assumptions contained within this review when the National Learning Disability and Autism programme report their findings.**
  - **To improve local data collection on needs and activity to be able to review the demand and impact pushing through from Children to adult services.**
  - **To adopt an approach that promotes joint working and flexibility between specialisms.**
  - **To adopt the best practice pathway developed by the NHSE to co-ordinate activities and recognize the interventions need to be integrated.**
  - **To develop a shared care protocol with primary care to maximize the use of specialist services and provide capacity resilience within future service models.**
  - **To implement findings of the audit for Autism and ADHD referral management to improve efficiency and develop hubs with partners and voluntary sectors to provide lower level support where needed.**
  - **To develop a spot purchase to enable confident operation of choice for clinically appropriate and good quality interventions which can be integrated with existing diagnostic treatment and pathways.**
  - **An STP review of total funding agreement and need to revisit some of the initial business case assumptions.**
  - **The CCG to identify a recurrent provision in 2021-22 to prevent the existing number of patients waiting for an assessment from increasing.**

- **The Committee approved the recommendations made within the Physical health checks for people with eating disorders in secondary mental health services.**
  - **The recommendations approved were for People with Eating disorders should be considered for phase one of the physical health SMI investment.**
  - **The Plymouth solution should commence as soon as possible.**
  - **The DPT test should be commenced in order to agree and finalize the staffing model and budget required; however, the final budget agreement should be subject to evidence of spend and the effectiveness of the model.**

8th October 2020 Meeting

- **The Committee approved the recommendations made with the Suicide Postvention Case for Change paper.**
  - **The recommendation made was to grant permission for the team to go out to procure a suicide postvention service inclusive of all ages and covering the CCG footprint. A further decision regarding the procurement will be brought back to the January Committee.**

- **The Committee approved the recommendations made with the Holsworthy proposals paper which will meet the current need for 4 NHS-Funded community inpatient beds in the Holsworthy area.**

- **The Committee approved the recommendations made within the Spinal Services update and plan for future of spinal services.**
  - **The approved recommendations and further actions required were the injection policies; noting the work on injections, supporting the acute data quality improvement plan and necessary counting and coding changes, a requirement for trusts to stop injecting in theatres in Commissioning Intentions.**

- **Simple spine service at North Devon District Hospital; supporting commissioning intention for increased activity and confirming commissioner support to finance committee.**
- **National Back pain pathway; support the work to deliver the commissioning intention in relation to the pathway and supporting the proposed approach in relation to the sentinel back pain service.**
- **Future work with Sentinel Healthcare Southwest Community interest Company; commence negotiations with Sentinel in terms of contract renewal and understand the implications of not including back pain or cardiology in the revised terms.**

Items of concern to be escalated to the Governing Body

23rd September 2020 Meeting

- **The Committee noted that the Additional funding in education settings for children with additional health needs, item required escalation to Governing Body due to seeking a legal opinion.**

8th October 2020 Meeting

- **None.**

Recommendations for Governing Body

- **None.**

Recommendations for other Committees

- **None.**

Terms of Reference or other committee effectiveness issues

- **None.**

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

NHS
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GOVERNING BODY

Report title: Committee Chair Report – Finance & Performance Committee

Date of Governing Body: 29 October 2020

Dates of Committees covered in this report 15 October 2020

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

Chair's Name and Title: Graham Turner, Non Executive Director, Finance & Remuneration

Contact Details: g.turner5@nhs.net

Reports discussed and assurances received

- **Risk Register Reports – see Risk Register review below.**
- **Quality & Performance Report – the Committee received information on key quality and performance indicators for the period 1 April to 31 August 2020, including those contained in the NHS Constitution. The report had previously been considered at a joint Committee meeting with the Quality Assurance Committee. The Committee concentrated its discussions on the actions being taken, and planned, to address the following areas which were highlighted: -**
    - **Performance against the Cancer Waiting Times standards remained relatively stable through the initial Covid-19 period and has further improved in August. The STP position against the 62-day standard rose from 84.8% to 85.1%. All providers except UHP achieved the 85% target. Performance against the main two-week wait standard continues to be below target in August, at 88.8%; NDHT & UHP both achieved the target (93.5% and 94.7% respectively). RD&E improved slightly from 89.1% to 89.6% and TSD fell from 83.4% to 80.1%. Staffing levels, as a result of sickness, and access to diagnostic pathways are the main contributors to current under achievement. Both of these challenges are the focus of the Adapt & Adopt programme to increase capacity and productivity in diagnostics.**
    - **Referral to treatment times – an improvement in RTT 18 week performance rising from 49.6% to 53.6% at STP level compared to the target of 92% and national performance of 52%. Long wait patients continued to increase, with over 52 week waits rising quickly at all providers in August.**
    - **Diagnostic waiting times have been significantly affected by the Covid-19 pandemic. The STP position of 61.1% remains well below the 99% target and is slightly below the England position of 62%.**
    - **The Committee was informed that the Adapt and Adopt programme continues to drive initiatives in key areas of capacity and efficiency.**

- **A&E waiting times - In contrast with the position against elective waiting times, performance against the A&E 4- hour wait target improved as a lower number of patients presented in emergency departments from late March and into April. Attendances have been steadily increasing since May. STP performance saw a further deterioration in August – at 87% for All Types and 82.3% for Type 1 attendances, below the 95% national target and the England position at 83.8%. UHP reported nine 12-hour breaches in September. Time lost to ambulance handover delays across Devon in September totalled 288 resource hours (an improvement on August), with UHP showing as the area of most challenge. ECIST are working with UHP to understand and address the issues.**

- **111 Performance - The proportion of 111 calls answered within 60 seconds increased from 51.4%in August to 53.1% in September, which is significantly below the target of 95% and the lowest in the South West. The call abandonment remains high at 22% (a worsening position from August) – the national average is 10.5% abandoned calls. Actions being taken to address this include additional investment of circa £800k (full year) in 111 call handler capacity and the Think 111 programme, which has a demand/capacity workstream with objectives linked to ensuring that the 111 service has enough capacity to deal with additional demand when the campaign is launched.**

Reports received and noted

- **Devon CCG Monthly Finance Report - this item was a verbal "headlines" report due to the timing of this month's meeting and availability of data to produce a written report. A full report is being presented direct to Governing Body.**

- **STP Monthly Finance Report – the paper was presented for information to the Committee, outlining the position at Month 4.**

  - **All providers receive block contract payments from commissioners including specialist. The current regime gives providers a top up payment where their plan shows a deficit position to bring each provider to breakeven.**

  - **Providers also receive a true up payment where there is an adverse variance to the planned position. Devon CCG will also receive a top-up payment where expenditure is greater than the allocation.**

  - **Additional expenditure for COVID-19 is covered through the top-up and true-up payments.**

  - **As at month 4 the Devon system required a true-up payment of £49.4m to break even after any top-up payments.**

  - **Total costs for COVID-19 was £78.2m for M1-4 (M3 £66.3m)**

  - **Year to date overspend on bank of £4.1m (£3.2 M3) is partially offset by an underspend on agency of £2.6m (M3 £1.5m).**

  - **Forecast overspend on bank £4.2m (M2 £2.1m).**

- **The Committee received a further update on the CCG Interim Financial Framework 2020-21, under which systems are being issued with funding envelopes, within which providers and CCGs must achieve financial balance. The Committee noted that the key headline considerations and challenges are:**

  - **Ensuring delivery against the Phase 3 priorities including activity and performance**

ambitions/targets with our Providers;

- **Supporting delivery of plans which facilitate effective management of system pressures through the winter period;**
- **Delivering financial balance for the CCG/System for the full year, therefore maintaining that achieved for the 1st 6 months;**
- **Ensuring we have effective plans to reduce/eliminate the backlog in relation to Continuing Healthcare (CHC) assessments which restart effective 1st September 2020;**
- **Ensuring we maintain financial control and oversight and deliver ambitions/improvements – particularly in relation to Service Development Funding (SDF) allocated to the system.**

- **The Committee was informed that the Executive Team is working with the assumption that delivery of financial balance is achievable for the CCG based on the knowledge to date assessed against the system envelopes and guidance received and worked through.**
- **System Bank and Agency Spend – the Committee noted that**
  - **Bank and Agency spend has reduced during COVID.**
  - **Phase 3 planning has indicated that Trusts predict a short-term increase in bank and agency spend during winter.**
  - **All organisations are closely monitoring and managing bank and agency usage and have proactive resourcing plans to reduce the reliance**
  - **COVID second surge is likely to further interrupt international recruitment plans**
  - **The oversight of bank and agency spend will become a focus of the Temporary Staffing sub-group of the STP Workforce Board which is chaired by Simon Tapley as the Chief Executive sponsor for the programme.**

Risk Register Review (changes and areas of concern)
• **There have been no changes to risk scores, no risks recommended for closure and no new risks added to the Corporate Risk Register that require reporting to this Committee.**
Committee Decisions
• **Following an earlier discussion in February 2020, pre COVID, the Committee again reviewed the conclusions of the NHSE/I Independent Financial Review report. The Committee was informed that PWC were previously to support the system in producing a financial recovery plan as part of the formal response to the report, however that work was paused before it was completed due to the national lockdown and standing down of non-essential activity as part of our pandemic response.**

- **The Committee noted that, for the time being, the financial context in which we have been operating since March 2020 had materially changed, such that the system has been able to plan to deliver a financial balance for this year under revised arrangements discussed elsewhere in this report. The Committee also noted that the pandemic had meant that, to date, we have not had the change capacity to progress many elements of the original savings plan, but that, as the emergency financial framework unwinds, the underlying financial position of the System and the CCG will not have improved and the findings of the NHSE/I Report will come back into play.**

- **The Committee again supported the conclusions of the NHSE/I Independent Financial Review report and noted that the way of working through the pandemic and the approach taken to the production of the phase 3 system restoration plan had arguably strengthened the issues relating to system working and consistency of financial planning and reporting information.**

- **The Committee agreed that**

    - **Conversations across the System needed to restart to ensure that a credible financial plan is prepared, which demonstrates that progress is being made with the issues identified in the review;**

    - **It would suggest that this could be achieved by the production of a system-wide financial recovery plan to be overseen by an STP Financial Recovery Board, involving both system and organisational leadership, as previously planned, reporting to the STP Partnership Board;**

    - **Notwithstanding the need for system-wide action regarding this issue, the CCG needs to play a clear leadership role and include plans for financial recovery in a wider CCG Integrated Action Plan, which should also address issues such as operational performance, future commissioning intentions and robust contractual processes alongside finance.**

- **Quarterly Report Procurement (including Single Action Waivers and Conflicts of Interest) – the Committee received an update that provided a brief overview of procurement governance in the last quarter. The Committee also**

    - **Agreed that the Register of Procurements which outlines any conflicts of interest be brought before the Committee in November**

    - **Considered and noted the governance risks arising out of the essential Covid-19 procurement processes and that a proportional risk was taken to enable a quick response.**

Recommendations for Governing Body

- **Updated Terms of Reference were agreed by the Committee at its August meeting, essentially being a "tidy up" of the previous version, which had been produced on the merger of the two previous CCG Finance Committees. It was agreed to add the Chief Operating Officer to the Committee and to increase the number of Non Executive Directors from 2 to 3, and the Governing Body is now asked to approve these revised Terms of Reference, attached.**

Recommendations for other Committees

- **None.**

Terms of Reference or other committee effectiveness issues

- **As noted above, updated and amended Terms of Reference were agreed in August, for approval by Governing Body.**

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

Finance and Performance Committee
Terms of Reference

1. Constitution	
1.1	The Governing Body of NHS Devon Clinical Commissioning Group (the CCG) hereby resolves to establish a Committee of the Governing Body known as the Finance and Performance Committee. The Committee is established in accordance with the CCG's Constitution, Standing Orders and Scheme of Delegation. These Terms of Reference set out the membership, responsibilities and reporting arrangements of the group and shall have effect as if incorporated into the CCG's constitution.
2. Purpose	
2.1	The Finance and Performance Committee is the overarching finance assurance committee. To provide assurance that the commissioning of services is; evidence based, in line with the strategic objectives of the CCG, and inclusive of national and local requirements.
2.2	Oversee CCG performance against statutory duties and legislation for financial governance, escalating any issues considered to impact on the commissioning of services.
2.3	To provide assurance to the Governing Body and Audit Committee that the CCG is achieving the commissioning, financial and performance elements of its plan. This is to be achieved through judgement, scrutiny, and independent and objective review.
2.4	To have oversight of budget, financial plans and any financial recovery plans.

2.5	Review and approve finance and performance reports prior to submission to the Governing Body.
2.6	To objectively assess and assure the Governing Body that the internal business support services are operating effectively, are responsive to the business need and offer value for money.
2.7	Oversee care pathways and services that support the financial plans and vision of the CCG. Consider clinical quality and safety in all commissioned services and make recommendations to the Quality and Assurance Committee or Governing Body as appropriate.
2.8	Ensure a clear escalation process, including appropriate trigger points, is in place to enable the committee to respond when the CCG is under financial pressure.
2.9	The committee will meet jointly with the Quality Assurance Committee on a regular basis, as determined in the corporate calendar, to ensure that there are robust and functioning systems in place to commission safe, economical and effective treatment and care for patients, and that the experiences of patients are cost effective and positive.
3. Membership	
3.1	The membership of the Finance and Performance Committee will be: • Clinical leads (2) • Non-Executive Directors/Lay Members (3) • Director of Finance • Director of Commissioning • Chief Operating Officer
3.2	The role of Chairman and Vice Chairman will be undertaken by either a clinical lead or Non-Executive Director/Lay Member.
3.3	Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
3.4	Membership will be reviewed regularly to adjust for changes as required by the purpose of the Committee.
3.5	The membership of the Committee will be shown in the CCG's Annual Report.
3.6	The Committee is empowered to request any other officer employed by the CCG to attend meetings for the purpose of providing advice, clarification, recommendation or explanation in respect of any matter that falls within the responsibilities of the Committee. In this instance attendance shall be by invitation for part of the agenda where relevant to their area of accountability. As necessary, the Committee may also require the production of any document if it relates to the business of the Committee.
4. Quorum	
4.1	A minimum of four members will constitute a quorum, provided this includes a Non-Executive Director, two of the named directors on the membership, or in their absence, a nominated deputy through agreement with the Chair, and at least one clinical representative. In the absence of the Chair of the Committee, one of the Non-Executive Directors present will chair the meeting.

4.2	When a committee member is unable to attend, a nominated deputy with sufficient authority should be asked to attend where necessary. Deputies will have the decision-making and voting rights of the person he/she is representing.
4.3	A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.
4.4	Where agreed with the Chair, members of the Committee may participate in meetings by telephone, using video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting using these methods shall be deemed to constitute presence in person at the meeting.
5. Frequency of Meetings	
5.1	The committee shall meet no less than 6 times a year to carry out its responsibilities. The chair of the committee may call for additional meetings as required.
6. Conduct of the committee	
6.1	The Committee shall conduct its business in accordance with national guidance and relevant codes of practice including the Nolan Principles and the Standards of Business Conduct.
6.2	Members of the committee 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.
7. Administration	
7.1	The Finance Directorate will provide administrative support for the Committee under the direction of the Director of Finance. This administrative support shall be responsible for keeping minutes of the meetings and providing any required advice to the Committee.
7.2	The committee administrator will maintain a forward planner detailing regular items for presentation to the committee to include performance reporting, advising contributors of required papers and giving deadlines.
8. Accountability and Reporting	
8.1	The Committee is a Sub-Committee to the Governing Body. Minutes from the meeting will be received by the Governing Body along with a covering report that identifies any specific issues to be brought to the attention of the Governing Body. An annual report of the Committee's performance, membership and Terms of Reference will be submitted to the Governing Body.
8.2	Assurances shall be received from the following: • Sustainability Transformation Partnership • QIPP / CIP • Executive members of the Committee • Contracting • Business Intelligence.
8.3	Assurance will also be received regarding the effectiveness of each committee, in full at least annually, and a committee effectiveness report from this committee will subsequently be presented to the CCGs Audit Committee.

9. Responsibilities	
10. Risk Reporting	
10.1	• Internal - Quality and safety performance. Compliance with Statutory requirements. • External - Provider performance.
10.2	The Committee will review the Finance cut of the assurance framework each month. The agenda will be proportionate to the level of the risk highlighted within the assurance framework, and deep dives will occur on a planned basis into the highest scoring quality risks.
11. Process for Monitoring Compliance with Terms of Reference	
11.1	Five days prior to each meeting, the Administrator for the Committee will ensure that the meeting is quorate. If the meeting is not quorate the Chair must be contacted.
11.2	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 relevant Committee/Persons 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 Strategic Leadership Committee.
11.3	An effectiveness review will be undertaken by the Head of Governance no less than annually.
12. Terms of Reference Review	
12.1	These terms of Reference will be reviewed on an annual basis or sooner if required following an effectiveness review which will be performed annually in line with next review date shown on this document.

Version	**Approved By**	**Approval Date**	**Next Review Date**
V0.2	**Finance & Performance Committee**	**27.08.2020**	**26.08/2021**

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

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

Date of Governing Body: 29th October 2020

Date of Committee covered in this report: 1st October 2020 (Minutes of this committee meetings to be available as an addendum)

Chair's Name and Title: Judy Hargadon

Contact Details: judy.hargadon@nhs.net

Reports discussed and assurances received:

Members of the Committee discussed the following reports:

The PCOG report: The Primary Care Operational Group meeting were given an update on an action recorded in the July PCOG committee and agreed by Jo Turl on behalf of the PCCC; this was with regard to the change of PCN for Black Torrington Practice. It has been confirmed that the patients of this practice have been informed of the change of PCN and the PCN team will be reviewing future co-ordination of communication with Patients at their next PCN meeting.

Primary Care Highlight Report, Locality Flash Reports and Commissioning team flash report

Issues of note:

- Management of PCN development funding
- Estate development – Dartmouth Health and wellbeing hub construction set to start in Jan 2022
- Potential concern over possibility of a surgery moving premises – financial impact to be reviewed by PC oversight group.
- Extended access around Devon - review of appointments and utilisation since COVID and projection into winter.
- NHSE Workforce returns from Primary Care Networks for Additional Roles Reimbursement Scheme intentions to recruit through to 2023/4

The Criteria for Prioritisation of Primary Care Estate Capital Investment PCCC is due to discuss priorities for potential estate funding in primary care at its November meeting. To enable those sifting the proposals in advance of the meeting, the committee discussed the criteria for prioritisation. The committee agreed that the balance of the categories/criteria was **correct** but wanted to view more detail of the subsections of the criteria to ensure informed deliberations.

Draft Quality Assurance Early Warning System for primary care – presentation

The Committee discussed the progress to date and processes for the onward use of the gathered information. The data will be used to:

- engage practices and PCN's early where there are any adverse quality trends,
- validate and triangulate the data with local intelligence and consider and
- address any areas of concern

The committee agreed that is was an excellent start. A great deal of feedback was given to the presenters, especially that the tool should help in our policy of supporting practices, for the next stage of development of this tool.

Reports received and noted:

The Committee noted:

The Finance report detailing the financial position to the 31st August 2020 (month 5) and included reference to the impact of the COVID19 pandemic and the financial consequences for the CCG during 2020/21. The current financial arrangements for CCGs and trusts will be extended to cover August and September 2020.

- Months 7-12 regime has now been given system-wide allocations which assumes the allocations are sufficient, and systems will break even.
- Covid funding process has now changed – there is a system envelope of money to cover costs for months 7-12. There is an expectation that the CCG and providers will work together to ensure this allocation covers additional COVID costs.
- The allocation is not as much as expected but there may be further allocations to come. – this may mean extra risks - more information, including any risk factors, will be available next month.

Phase 3 Update on restoration and transformation

Areas specifically focused on Primary Care are:

- Restoring activity to usual levels where clinically appropriate and reach out to vulnerable patients and those whose care may have been delayed
- Address backlog in immunisations
- Deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES
- Build on enhanced support for Care Homes
- Expand self-referral services
- Continue to offer face to face as well as remote triage and virtual consultations
- Identify everyone with a learning disability on a register, complete annual health checks and actively promote access to screening

PCCC noted the recent discussion with the LMC on the following items.

- Physical health checks for patients with eating disorders - the next steps are to calculate costings and plan for wider roll-out.
- Leg Ulcer services- the working group are to review the LMC feedback and draft a support offer.
- Frailty Local Enhanced Service - a funding model to be looked at with additional areas raised be added to the specification.

Risk Register Review (changes and areas of concern)
The Risk Register was reviewed by the Committee, No risks have been closed. No new risks have been added No risk score movement in the reporting period. The PC Team were requested to review 4 corporate risks – this review was conducted on 6th October, any changes will be reported to PCCC in November meeting. The Committee also noted that risks relating to the Flu Immunisation programme were being reviewed by the Quality Assurance Committee and were assured that primary care delivery issues were being taken into account.
Committee Decisions
The Commitee supported in principle the proposal for a Primary Care Network model for north, east and south Devon **for Diagnostic Spirometry (Lung function testing)** subject to clarification of specific issues (Training and funding). This will be brought to the November meeting for further, and hopefully, final consideration.
Recommendations for Governing Body
None
Recommendations for other Committees
None
Terms of Reference or other committee effectiveness issues
The Primary Care commissioning committee yearly forward planner was **presented to the committee for information**. **A list of commonly used acronyms was attached to the board pack for information**

Management of Conflict of interests:

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

NHS
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GOVERNING BODY

Report title: Locality Update Reports				
Date of committee: 29 October 2020 **Date report produced: 19 October 2020**				
Author (s) Name and Title: **Locality Triumvirates**		**Supporting Executive:** **Name and Title: Nick Ball, Vice Chair/Audit Chair** **Contact Details:** **Report Approved by:** **Name and Title:** Locality Triumvirates **Date 20 October 2020**		
Public or Private (Governing Body only):	**Public**	√	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				
Executive Summary: The purpose of these reports is to provide Governing Body members with an update on key areas of work within its Northern, Eastern, Southern and Western Devon Localities.				
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 Governing Body are asked to receive and note the contents of the locality update reports.				
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
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

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Locality update report

Locality:	Northern.
Period covered by update:	July -Sept 2020
Locality clinical representative:	Dr. John Womersley
Locality executive lead:	Andrew Millward
Locality non-executive representative:	Charlotte Burrows

Key achievements/progress

- NDHT has seen significant improvement in quality and safety and this is, in part, due to the on-going collaboration with RDEFT. Both Trusts are now in the process of planning next steps for collaborative working to ensure quality and safety remains at the heart of any relationship moving forward..

- The Northern Locality has successfully delivered the required assessments for: -
  Winter-Planning Overview
  RAG-Rating of the Discharge to Assess delivery for the Locality
  These will form part of discussions at the Integrated Delivery Group as it strengthens its approach to managing Urgent Care post-COVID in the North.

- The Devon Cares Get it Right First Time (GIRFT) -based 90-day project has commenced and started to produce quality data sets. Trends have still to be identified, more data points are needed, but the manager Natasha Koerner is very pleased with how it is developing.

- Bideford Minor Injuries Unit (MIU) re-opened on Monday 5th October after a lengthy COVID related closure. The re-opening has been integrated with the "111-First" work to have 111 bookable appointment slots in every locality and Bideford is on-target to have 111 available bookable slots from 15th October. Lisa Wells, Emergency Group Manager, has been a key part in over-seeing this and ensuring the Directory of Services (DoS) information is correct. Evidence from elsewhere, and the data since the unit closed indicates that the re-opening will begin a valuable reduction in lower-acuity attendances at NDDH ED.

- As part of the 111-First work it has become clear that the DoS-profiles for the other community-based urgent care alternatives need some work e.g. Lynton has no DoS profile currently - so will not "appear" as a solution to a 111 caller even if they phone from the centre of Lynton. Moses Warburton is picking this up work to liaise appropriately.

- Devon Cares, the Lead provider for Domiciliary Care for the Northern Locality Zones 1 & 2, will be starting a 90-day Challenge in September with a number of aims but the principle purpose is to reduce the “Awaiting Care List” to zero as well as reducing wastage and improving data quality as part of the same intensive process. Further reports will be shared when available.

- Work is continuing around the development of a Northern Local Care Partnership. A proposal has been shared at both the NDHT Board and the One Northern Devon (OND) Partnership Board. All prospective stakeholders are members of the OND Partnership Board.

Key priorities for the next three months

- Continued support for the work established by H&SC on the short-term-services offer for discharge out of NDDH

- Continued work for the Community-Based Urgent Care work to reopen Ilfracombe and ensure DoS information is accurate.

- Close work within the locality on
  Blue-to-Green Pathway delivery to support acute hospital capacity
  Alternatives to ED/Community Urgent Care
  Developing the metrics for the Winter/ iBCF investment plans

- **Phase 3 of the Out-of-Hospital Capacity Plan.**
  The Key priorities emerging from the unplanned/out of hospital workstream in Northern are:

  1. Short Term Services development
  2. Implementation of the revised national Discharge Policy
  3. Market sufficiency, personal care and enhanced health in care homes
  4. Admission avoidance and keeping people at home

Issues of concern or risk

- Workforce resilience across the system is a concern going into winter. There is awareness that our staff need ongoing support as we prepare for the contiguous challenges posed by COVID, winter pressures and maintaining elective activity.

Support required from CCG/system or barriers to progress

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Locality update report

Locality:	Eastern
Period covered by update:	October 2020
Locality clinical representative:	Simon J Kerr
Locality executive lead:	John Dowell
Locality non-executive representative:	Glynis Atherton

Key achievements/progress

- The Eastern Winter Plan has been submitted for Phase 3, bringing together Trust demand modelling and a system-wide plan for winter 20/21. A number of schemes designed to increase admission avoidance have been funded via this year's Better Care Fund, and work to maintain acute hospital capacity and flow will link closely with development work within out of hospital discharge services.

- A previous winter scheme to align a GP to an Urgent Community Response (UCR) team has evaluated well and shown a reduction in length of stay and an increase in the number of admission avoidance patients. This model of care is being rolled across UCR teams who requested it as part of this winter's schemes.

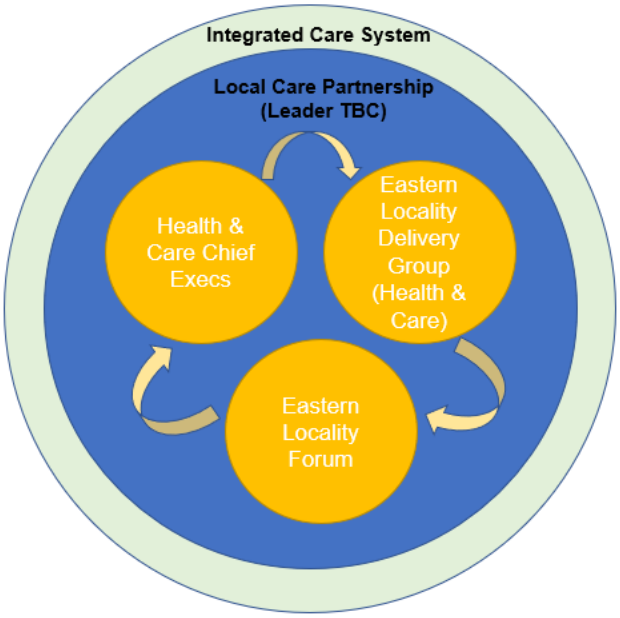
- The team continue to work closely with colleagues within Royal Devon & Exeter NHS Foundation Trust (RDEFT) to monitor discharge flow into out of hospital services. Following increased acute pressure during September we have returned to daily discharge calls and have spent a focussed two weeks joined by market management colleagues from across health and social care to manage and respond to the current discharge list and develop additional solutions at pace.

- Additional rehabilitation capacity has been identified by repurposing the 6-bedded respite unit at Treetops in Exeter, owned and operated by DCC. This new capacity will facilitate flow out of the acute.

- Winter partnerships are being explored with specific care homes to try to secure additional residential care capacity for patients with moderate/ high dementia needs with additional support from community services and DPT.

- RDEFT have 'gone live' with their new IT and health record system My Care on 10th October. This process has been the culmination of several years' extensive planning and Trust teams have been working incredibly hard to support this process. Commissioners are working closely with the Trust to ensure the roll out of the system progresses as smoothly as possible.

- The evolving Local Care Partnership architecture in Eastern has been developing. Three key elements have emerged, as shown in the below graphic. This will include both executive delivery and wider participation from services outside of Health and Care. It will be important to ensure that the wider determinates of health and wellbeing are collaborating to improve outcomes for the Eastern Devon population.



- The Eastern Locality Delivery Group, as shown above, has developed the 5 key priority areas that form the focus of the meetings:
    - Integrated Care
    - Recovery & Restoration
    - Urgent Care
    - Prevention
    - Community Mental Health.

- Discussions initiated by the clinical team at the RDEFT to understand how to provide a Covid safe Emergency Department by redesigning how the

care is provided in partnership with local Primary Care Networks and the 111/ Clinical Assessment Service (CAS). This redesign work will ensure pathways of triage and care are aligned to the emerging national model of "NHS 111 First" that requires people to ring 111 before attending an Emergency Department to enable the 111/CAS service to act as a system navigation tool to ensure patients receive the "right care at the right time in the right place" while protecting staff and patients from the nosocomial risks associated with overcrowded Emergency Departments. This includes the development of in-hospital alternatives to attending the Emergency Department such as Same Day Emergency Care wards across all specialities, "hot" clinics, enhanced fracture clinics and outpatient services.

- The planning for the next stage of the work to review and recommend future community urgent care services in East and mid Devon has commenced and is dovetailing into the above described work for local implementation of 111 First. This includes a review of the Directory of Service to maximise the services available at each unit.

- A profile of the Eastern locality has been drawn together from all commissioning areas to provide a single assessment of the commissioning landscape in the locality, the challenges likely to be faced specifically in Eastern and the evolving commissioning priorities for this. The development session of the EODG mentioned above will provide additional perspective for this.

- The Enhanced Health in Care Homes specification for Primary Care Networks (PCNs) launched 1st October. PCNs are working closely with community services providers to ensure delivery of the multi-disciplinary element.

Key priorities for the next three months

- Support the Devon-wide development of Think 111 First and Emergency Department demand management and extended provision of SDEC services.
- Continue developments in out of hospital services and ensuring a robust winter response that maintains acute occupancy levels and elective activity.
- Embedding the longer-term clinical leadership for each care home and continuing to shape the response to care home resilience plans.
- Further develop the hospital discharge partnership to continue reducing hospital length of stays
- Specify and commission leg ulcer services in response to practices notice to cease services previously provided under the Leg Ulcer Local Enhanced Service as part of a Devon-wide review of services.
- Early Supported Discharge for stroke patients across the whole of east to reduce the length of stay for this specific patient group.

- Continue the work to strengthening the role and acuity of community urgent care sites to develop them into viable alternatives for patients to attend rather than an emergency department and therefore less likely to result in a patient admission.
- Continuing to strengthen the role and function of the discharge teams within the RD&E to promote reduced lengths of stay and Discharge to Assess as the primary discharge model, in particular the patients waiting 7+ and 14+ days.

Issues of concern or risk

- The RD&E have implemented a new IT and health records system My Care. During the implementation phase, there will be some impact on staff capacity and operational availability due to ongoing training requirements and as clinical and operational teams embed the new ways of working.

Support required from CCG/system or barriers to progress

- Support from the CCG to further develop the emerging cross organisational relationships in the East to progress locality system into a partnership approach to care pathway planning and service delivery.

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Locality update report

Locality:	South
Period covered by update:	October 2020
Locality clinical representative:	Dr David Greenwell
Locality executive lead:	Jayne Carroll
Locality non-executive representative:	Judy Hargadon

Key achievements/progress

Local Care Partnership (LCP) development: the LCP Delivery Group is now meeting with LCP Executive Group also in development. The terms of reference and governance structure have been drafted. The locality profile is in draft format along with locality priorities.
Urgent Care: Weekly local urgent care board focus has been on preparing for winter and managing the refurbishment of ED whilst maintaining COVID safety.
Performance: Developing comprehensive dashboard to monitor performance and pressure throughout winter. Agreeing escalation plans and trigger points for taking action. New sit rep reporting introduced in Trust for monitoring discharge on 30th September.
Demand and capacity planning: Continuation of the task and finish group to oversee recommendations in out of hospital Demand and Capacity plan. Refreshed ToR and progressing with the action plan. Has been useful to feed into the winter planning process. Discharge audit and discharge stocktake both undertaken successfully, and any gaps are being responded to.
Winter planning: Working Group continues to meet on a weekly basis. Winter Plan in constant development; latest iteration due to be submitted in readiness for the Urgent Care Board later this month. Several ICO and two primary care schemes are yet to have funding confirmed. Impact assessments and business cases being completed by all sectors of the system.
Public Consultation: Public consultation launched on 1 September and runs until 26 October. So far (6/10/20) we have held 5 public online meetings, delivered 16,000 consultation documents across Teignmouth and Dawlish, delivered 133,000 leaflets across South Devon and Torbay, distributed 200 posters, contacted all local community groups and schools and sent out 3 stakeholder briefings.

We have been ensuring that we reflect and learn as the consultation progresses by asking people who attend the public meetings to complete a short survey and collecting feedback from a variety of stakeholders. As a result of this feedback we have increased our paid for Facebook advertising, proactively followed up contact with community groups

and contacted all the local schools to ask them to include details of the consultation in their newsletters to parents. We are encouraging people attending the public meetings to give their views as well as ask questions and to contribute to the discussion.
Population health management: Newton Abbot PCN is taking part in the Population Health Management pilot, supported by a very multidisciplinary approach including district council, DPT, TSDFT and the voluntary and community sector. First workshops attended and data received. Core group established.
Voluntary, Community and Social Enterprise Sector (VCSE): A workshop and follow up meetings have taken place to look at and improve the sector's role in discharge processes.
Urgent Community Care: Task and finish group established. Developing plans for community place-based teams to provide an enhanced urgent community care offer to avoid ED attendance and respond to the 2-hour Discharge to Assess requirement. Initial planning meeting held to deliver a "care coordination concept" pilot, supported by the Emergency Care Intensive Support Team (ECIST), in conjunction with SWASFT and TSDFT. It will enable access to community alternatives for the ambulance service via the hub and to crews on scene.
Frailty: Frailty Partnership Group continues to develop positively. Sub-groups established, Terms of Reference and Project Plans being developed. Frailty Strategy drafted and shared with relevant groups for review and comment prior for endorsing (joint Strategy ICO/CCG). Torbay and South Devon NHS FT joined the Acute Frailty Network the overall aim is to develop a methodology for identifying frailty at the Front Door, assessment in a timely manner, plan formulated and returned home as soon as possible.
Fracture Prevention Service: Working Group stepped back up (paused due to COVID) to continue commissioning conversations, finalise service design and cost with the support of the Royal Osteoporosis Society. £150k of recurrent funding secured, funding confirmed for a new DEXA scanner, proposed estate works at Kitson Hall, Torbay Hospital underway which will house this service and additional workforce recruited to the osteoporosis service. Administering of denosumab being discussed with CCG medicines optimisation and primary care colleagues (Torbay and South Devon the only outliner within the country; delivery to be moved to primary from secondary).
Enhanced Health in Care Homes: Sub-groups established which align to the EHCH Framework components (7 elements). Terms of Reference drafted for each sub-group with clear objectives. 98.5% of Care Homes aligned to Primary Care Networks. Network Contract Directed Enhanced Service embedded as of 01 October.
Long Term Conditions: Re-establishment of Diabetes Local Improvement Group, Submission of Diabetes Template in support of further transformation funding from NHS England, Primary Care information gathering for spirometry testing.
Primary care: agreed and approved PCN development plans

Key priorities for the next three months

Locality Care Partnership: South Locality Profile complete by end of October which will inform the priorities and development of local strategy and subsequent locality workplan.
Locality Dashboard: to develop a data dashboard to support an overview of performance and identify triggers for escalation.
Demand and capacity plan: Continue with the implementation of the out of hospital demand and capacity plan recommendations. Monitor the actions to address any gaps in the audit of the discharge audit (see above). Develop a dashboard to provide an overview

of demand and capacity in the locality. Ensure new reporting on sit rep for discharges is taking place and use data to feed into the demand and capacity planning process.
Urgent treatment centres/minor injury units: continued work on community urgent care strategy for the locality.
Winter planning: Implementation Plan to be developed in readiness for the delivery of the agreed system wide schemes. Further develop and delivery of the locality winter plan in parallel to the flu programme.
Public Consultation: Final public meeting on 17 October. Followed by the evaluation of alternative suggestions, development of consultation report by Healthwatch Devon, Plymouth and Torbay and recommendations to Governing Body.
Enhanced health in care homes framework: Sub-groups to be developed and begin to deliver objectives. Data collection from the Network Contract Directed Enhanced Service.
Frailty: Frailty Partnership sub-groups to be developed and begin to deliver objectives. Strategy to be endorsed, published and shared system-wide. Embed frailty identification at the acute Trust as part of the Acute Frailty Network programme.
Fracture prevention – oversee implementation of Fracture Prevention Service
Population health management: to agree a cohort of patients to focus on and complete data analysis.
Urgent Community Care: Options to be explored for potential care coordination hub which can link in with SWAST.
Voluntary, community and social enterprise sector (VCSE): Taking output from the process mapping workshop and designing tests of change to integrate how the VCSE works collaboratively with discharge and community teams. Challenges involve dealing how COVID has changed ward and team-based practice and information sharing.
Primary Care: Administering of denosumab being discussed with CCG medicines optimisation and primary care colleagues (Torbay and South Devon the only outliner within the country; delivery to be moved to primary from secondary).
Long-term Conditions: Finalisation and sign off, of the draft improvement delivery plans for cardiac and respiratory. Task and finish groups formed for key priorities linking in with regional networks and national guidance. Proposal developed and approved for an interim solution to spirometry testing for respiratory patients during C19 to deal with the backlog along with a delivery model moving forwards. Engagement with PCNs regarding Diabetes high risk patients and outcomes. Publish Diabetes Resource Library for Primary Care on GP Team.Net. Establish Devon wide Respiratory Steering Group. Modelling for Pulmonary Rehabilitation. Data intelligence on long term conditions. Analysis of RightCare data packs for long term conditions. Redesign of patient education pathway and delivery model for diabetes.
Primary care: Brixham Hospital site - meeting with the practices & TSDFT to progress move to the Brixham site of St Luke's and larger footprint for Compass House. Minor Improvement Grant due diligence to be completed. Primary medical services premium to be received and reviewed.

Issues of concern or risk

Recovery and restoration: Balancing recovery of services with challenges of COVID and winter – balancing elective care and maintain urgent care systems.
Staffing capacity: capacity to manage priorities at pace especially the public consultation. Recruitment of administrative staff will help this, but it is not expected to have staff in post until October.
Workforce capacity: specifically, for care at home. This will be mitigated through the winter planning process.
Primary care: Transfer of workload from secondary to primary care. The need to take a sensible and proactive approach to ensure the best management of patients while some services are not available. Concern that a transactional approach may not support this.

Support required from CCG/system or barriers to progress

NHS
Devon
Clinical Commissioning Group

Locality update report

Locality:	Western
Period covered by update:	October 2020
Locality clinical representative:	Dr Shelagh McCormick
Locality executive lead:	Jo Turl
Locality non-executive representative:	Nick Ball

Key achievements/progress

- Integrated Care Partnership (ICP) Team continuing to work on procurement, focusing on Due Diligence.
- Effective and positive engagement continues with partners including University Hospital Plymouth, Livewell, Local authorities, St Luke's and Primary Care Network Clinical Directors, key area of focus has been development of locality winter plan.
- Agreement on use of, and funding for COVID protected Hubs resolved
- Flu plan developed with GP practices; majority of practices running own flu vaccination clinics with a smaller proportion collaborating and using model developed with CCG and support of Plymouth City Council. First successful drive-through flu clinic completed
- Steering Group in operation to oversee production of proposals for Fair Shares funding with first proposal ready for sign off.
- Consolidation of Musculoskeletal (MSK) physiotherapy services agreed with effect from 1st November.
- Direct booking from 111 now live into In-hours Primary Care
- Alignment of care homes to a PCN complete
- Two PCNs (Pathfields PCN, Plymouth and West Devon) are wave 2 pilots for Population Health Management (PHM)

Key priorities for the next three months

- Continuing the Integrated Care Partnership procurement, due diligence process, NHSE/I Checkpoint 2 assurance preparation and completion including development of draft contract
- Development of Western Locality profile.
- Implementation of Phase 3 of Restoration and Transformation.
- Winter plan delivery.
- Managing demand for hospital-based care in advance of UHP being able to reinstate beds losses from social distancing
- The nationally procured NHS use of Information System (IS) providers is changing and it will be essential to ensure that we continue to use this to the maximum benefit to ensure access to elective care across the system.
- Ensuring benefits reaped from escalation and rapid transformation are locked into local system.
- Continued use of the community wide capacity planning to support the system through winter, restoration of elective capacity and any further COVID surge.
- Support to Emergency Care Intensive Support Team (ECIST) who will be working with the system to reduce ambulance conveyances through improved community service access.
- Implementation of the revised Network Contract DES including introduction of Structured Medication Reviews and Cancer specification as well as the Impact Investment Fund (IIF).
- Balancing urgent care demand with need to increase elective capacity, Intensive Care Unit (ICU) capacity and consistent access to the Major Trauma Unit.
- Operationalising the collaborative approach to the delivery of primary care flu vaccinations and reviewing for the additional cohort of patients, ensuring accessibility and good uptake for the whole of the eligible population.
- As part of the Estates Strategy PCN completion of Investment Project Initiation Document (PIDs).
- Progress outcomes of Sherford development mini-procurement exercise.

Issues of concern or risk

- Staffing capacity across the commissioning team to manage conflicting priorities at pace in an integrated way with other teams where interface is crucial.
- COVID-19 – system-wide risks including to patients due to non-availability of services and healthcare and social care staff and wellbeing (various mitigations being actioned and will be considered and acted upon through Restoration and Transformation process)
- Workforce capacity – nursing, domiciliary care, pharmacy, voluntary sector (being managed during COVID escalation, will require review and mitigation through Restoration and Transformation process)
- Community capacity for future COVID-19 peaks in activity needs to be understood as a priority, both in terms of demand and the impact of restarting routine work.
- Managing impact of demand from high ambulance conveyances and attendances to site with reduced capacity due to social distancing requirements.
- Mobilisation of winter planning actions in a timely way – managerial capacity diverted to daily operational challenges.
- Need to work sensitively with care homes to ensure that patients are discharged from hospital in a timely way, (in line with the guidance to care homes).
- COVID-19 continues to require significant time and resource from the Primary Care team and represents a significant challenge
- Risk that some PCNs may not be able to recruit to additional roles effecting their ability to deliver the Directed Enhanced Service (DES) requirements

Support required from CCG/system or barriers to progress

- Continued deployment of additional capacity to support Integrated Care Partnership (ICP) procurement
- Capacity to support co-ordination of urgent care system through winter
- Alignment of resources to support delivery of operating plan at locality.