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

MS Teams - refer to formal invite for link to join

30 September 2021 09:30 - 30 September 2021 11:30

# AGENDA

| # | Description | Owner | Time |
|---|---|---|---|
| 1 | To note *Regular breaks will be taken during this meeting | | |
| 2 | Patient Experience<br>Verbal | Leila Manion | 09:30 |
| 3 | Welcome and apologies and questions from members of the public<br>Verbal | Chair | 09:50 |
| 4 | Register of Interests (ROI)<br>Paper<br>DOI NHS Devon CCG Governing Body @ 160921.... 4 | Chair | |
| 5 | Minutes of the last meeting and action log<br>Paper<br>1 Draft Public GB minutes 29.07.2021.docx 8<br>Master Action Log - PUBLIC v3 nc.xlsx 19 | Chair | |
| 6 | Clinical Chair's Report<br>Paper<br>1 cover sheet chair's report.docx 20<br>2 Chairs Report Sept 21.docx 22 | Clinical chair | 10:00 |
| 7 | Accountable Officer's Report<br>Paper<br>AO report Sept 30.docx 25 | Accountable Officer | |
| 8 | PROGRAMME OF WORKS - items for recommendation, decision and assurance | | 10:20 |

| # | Description | Owner | Time |
|---|---|---|---|
| 8.10 | Accelerator Programme Update<br>Paper<br>[P] 1 Cover sheet Accelerator Programme 30.9.21.doc... 33<br>[P] 2 Accelerator Programme report 30.09.21 v6.docx 35 | Interim Director of Commissioning - in hospital | |
| 8.20 | Finance Performance Report<br>Paper<br>[P] FPC_Report_FPC_Month 5_DRAFT_2021-22 (GB... 44<br>[P] FPC_Report_FPC_Month 5_DRAFT_2021-22 (GB)... 47 | Director of Finance | |
| 8.30 | Quality and Performance Report<br>Paper<br>[P] Cover sheet ICS integrated report.docx 64<br>[P] quality_performance 300921.pdf 67 | Chief Operating Officer | |
| 9 | LOCAL CARE PARTNERSHIP (LCP) REPORTS<br>Paper<br>[P] 1 LCP Locality update Plymouth July 2021 Final.do... 86<br>[P] 2 Plymouth-West Devon Locality Report for GB SE... 90<br>[P] 3 Draft Governing Body Locality Update (South) Au... 94<br>[P] 4 Locality Update - Eastern Aug-Sept 2021 Comms... 98<br>[P] 5 Locality Update - Northern September 2021 v1.do... 101 | Clinical Lead Representatives | 11:20 |
| 10 | ASSURANCE COMMITTEE CHAIRS' REPORTS including items of escalation<br>Paper | Assurance Committee Chairs' | 11:35 |
| 10.1 | Primary Care Commissioning<br>[P] PCCC Chair Report -+JH September 21 Public.do... 104 | | |

**Declaration of Interests Register - NHS Devon Governing Body**
**Register updated and generated by the Governance Team - 16 September 2021**

***Register last updated 16 September 2021***

| Title | Surname | First name | Role or Position held with the CCG | Committees attended | Interests | Interests - Partner or Family | Date Interest from | Date Interest to | Date interest updated | Type of Interest | Is the interest direct or indirect? | Action taken to mitigate risks | Employer Organisation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Allcorn | Darryn | Chief Nurse<br>Caldicott Guardian | Member of Governing Body<br>Member of Quality Assurance Committee<br>Senior Leadership Team (SLT)<br>Joint Executive Team Meeting<br>Commissioning Committee (CC DOI)<br>Member of Audit Committee<br>Member Devon Joint Clinical Effectiveness Group (JCEG) | Honorary Associate Professor University of Exeter<br>Seconded to NDHT (to 18 September 2020)<br>Strategic Chief Nurse, Nightingale Hospital Exeter<br>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<br>Member of Quality Assurance Committee<br>Member of Remuneration and Workforce Committee<br>Primary Care Commissioning Committee (PCCC) | CQC Specialist Advisor | | 01/11/2019 | | 27/05/2021 | Non Financial | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Atherton | Glynis | Non Executive Lay Member- Quality<br>Geographical remit - Eastern | Member of Governing Body<br>Member Quality Assurance Committee (Chair)<br>Member Primary Care Commissioning Committee (PCCC)<br>Member of Remuneration and Workforce Committee | Consultancy for FORCE cancer charity – not CCG funded but has a relationship with RD&E hospital<br>Trustee for St. Margaret's Hospice, Somerset<br>Volunteer for Hospiscare, Exeter – helping at events and proof reading applications to charitable trusts<br>Volunteer for University of Exeter – mentoring students<br>Member of the Labour party<br>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<br>Lay Member - Governance and Probity NHS Devon CCG<br>Conflict of Interests Guardian for NHS Devon CCG<br>Geographical remit - Western | Member of Governing Body (Vice Chair)<br>Member of Audit Committee (Chair)<br>Member of Finance and Performance Committee<br>Member of Remuneration and Workforce Committee<br>Attendee Primary Care Commissioning Committee (PCCC) non voting | Appointed Chair of Audit Committee for NEW Devon CCG (Dec 2016)<br>Director of the B4 project<br>Director of Community Interest Company: 11319536 , Heavens Thunder C.I.C, Cornwall from 19 April 2018 | Virgin Care (spouse/partner was a Portage Home Visitor to 2015 ) | 22/09/2016 | | 19/11/2020 | Indirect interest | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Brown | Steven | Director of Public Health (DCC) | Member of Governing Body<br>Strategic Commissioning Partnership<br>STP Directors<br>ICS Partnership Board<br>Primary Care Commissioning Committee (PCCC) | No interests declared | | 19/11/2020 | | 19/11/2020 | | | | Devon County Council |
| | Burrows | Charlotte | Non Executive Lay Member - Patient and Public Involvement<br>Geographical remit - Northern | Member of Governing Body<br>Member of Quality Assurance Committee<br>Member of Remuneration and Workforce Committee<br>Member Primary Care Commissioning Committee (PCCC) | Self-Employment business consultant from September 2019<br>Associate for Research In Practice Feb 2020<br>Associate for Research In Practice<br>Supplier/Associate for SWAHSN (Feb 2020)<br>Within my role as SWAHSN associate will be part of their project team which is supporting the Think 111 project<br>Associate for Devon Communities Together | | 04/04/2019 | | 04/08/2020 | Financial/Personal Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Chilcott | Ben | Deputy Director of Finance | Strategic Medicines Optimisation Group<br>Member of Finance and Performance Committee<br>Primary Care Strategic Meds Group<br>Senior Leadership Team (SLT)<br>Member of Primary Care Commissioning Committee (PCCC)<br>Primary Care Operational Group (PCOG)<br>Member of Governing Body (Deputy for CFO)<br>Member of Vacancy Control Panel<br>Planned Care Programme Board<br>Crediton Hub Project Group | CCG representative board member of Resound Health, Plymouth LIFT partner<br>Member of ACRA (Advisory Committee on Resource Allocation)<br>CCG representative shareholder for Delt<br>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)<br>Member of Governing Body (Deputy for Director of Commissioning)<br>Strategic Commissioning Partnership | No interests declared | | 12/03/2019 | | 22/10/2020 | | | | Plymouth City Council |
| | Coombes | Nikki | Senior Executive Assistant, Corporate Office | Member Vacancy Control Panel<br>Attendee Governing Body<br>Attendee Remuneration and Strategic Workforce | | Close relative is Head of Implementation, Devon Doctors Group<br>Clsoe Relative is Project Support Officer, NHS Devon CCG | 12/08/2015 | | 14/04/2021 | Indirect interest | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Davis | Alison | Associate Non-Executive Director | Attendee Governing Body<br>Attendee Quality Assurance Committee | Plymouth City Council – Foster panel Chair<br>Torbay Council- Foster panel Chair (ended 28 Feb 2021)<br>Pathway Care Fostering- Ashburton- Independent Reviewing Officer<br>University of Exeter – student mentor<br>Somerset County Council- casual employee | | 19/10/2019 | | 22/03/2021 | Personal, Professional & Financial | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Doble | Clare | Head of Governance<br>Deputy Senior Information Risk Owner (SIRO) | Attendee of Audit Committee<br>Quality Assurance Committee<br>Primary Care Commissioning Committee (PCCC)<br>Governing Body (ad hoc)<br>Health and Safety Group Joint Chair<br>Staff Partnership Forum<br>Data Protection Steering Group | Member of Taunton & Somerset NHS Foundation Trust<br>Godmother to member of governance team's daughter<br>Trustee for Lyme Disease Action Charity<br>(an accredited charity that offers information and advice to the public, patients and healthcare professionals in relation to lyme disease) Charity registration number: 1100448 | Partner employed by NHS Devon CCG<br>Daughter is an apprentice at one of the Devon GP practices | 22/08/2017 | | 02/07/2021 | Non-Financial, Financial and Personal Interests | Indirect/ Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |

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| | Dowell | John | Chief Finance Officer | Member of Governing Body<br>Member of Finance and Performance Committee<br>Joint Executive Team Meeting<br>Senior Leadership Team (SLT)<br>Attendee Audit Committee<br>Commissioning Committee (CC DOI)<br>Primary Care Commissioning Committee (PCCC) | Vice chair of the HfMA South West Branch<br>Vice Chair of the HfMA Commissioning Faculty. | | 14/08/2015 | 20/10/2020 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Finn | John | Interim Executive Director of in-hospital commissioning to 31 May 2021<br>Substantive post Associate Director of Commissioning, Northern, Planned Care and Cancer | Member of Governing Body<br>Exec Meeting<br>Commissioning Committee (CC DOI)<br>Northern Integrated Delivery Meetings<br>System Restoration and Transformation Group<br>Planned Care Programme Board<br>Working with Industry and Sponsorship Group | No interests declared | | 19/01/2017 | 23/03/2021 | Personal | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Fox | Matthew | Governing Body Locality GP<br>NHS Devon CCG | Member of Governing Body<br>A & E Delivery Board (SD&T) | GP principle, Barton Surgery, Dawlish.<br>Director, Dawlish Medical Group<br>Associate Medical Director TSDFT from 1 April 2019<br>Barton Surgery have rented a room to Chime.<br>University of Exeter Medical School, Academic tutor and student teacher<br>GP Locality Clinical Director<br>Primary Care Network - The Coastal Network<br>F2 academic tutor through the Deanery | Spouse is a co-owner of Barton Surgery Pharmacy Building | 22/09/2016 | 17/04/2021 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | Torbay and South Devon NHS Foundation Trust |
| Dr | Greenwell | David | Governing Body Locality GP | Member of Governing Body<br>Member of Finance and Performance Committee<br>Remuneration and Workforce Committee(Non exec rem)<br>Member Devon Joint Clinical Effectiveness Group (JCEG) | GP partner at Southover medical practice<br>Member of an independent cooperative that provides out of hours medical cover to Devon Prisons<br>Shareholder in Devon Doctors on Call<br>Member of Upton Vale Baptist Church (personal interest)<br>Member of Clinical Cabinet<br>Primary Care Network - Torquay | Spouse is freehold owner of Southover Pharmacy | 20/08/2015 | 22/10/2020 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Hargadon | Judy | Non Executive Lay Member - Primary Care and Prevention<br>Geographical remit - Southern | Member Governing Body<br>Member Audit Committee<br>Member of Primary Care Commissioning Committee (PCCC) (Chair)<br>Member of Remuneration and Workforce Committee<br>Equality, Diversity and Inclusion Group<br>IUCS Procurement Oversight Group (Chair) | Member of Women's Equality Party<br>New management board chair at PenARC, – the National Institute for Health Research (NIHR) Applied Research Collaborations (ARCs) South West Peninsula | Spouse is Chair of Dartington Hall Trust<br>Brother is GP in Cornwall | 01/05/2019 | 25/05/2021 | Financial / Personal | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.<br><br>Will not be involved in decisions about the CCG funding academic research | NHS Devon CCG |
| Dr | Harrell | Ruth | Director of Public Health, Plymouth City Council | Devon STP Clinical & Professional cabinet<br>NHS Devon CCG Governing Body<br>Member Devon Joint Clinical Effectiveness Group (JCEG)<br>Member of Strategic Commissioning Partnership<br>Primary Care Commissioning Committee (PCCC) | Director of Public Health for Local Authority | | 26/10/2016 | 18/08/2020 | General | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | Plymouth City Council |
| | Harris | Penny | Strategic Advisor - Long Term Plan | Attendee of Governing Body<br>CCG Execs and Clinical Chairs<br>Senior Leadership Team (SLT)<br>Strategic Commissioning Partnership<br>Joint Executive Team Meeting<br>Finance and Performance Committee<br>Strategic Commissioning Programme Board<br>Commissioning Committee (CC DOI)<br>System Restoration and Transformation Group<br>Devon Urgent Care Board | Director of KERR Darnley Ltd Providing commissioning advice to variety of CCGs and Coaching/contract training<br>Director of Kerr Mediation ltd - working alongside LMC law taking on primary care mediations commissioned by the LMC. | | 23/07/2019 | 29/10/2020 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | KERR Darnley Ltd |
| Dr | Johnson | Paul | Clinical Chair NHS Devon CCG<br>Interim Medical Director ICS Devon | Member of Governing Body (Chair)<br>Member of Remuneration and Workforce Committee<br>Attendee Primary Care Commissioning Committee (PCCC) non voting<br>Commissioning Committee (CC DOI)<br>Strategic Commissioning Partnership<br>Attendee Devon Joint Clinical Effectiveness Group (JCEG) | GP Partner, Cricketfield Surgery (ceased August 2019)<br>Salaried GP, Cricketfield Surgery (ceased December 2019)<br>Member of Templar Care PCN (ceased December 2019)<br>Locality Clinical Director at Torbay and South Devon NHS Foundation Trust (Nov 2016 to 28 March 2017)<br>Church Warden Holy Trinity Church (ceased 2018)<br>Non executive director role on the board for the South West Academic Health Science Network (SW AHSN) | Spouse works in emergency department at RDE and for Exeter Medical School | 21/08/2015 | 15/09/2021 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Kennedy | Nick | NHS Devon CCG Governing Body Secondary Care Clinician | Member of Governing Body<br>Member of Quality Assurance Committee<br>Attendee Remuneration and Workforce Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>QEIA Panel<br>Member of Audit Committee<br>Member Devon Joint Clinical Effectiveness Group (JCEG)<br>Member of Devon Clinical Cabinet<br>System Restoration and Transformation Group | Governing Body Independent Clinician BNSSG CCG<br>Member South West Clinical Senate Council<br>Consultant Anaesthetist, Taunton and Somerset NHS Trust<br>Member of national Independent Funding Request Panel NHS England<br>Non-Executive Director GO-OP, GO-OP is a Multistakeholder Co-operative Society (Somerset Rules), registered under the Co-operative and Community Benefit Societies Acts. GO-OPGO-OP will be the UK's first co-operatively owned and run Training Operating Company Introduced PPE supplier (Orthofix International) to Devon CCG. Company part owned by my cousin<br>Non-Executive Director of a start up limited company called LinkExec, an online business aimed at promoting start up businesses and investors. April 2020<br>working one day a week for Somerset CCG on their Clinical Strategy and the Taunton/Yeovil merger strategy (11 Feb 2021)<br>Trustee of St Margaret's Hospice Somerset<br>Non Executive Director Go-Op Learn. A Co-operative organisation providing training opportunities (May 2021)<br>Member of Western Provident Association on Anaesthesia (May 2021) | | 26/09/2017 | 12/03/2021 | Financial / Personal | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |

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| Dr | Kerr | Simon | Governing Body Clinical Lead – Eastern. | Member of Governing Body<br>Member of Quality Assurance Committee<br>Attendee Remuneration and Workforce Committee<br>Attendee of Audit Committee<br>Member Strategic Commissioning Programme Board<br>Commissioning Committee (CC DOI)<br>Eastern Locality Delivery Group | Chair of East Devon , Exeter and Mid Devon GP Members Forums<br>GP Exec. Partner Coleridge Medical Centre<br>Shareholder in Devon Health<br>GP member of East Devon Health Federation<br>GP Partner in Honiton , Ottery , Sidmouth Primary Care Network | Spouse works for Exeter Social Services | 14/02/2017 | 28/04/2020 | Financial / Personal | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dame | Leather | Suzi | Independent Chair Devon ICS | Attendee Governing Body, NHS Devon CCG | Chair Independent Adjudicator for Higher Education in England and Wales<br>Deputy Lieutenant of Devon 2009<br>Patron UK Clinical Ethics Network 2020 -<br>Advisory Board for Social Mobility in the South West April 2021<br>Chair Devon Ethical Reference Group<br>Member Labour Party<br>Vice President Hospiscare<br>Fellow ad eundem Royal College of Obstetricians and Gynaecologists<br>Honorary Fellow Royal Society for Public Health<br>Governor for Newtown Primary School, Exeter from 20 May 2021 | Close relative is a GP in Exeter<br>Close relative is a psychiatrist in Manchester and Brize Norton<br>Close relative - Director of Global Health, Kings College,<br>London<br>Relative is a psychiatrist in London | 06/04/2021 | 02/06/2021 | Indirect interest | indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Masters | Susan | Deputy Chief Nursing officer | Quality Assurance Committee (QAC)<br>Member of Audit Committee<br>Member fo Governing Body (Deputy for CNO)<br>Member of Primary Care Commissioning Committee (PCCC)<br>Member Vacancy Control Panel | Trustee Director of HQIP (Health Quality Improvement Partnership) | | 01/03/2021 | 24/08/2021 | General Interest | indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | McCormick | Shelagh | Lead Clinical Representative (Western) – CCG Governing Body<br>Strategic Clinical lead - Maternity<br>Clinical Lead - Western Locality<br>Clinical lead - Mental Health | Member of Governing Body<br>Member of Quality Assurance Committee<br>Member of QEIA Panel<br>Member of Remuneration and Workforce Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>Member of Individual Packages of Care Panel (IPOC)<br>Member of Local Maternity System (LMS) Board and Operational Committee | Elected member (and Deputy Chair from September 2019), South West Regional Council of BMA<br>GP Appraiser (NHS England)<br>Shareholder GlaxoSmithKline<br>Working at Church View Surgery as self-employed sessional GP<br>Elected to the Medical managers Committee of the BMA from September 2019 | Partner is:<br>Medical Secretary and Board member of Devon LMC<br>GP Partner, Church View Surgery, Plymstock<br>Clinical Director of Mewstone Primary Care Network(PCN) | 26/09/2017 | 20/10/2020 | Financial, Professional & Personal Interests | Direct & Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Milligan | Jane | Chief Executive of the Integrated Care System for Devon (ISCD)<br>and NHS Devon Clinical Commissioning Group (CCG) | Member of Governing Body<br>Joint Executive Team Meeting<br>Senior Leadership Team (SLT)<br>Attendee Audit Committee | Non Executive Peabody Housing Association<br>House of St Barnabas Charity member | Partner Trustee for Action for Stammering | 31/12/2020 | 29/04/2021 | Personal | indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Millward | Andrew | Devon System Director of Communications and Engagement.<br>Chief Communications, IT and People Officer, NHS Devon CCG<br>Senior Information Risk Owner (SIRO) | Member of Governing Body<br>Joint Executive Team Meeting<br>Staff Partnership Forum<br>Senior Leadership Team (SLT)<br>Attendee Audit Committee<br>Member of Remuneration and Workforce Committee<br>Member of Vacancy Control Panel<br>Equality, Diversity and Inclusion Group | Chair of Friends of Eggesford All Saints Trust, a registered charity.<br>Fellow of the Centre for Communications Research, Buckinghamshire New University<br>DELT Board Member, CCG Devon nominated director | | 19/06/2018 | 14/04/2021 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Pearson | Nick | Chief of staff<br><br>Office of the accountable officer for the ISCD and CCG | Senior Leadership Team (SLT)<br>Commissioning Committee (CC DOI)<br>Patient Engagement Group<br>Primary Care Operational Group (PCOG)<br>Attendee of Governing Body<br>Joint Executive Team Meeting | Member of Exeter City Football Club<br>Advisory Board Director, Centre for Health Communication Research, Buckinghamshire New University | Spouse is owner of Pearson Creative | 13/01/2017 | 29/03/2021 | Non-Financial Personal Interest | Direct & Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be commissioned by employee | NHS Devon CCG |
| | Roberts | Sheila | Interim Chief Operating Officer | Governing Body<br>Finance and Performance Committee<br>Urgent Care Board<br>Western Urgent Care Board<br>Joint Executive Team Meeting<br>System Performance Group<br>Dynamic Decision Making Group | No interests declared | | 23/06/2021 | 23/06/2021 | | | | NHS Devon CCG |
| | Sargeant | Lincoln | Co-opted member of Governing Body | Member of Governing Body<br>Member of Strategic Commissioning Partnership<br>Member of Primary Care Commissioning Committee (PCCC) | Director Public Health, Torbay Council | | 24/02/2021 | 24/02/2021 | | | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | Torbay Council |
| | Snaith | Ginny | Board Secretary | Attendee of Governing Body (non voting)<br>Attendee of Quality Assurance Committee<br>Attendee of Finance and Performance Committee<br>Attendee of Audit Committee<br>Attendee of Remuneration and Workforce Committee<br>Attendee of Commissioning Committee (CC DOI)<br>Attendee of Primary Care Commissioning Commitee (PCCC)<br>Joint Executive Team Meeting<br>Senior Leadership Team (SLT)<br>Working with Industry and Sponsorship Group<br>System Restoration and Transformation Group<br>Member of Strategic Commissioning Partnership<br>Attendee Devon Joint Clinical Effectiveness Group (JCEG) | No interests declared | | 22/03/2019 | 10/08/2020 | | | | NHS Devon CCG |

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| | Tapley | Simon | Deputy CEO for ICS for Devon and NHS Devon CCG<br>Strategic Lead Commissioner for NHS Devon CCG | Member of Governing Body<br>Strategic Commissioning Partnership<br>Joint Executive Team Meeting<br>Senior Leadership Team (SLT)<br>Attendee Audit Committee (Audit Committee)<br>Finance and Performance Committee<br>Commissioning Committee (CC DOI)<br>West LCP Executive Group<br>Member Vacancy Control Panel | | Spouse is employed by TSDFT (ICO) 31/03/2017<br>Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG<br>Step-son has started working as a health-checker | 01/11/2016 | 05/05/2021 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Tetley | Piers | Associate Director of HR and Organisational Development | Attendee of Remuneration and Workforce Committee<br>Staff Partnership Forum<br>Senior Leadership Team (SLT)<br>Attendee of Governing Body/Member Governing Body (Deputy for Director of Communications)<br>Member of Vacancy Control Panel<br>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<br>Senior Leadership Team (SLT)<br>Mental Health Team Meeting<br>Member of Strategic Commissioning Partnership<br>Member of Governing Body<br>Attendee Audit Committee<br>Member of Finance and Performance Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>Joint Executive Team Meeting<br>Strategic Commissioning Programme Board<br>Commissioning Committee (CC DOI)<br>Quality Assurance Committee<br>Crediton Hub Project Group | No interests declared | | 13/08/2015 | 19/10/2020 | Indirect interest | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Turner | Graham | Non Executive Lay Member-Finance | Member of Governing Body<br>Member of Finance and Performance Committee (Chair)<br>Member of Audit Committee<br>Member of Remuneration and Workforce Committee (Chair) | | Son employed by Care Quality Commission as an Information Analyst | 16/10/2019 | 04/05/2021 | Indirect interest | | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Womersley | John | Governing Body Clinical Lead – Northern Locality | Member of Governing Body<br>Attendee of Audit Committee<br>Member of Finance and Performance Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>Remuneration and Workforce Committee (Non exec rem)<br>Northern Integrated Delivery Group | Member of One Ilfracombe Board<br>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)<br>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<br>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<br>In receipt of individually funded treatment<br>My general interest lies in mental health, wellbeing and recovery. I intend advocating for groups and organisations that adopt and demonstrate the values and principles associated with the recovery approach | | 28/10/2019 | 14/04/2021 | Financial /non Financial Professional Interests/ General | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |

NHS Devon Clinical Commissioning Group

**NHS Devon Governing Body Meeting**
**DRAFT minutes held in PUBLIC**

Date: 29 July 2021 Time: 09:30 – 11:41 Location: Via Microsoft Teams

| *Item* | Discussion | *Action* |
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| 1 | These minutes are a precis of the meeting which was streamed live. If you would like to view the recording of this meeting please click here<br><br>The chair welcomed everyone to the meeting and gave a warm welcome to the guest speakers Nina Parnell (NP), Head of Volunteering and Community Support, Westbank.<br><br>It was agreed by the Governing Body for the agenda to be reordered to accommodate a guest attendee for item 8.<br><br>**Patient experience**<br>NP shared the success story of the Neighbourhood Friends which was set up during the pandemic and she described the journey to date and touched on the pilot action programme. This is a service available in the Exeter and Budleigh area which includes 2 streams of work including rapid response and she gave an example of the process.<br><br>NP highlighted that there was longer term support in place to help reduce isolation and including befriending activities which links to home help services and practical housekeeping tasks.<br><br>For the first six months of the Neighbourhood Friends the ambition was to recruit 120 volunteers which was a big ask. It was recognised there were people who wanted to volunteer but they had work and regular commitments. The home for hospital role was flexible and was created to fit around work patterns and volunteers include medical students, and retired people. The volunteer demographic exceeded 120 volunteers with a large percent of working age, younger people, and men.<br><br>NP pointed out that generating referrals was difficult but good working relations were developed with colleagues at the Royal Devon and Exeter Hospital (RDE) and they remain firm today.<br><br>The scale of the service sees around 2,200 referral per year including same day service telephone referrals, with 18% of then within a 1-hour timeframe. NP referred to the geographical split between Exeter, East and Mid Devon and the small, dedicated team of 3 who manage the volunteers.<br><br>NP shared a case example which resulted in Westbank Neighbourhood Friends being nominated and awarded the Queens Award in June 2021 as a special recognition of volunteers. She added this success demonstrates partnership working at its best as we move toward the integrated care system. It has improved patient flows in hospital and generated extra time for staff on wards and has created volunteering opportunities as well as improving the patients journey. | |

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| | DSL asked about national commissioning and the use of the Red Cross. NP explained how the NHS England funding had been used to support hospitals through the winter period and added that this funding had now stopped.<br><br>JWo wondered how Westbank would fund the team of 3 next year and NP explained the good relationships with the CCG and the local authority who were working with them as to whether it was possible to get this service commissioned.<br><br>SK asked how primary care could support the voluntary sector and it was suggested for a telephone option in the triaging process to be explored to help support and improve access for voluntary services.<br><br>CB wondered if Westbank had been asked to share learning and ways of doing things as a model of service. NP replied that this had not been this case to date but was happy to share a blueprint with partners if requested.<br><br>NB thanked NP and DH for their attendance and positive start to this meeting, and thanked Neighbourhood Friends for leading the way in volunteering and encouraged the learning to be shared and spread as wide across the county as possible.<br><br>**The Governing Body received and noted this update.**<br><br>*Nina Parnell and Darin Halifax left the meeting.* | |
| 2 | **Welcome and Apologies**<br>NB welcomed everyone to the busines section of the meeting, and the following apologies were recorded for:<br><br>Simon Tapley<br>Glynis Atherton<br>Shelagh McCormick<br>Steve Brown<br>Ruth Harrell<br>Darryn Allcorn – Susan Masters in attendance<br>Sheila Roberts - Alison Wilkinson in attendance for item 8 | |
| 3 | **Register of Interest (ROI)**<br>There were no amendments or new declarations made. | |
| 4 | **Minutes of the last meeting**<br>NB led a page-by-page review of the minutes of the last meeting held on 01 July 2021. Subject to a minor amendment on page 4 of the minutes these were approved as a true and accurate record of the meeting.<br><br>**Action Log**<br>1. It was agreed for this action to be formally closed.<br>2. This item was on the agenda, and therefore this action was formally closed. | |
| 5 | **Clinical Chair's report**<br>PJ did not propose to add anything further to this report, but highlighted Devon CCG's annual general meeting (AGM) held on the 1 July 2021. This was the third year this meeting had been held virtually, which was now becoming business as usual. PJ personally thanked the communications team who had effectively collated a wealth of | |

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| | information and celebrated the areas of good work relating to COVID-19 as well as highlighting the challenges ahead of us.<br><br>PJ also conveyed his thanks to primary care as well as other areas under pressure and their willingness to engage and work together to support the system**.**<br><br>**The Governing Body received and noted the contents of the Chair's report.** | |
| 6 | **Accountable officer's report**<br>There was nothing to add to the report, but JM noted the ICS development continues with pace and legislation and we are continuing to work through the plans.<br><br>We are checking in with our regional colleagues and have received positive feedback in relation to the recruitment for the independent chair of the ICS for Devon with the closing date for applications set for 17 August 2021. We have engaged with our stakeholders to participate in the recruitment through stakeholder sessions and it is anticipated these will take place at the end of August.<br><br>JM indicated that pressures in the system continue but was pleased with the fantastic response to the vaccination programme. COVID-19 activity remains in hospitals and care homes, and this has been compounded with workforce challenges and we have moved back into our incident management control and command centre approach to business for Devon.<br><br>JM was pleased to report that the general practice survey results reflected good feedback about services.<br><br>JM informed the Governing Body that there is a lot of work happening around compliancy against data security protection and the threat of cyber security attacks and that we have recently submitted our toolkit. Scrutiny is also happening at a national level to ensure we have everything we need to protect against cyber-attacks.<br><br>Amanda Pritchard has been announced as the chief executive officer of the NHS which JM said was a positive appointment and that it would be good to get Amanda down to Devon as soon as she could.<br><br>**The Governing Body received and noted the contents of the Accountable Officer's report.** | |
| 7 | **CCG Objectives**<br>AM presented this report which was a second update. He thanked Nick Pearson, chief of staff for his contribution in pulling this together and the intention would be for quarterly reports to be presented to the Governing Body with the next one scheduled for October.<br><br>AM advised the members that the process for review is being refined along with how best to present the report and this may include some new actions and highlighting actions that have been completed.<br><br>JWo referred to improvement of service performance and did not feel that the green rating was honest. AM agreed there were sections that needed refining as they were not capturing actual service performance and took a commitment to work with colleagues to improve the definitions and narrative. | |

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| | DG felt uncomfortable with the financial sustainability rating. JD responded and described the rating, uncertainties, circumstances, and external factor. He advised the amber rating reflects that there is not a clear trajectory and explained the rationale for the rating given. JD added that there is additional work on the financial plan to ensure it aligns to changes in the system we are expected to make over the next period, and we are committed to do so.<br><br>JF reminded the Governing Body the context of the H1 plan around restoration of services and objective 2 service performance and that restoring of services will go beyond the H1 plan thus the green rating.<br><br>**GT proposed for a further review of the objectives to check the actions in place are the right things to do and this was welcomed by the members.**<br><br>**The Governing Body:**<br>• **Approved the amendments to the proposed delivery of objective dates, specifical in:**<br>  ○ **Objective 1 – action 3, moving this from February 2021 to November 2021**<br>  ○ **Objective 3 - action 2, moving this from June 2021 to April 2022**<br>• **Noted the contents of the report and welcomed the proposal for a review of the objectives and actions** | |
| 8 | **Pre COVID-Performance comparison report**<br>*Alison Wilkinson joined the meeting.*<br><br>AW shared her screen and talked through a slide deck and noted information was based on published data for April and May 2021.<br><br>This report is an appendix which forms part of the integrated performance report for the system which will include regular comparisons for both 2019/20 and planned numbers.<br><br>AW explained the referral levels and the 2 week wait demand. She touched on outpatient activity linked to recovery which are above plan. AW informed the members that extra initiatives have been put in please to increase activity.<br><br>AW drew attention to elective and follow up activity, which was over plan for April, but had since dropped back during the month of May.<br><br>AW referred to the snapshot of diagnostic activity with CT above expected performance with obstetrics below expected levels. Endoscopes performance remains in a good position but still below 2019/20 levels and we continue to focus on the accelerator programme.<br><br>Accident and Emergency overall volume below 2019/20 levels and AW noted that pressure was growing not relating to volumes but flows through the department and ambulance. Acuity in people coming into hospitals for non-elective for 19-20 above planned expected levels in the H1 plan.<br><br>Current performance for the South West Ambulance Service Trust (SWAST) graph was like last months and pressures in the system have seen the biggest days of activity over the last few weeks. | |

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| | AW advised the members that performance information would be presented in a clear way through the Finance and Performance Committee which in turn will flow reports through to the Governing Body.<br><br>JWo asked about whether we were proactively keeping in touch with patients on waiting lists. JF gave assurance that work was underway to understand patient access through emergency departments and that there was clinical validation support in place for patients. We are also continuing to work with general practice to signpost patients.<br><br>Serious incidents have shown an upward trajectory, and this is being reviewed to understand the cause which may relate to staff exhaustion/ staffing levels.<br><br>LS wondered how inequality of access for black, ethnic minority and deprived areas. AW confirmed this data was included in the inequalities workstream and actions were in place to address this.<br><br>JT was pleased to report that patient experience in terms of people accessing general practice has improved and there was a piece of work underway in emergency departments (ED) to identify why individuals are presenting to ED and was there a better way of doing things differently to free up urgent capacity and to allow general practice and the rest of the system to cope with demand.<br><br>PJ referred to ED and SWAST data and the need to make sure that we are getting the timelines for data right otherwise there was a risk in making supposition not data driven.<br><br>GT asked for the careful use of language and that we need to also look at capacity as well as attendances for emergency attendances.<br><br>NB added that it was important to remember using comparators for diagnostic for 19-20 and that the system need to sustain system performance.<br><br>SK queried whether there was capacity plan or prediction for staffing over the next 3 months for EDs. AW advised that the H1 and seasonal plans include initiative schemes. She also confirmed that workforce issues around trust support for mutual aid and system actions is discussed in the daily silver and weekly gold calls and added that the plans did consider sickness and annual leave, but not the isolation impact.<br><br>JM assured the members that the seasonal plan has been refreshed against recent modelling to identify the variables and prediction of the next wave and this was a live piece of work with lots of different components, and we are using an Incident approach to support that.<br><br>**The Governing Body noted and received the Pre COVID-Performance comparison report** | |
| 9 | **Population Health Management (PHM)**<br>JT asked for the report to be taken as read.<br><br>The purpose of this report was to provide an update to the Governing body on progress which has been funding nationally through the aging well programme purposed for pro-active case management. The funding has been used for a team of individuals for analytical work help with our local care partnership to use data differently. | |

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| | JT noted that there were some issues remaining around information governance and that since the writing of this report the CCG has moved back into incident response mode which has impacted on the setting up of the action learning sets to discuss the use of data. JT was pleased to report that primary care is keen to start to use the data and learn from other areas who are already using this.<br><br>DSL asked how the use of this data would impact patients and whether they will understand the process. JT confirmed the paper focused on the process but not the on-going evaluation and family experience but was confident this would feature in the timeline through the academic review and analysis.<br><br>SK was interested to know if outcomes would be improved by using PHM and PJ confirmed the learning so far had resulted in 5 pilots using a multidisciplinary team (MDT) approach to come up with different solutions to be embedded in our business as usual.<br><br>NK was supportive of this approach and asked about the financial benefits in the short, medium, and long term. JT noted that at this stage it was too early to tell until the data was used in an MDT way of doing things and case examples would give a sense of how things work.<br><br>DG wondered if an equality, quality, impact assessment process was in place and JT confirmed that inequality was at the forefront and she explained the use of data at system level to reduce inequality.<br><br>**Following discussion, the Governing Body:**<br>• **noted the information within this update report**<br>• **supported the PHM road map for implementation across Devon Integrated Care System.** | |
| 10 | **GB Effectiveness**<br>The purpose of this paper was to present the findings of the review of effectiveness of the Governing Body, which was undertaken using an electronic questionnaire, and to summarise the effectiveness review process.<br><br>**The Governing Body reviewed and approved the recommendations below,**<br>• **<u>Recommendation 1</u> – Executives must be encouraged to ensure that papers are submitted by the planned deadline for Governing Body to ensure one version of the pack is circulated to Governing Body members. Where any amendments to re-circulated papers is required, the amendments will be clearly articulated or highlighted. If it is recognised that there will be a late paper, in line with the CCG constitution, the Chair's approval will be sought, and GB members informed. * this was also a recommendation from 2019/20 (see Appendix 2)**<br>• **<u>Recommendation 2</u> – The GB forward planner is reviewed to ensure that items and agendas are appropriate and not duplicated and that Executives inform authors of papers to meet the deadlines. Consideration also needs to be taken regarding item length, order, and likely discussion time to ensure items on the agendas are given sufficient time and timings realistic and manageable.** | |

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| | • **<u>Recommendation 3</u> – The Governing Body Chair should consider items that can be discussed in public meetings to ensure agendas of private meetings are not overloaded.**<br>• **<u>Recommendation 4</u> – The Governing Body Chair to ensure discussions are strategically focused, high level and forward thinking to enable decision making to be informed, efficient and financially stable.**<br>• **<u>Recommendation 5</u> – Regular breaks would be welcome to ensure comfort during long Governing Body sessions, and the agenda should be planned to accommodate this**<br>• **Recommendations from 2019/20 that remain outstanding (see Appendix 1):**<br>• **<u>2019/20 Recommendation 4</u> – The level of and process for membership and public engagement and consultation is reviewed at a Governing Body development session to ensure that the CCG is seeking adequate feedback from its membership and population.** | |
| | **Minor Injury Unit (MIU) – update**<br><br>JF presented this report which was in response to a request from the Governing Body for an update on minor injury services and temporary closures.<br><br>JF highlighted that at the start of the pandemic Ilfracombe and Bideford MIU's were closed which allowed for skilled staff to be redeployed to the emergency department (ED) at North Devon Hospital Trust (NDHT) to support the provision of a safe service.<br><br>The MIU in Southern Devon was also closed due to staff shortages and remains closed.<br><br>Both NDHT and Torbay and South Devon Trust (TSDT) are actively recruiting to the workforce to enable the MIU to be staff to reopen.<br><br>GP practices nearest to the MIUs in Northern Devon are providing support for residents with Monday to Friday walk-ins. For Southern Devon residents have access to the MIU in Kingsbridge which is open 7 days a week.<br><br>AD wondered if residents would be confused with messages about MIU's not being available and asking them not to attend EDs. JF acknowledged that there were mixed messages, and the plan was to have some MIU up and operational within the timelines and that would be dependent on the recruitment of staff over the next 6-8 weeks.<br><br>JH was concerned with the impact of the closures of the MIU's and that this could affect residents using or trusting the services and will they be operating in the future when they need them. JF responded that the reason for the closures at this time was due to safety.<br><br>He was pleased to report the CCG is developing a strategy to enhance the consistent approach for out of hospital care and was committed to the MIU service model and would be encouraging residents to use. The Governing Body looked forward to the new strategy to actively promote the minor injury service that will be open at regular times.<br><br>**The Governing Body received and noted the MIU update.** | |
| 9 | **Local care partnership reports**<br><u>Northern</u><br>Report was taken as read. It was noted that the Northern locality were experiencing similar pressures as other areas and have had challenges around availability of | |

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| | consultants and the use of locums. Northern Devon Healthcare Trust are working hard to resolve the issues.<br><br>JWo reported that the LCP was continuing to develop the main delivery group. One Northern Devon and the wider partnership are now working better together but have not reached a stage to where all partners are completely signed up members of the system. An executive group has been formed exploring how the group can be more strategic in developing the local care partnership.<br><br><u>Eastern</u><br>SK pointed out that the Eastern system was challenged and for the first time some acute trusts were struggling. The delivery group and relationships are now starting to show benefits and sharing of ideas on a weekly call. They are also beginning to see outcomes to understand work in each other's areas which has helped.<br><br>SK referred to the shared paper relating to Seachange the hub in Budleigh Salterton and financial stability for the organisation in going forward.<br><br>Relations are continuing to be built upon for the delivery and working group and how best to work together as an executive group in sharing ideas around primary care, mental health, and support for general practice.<br><br>It was noted that system data protection issues are still to be resolved.<br><br><u>Southern</u><br>DG reported there will still issues of concern around capacity management difficulties and flow in system and an increase of demand.<br><br>The LCP structure has now been established including the executive and delivery group. DG was pleased to report it feels a more solid LCP and that conversations have started including talking about priorities, local challenges urgent and primary care.<br><br><u>Western</u><br>There was nothing further to add to the report, but JH wanted to understand how the Western LCP was progressing. JM reported that she had joined some of the Western meetings as well as Michelle Thomas, acting CEO for Livewell Southwest and they were seeing progress being made.<br><br><u>Plymouth</u><br>There was nothing to add to this report<br><br>**The Governing Body received and noted the contents of these reports.** | |
| 11 | **Assurance committee chair's reports**<br><u>Finance</u><br>There was nothing further to add to this report, but GT drew the members attention to the following that the Finance Committee:<br>• Had made the decision to proceed to integrated care procurement<br>• Noted the H2 planning and the potential for a cost reduction target for the second half of the financial year. It was acknowledged this would be a challenging target should this be implemented, although there was the possibility this would be postponed until 2022<br>• Raised concerns around out of are placements for mental health in Devon who remain as an outlier for inappropriate placements. | |

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| | Primary Care<br>There was nothing further to add to this report<br><br>Commissioning<br>There was nothing further to add to this report.<br><br>Quality Assurance<br>There was nothing further to add to the report but GApp highlighted that the Quality Committee<br>• Noted Waiting times for elective care remains a national issue<br>• South Western Ambulance Service NHS Foundation Trust (SWAST), like many providers, is experiencing increases in demand.<br>• University Hospitals Plymouth aseptic suite facilities is not fit for purpose, but the the project for a new-build in 2022 is progressing. Options are being explored to mitigate risk for the service such as mutual aid support.<br><br>GT asked about autism and children waiting for assessments. JT replied to confirm that the learning disability team are undertaking a gap analysis against the strategy and this will be reported back through the commissioning committee. JT added that our providers have been formally asked for detailed actions plans to include trajectories for assurance.<br><br>SK wondered about the hospital discharge programme and ongoing funding. JD was not able to confirm as to whether funding will continue in H2, and that discussion at governmental level was continuing. The CCG along with local authority colleagues have been planning to maintain the use of flows and the hospital discharge programme with or without the benefit of external funding.<br><br>DSL referred to speech and language therapy (SALT) and autism where funding for the education system does not happen until children and families have been assessed. JT gave assurance that this has been included as a priority in the Long-Term Plan and the CCG is working closely with our local authority colleagues and education. JT added that we are continuing to work with our providers to provide additional support towards the reduction in waiting lists.<br><br>JT referred to the children's review and the level of funding to reduce waiting times based on modelling and current demand. Waiting times in this area is a national problem and a national strategy has been developed. JT made a commitment to bring an update back to the Governing body in October.<br><br>**ACTION 1**<br>**Children's review and waiting times update to be added to the Governing Body forward planner for October 2021. *Post meeting update this action has been completed.***<br><br>Audit<br>NB did not propose to add anything further to this report but drew attention to the risk management framework which had previously been presented to the Audit Committee for approval.<br><br>**The Governing Body:**<br>• **Noted and approved the Scheme of Reservation and Delegation,** | |
| 12 | **Reflections** | |

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| | This item was not discussed. | |
| 13 | **Any other business**<br>None. | |
| 14 | **The meeting closed at 11:41** | |

| **Attendees** (attended** / apologies A) | |
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| *Name and initials* | *Title and organisation* |
| Alison Davis (AD) ** | Associate Non-Executive Director, Devon CCG |
| Andrew Millward (AM) ** | Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG |
| Charlotte Burrows (CB) ** | Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG |
| Darryn Allcorn (DA) A | Chief Nurse, NHS Devon CCG |
| David Greenwell – Dr (DG) ** | Clinical Lead Representative, Southern Locality, Devon CCG |
| Ginny Snaith (GS) ** | Board Secretary, Devon CCG |
| Gaynor Appleby (GApp) ** | Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG |
| Glynnis Atherton (GAth) A | Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG |
| Graham Turner (GT) ** | Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG |
| James Wooldridge (JW) ** | Associate Non-Executive Director, Devon CCG |
| Jane Milligan (JM) ** | Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG) |
| John Dowell (JD) ** | Chief Finance Officer, Devon CCG |
| John Finn (JF) ** | Interim Director of Commissioning – in hospital, Devon CCG |
| John Womersley – Dr (JWo) ** | Clinical Lead Representative, Northern Locality Devon CCG |
| Jo Turl (JT) ** | Director of Commissioning - out of hospital, Devon CCG |
| Judith Hargadon (JH) ** | Non-Executive Director/ Lay Member – Primary Care |
| Lincoln Sargeant (LS) ** | Director of Public Health, Torbay Council |
| Matt Fox (MF) A (in absence of DG) | Clinical Representative, Southern Locality, Devon CCG |
| Nick Ball (NB) **Vice Chair** ** | Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG |
| Nick Kennedy – Dr (NK) ** | Secondary Care Doctor, Devon CCG |
| Paul Johnson – Dr (PJ) **Clinical Chair** ** | Clinical Chair, Devon CCG |
| Penny Harris – (PH) A | Director, Devon CCG |
| Ruth Harrell - Dr (RH) A | Director of Public Health, Plymouth City Council |
| Simon Kerr – Dr (SK) ** | Clinical Lead Representative, Eastern Locality, Devon CCG |
| Sheila Roberts (SR) A | Interim Chief Operating Officer, Devon CCG |
| Shelagh McCormick – Dr (SMc) A | Clinical Lead Representative, Western Locality, Devon CCG |
| Simon Tapley (ST) A | Interim Accountable Officer, Devon CCG |
| Steve Brown (SB) A | Director of Public Health, Devon County Council |
| ***In Attendance*** | |
| Nikki Coombes (NC) ** **Minute Taker** | Executive Assistant, Devon CCG |
| Dame Suzi Leather (DSL) ** | Chair of the Integrated Care System for Devon (ICSD) |
| Nina Parnell ****Item 1** | Head of Volunteering and Community Support, Westbank |
| Darin Halifax (DH) ** **item 1** | ICS Lead for the Voluntary, Community and Social Enterprise Integrated Care System for Devon (ICSD) |
| Susan Masters ** | Deputy Chief Nurse, Devon CCG |

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| Alison Wilkinson ** **Item 8** | | Deputy Chief Operating Officer, Devon CCG |
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| Minutes approved | Date: | Signed by chair: |

| GOVERNING BODY - PUBLIC ACTION LOG | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Action Number** | **Date of Meeting** | | **Target Date** | **Lead** | **Progress on action** | **Assurance required to close action** | **Date Closed** | **By whom** | **Reported to Committee** | **OPEN/CLOSED** |
| Actions should be listed in sequential order | State the date of the meeting | Set out the actions needed in order to deal with the issue identified by the group and be narrate so that if minutes are not available the action is very clear to the owner and the committee members | State the expected date for completing the action | Name of person responsible for completing the action | The most up to date information to be provided to the group on the actions undertaken Yes/No confirmation if all actions | The most up to date information to be provided for assurance that all elements of the action have been completed. | Date action formally closed | This will be the lead or person to whom the action was designated | Confirmation that committee that raised the action is content the action has been completed | Confirmation if action complete |
| 1 | 29-Jul-21 | Children's review and waiting times update to be added to the Governing Body forward planner for October 2021. | 26-Aug-21 | Jo Turl/ Nikki Coombes | Post meeting update this action has been completed. | | | | | **FOR CLOSURE** |

NHS
Devon
Clinical Commissioning Group

## GOVERNING BODY

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| **Report title: Chair's Report** | | | | |
| **Date of committee: 30 September 2021**<br>**Date report produced: 20 September 2021** | | | | |
| **Author (s) Name and Title:**<br>**Dr Paul Johnson, Clinical Chair**<br>**Contact Details:**<br>**Paul.johnson4@nhs.net** | | **Supporting Executive: N/A**<br>**Name and Title:**<br>**N/A**<br>**Contact Details: N/A**<br>**Report Approved by: N/A**<br>**Name and Title:**<br>**Dr Paul Johnson, Clinical Chair**<br>**Date:** | | |
| **Public or Private (Governing Body only):** | **Public** | √ | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): | | | | |

**Executive Summary:**

This report contains updates on:

- Introduction
- South West Academic Health Science Network
- Integrated Care System (ICS) Independent Chair Recruitment
- Clinical Leadership
- Clinical and Professional Cabinet
- Primary Care

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

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

N/A

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

| | **If Yes, please give details** | **No** |
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| **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 – Clinical Chairs Report

## 1. Introduction

In the midst of the here and now pressures we are facing across the whole of the health and care system I would firstly like to thank and appreciate all the health and care workers who continue to do their jobs to the best of their ability in increasingly difficult environments. We have a responsibility not only to support them in the challenges they face today but also to plan for the future in such a way that the today doesn't become the every day. Having been involved in both the today and tomorrow work I am really encouraged not only by the support and leadership the CCG provides in the current pressures but also the strategic and forward thinking leadership that will get us to a better, more resilient, more sustainable future. We need to do, and are doing, both.

## 2. South West Academic Health Science Network (SW AHSN) Board member

I am pleased to represent the Devon health and care system on the SW AHSN Board which met on 8 September. It was really encouraging to hear how much they have achieved over the last year which will be clearly demonstrated when they publish their annual report in September. Their focus over the next 3 – 5 years on inequalities is very welcome given it is one of the four aims of Integrated Care Systems and I look forward to working closely with the AHSN both as a board member and as a clinical lead for Devon.

## 3. Integrated Care System (ICS) Independent Chair Recruitment

NHS E/I are currently leading a national and regional recruitment process for ICS Independent Chair's. On the 7 September I was invited to participate in a stakeholder engagement group as part of the recruitment process for the Independent Chair for Devon. The formal panel interviews took place on the 16 September and we await the formal announcement of the outcome of this process.

## 4. Clinical Leadership

NHS England have now published guidance on Clinical and Professional leadership within an ICS (https://www.england.nhs.uk/wp-content/uploads/2021/06/B0664-ics-clinical-and-care-professional-leadership.pdf) This sets out the five key principles and describes what good looks like for each of these:

1. Ensure that the full range of clinical and professional leaders from diverse backgrounds are integrated into system decision-making at all levels, supporting this with a flow of communications and opportunities for dialogue.

2. Nurture a culture that systematically embraces shared learning, supporting clinical and care professional leaders to collaborate and innovate with a wide range of partners, including patients and local communities.
3. Support clinical and care professional leaders throughout the system to be involved and invested in ICS planning and delivery, with appropriate protected time, support and infrastructure to carry out this work.
4. Create a support offer for clinical and care professional leaders at all levels of the system, one which enables them to learn and develop alongside nonclinical leaders (eg managers and other non-clinical professionals in local government and the VCSE sector), and provides training and development opportunities that recognise the different kind of leadership skills required when working effectively across organisational and professional boundaries and at the different levels of the system (particularly at place).
5. Adopt a transparent approach to identifying and recruiting leaders which promotes equity of opportunity and creates a professionally and demographically diverse talent pipeline that reflects the community served and ensures that appointments are based on ability and skillset to perform the intended function

The guidance states that 'Each ICB is expected to agree a local framework and plan for clinical and care professional leadership with ICS partners and ensure this is promoted across the system.' Therefore we are developing the framework for Devon which I will bring to the CCG Governing Body in due course. This will set out how we will apply these principles, build on the really good work that CCGs have done in establishing clinically led commissioning, and describe how clinicians and professions from across the system will be involved in building our integrated care approach in Devon.

## 6. Clinical and Professional Cabinet

Clinical and Professional Cabinet (CPC) met on 9 September. Key agenda items included Digital Inclusion of all patients, recognising how digital solutions will be key enablers in the way we design our services and the way patients access the information and support they need, but also recognising there are a significant cohort of people who don't have the access or digital literacy that this will require and our need to both improve accessibility and literacy and ensure alternative approaches remain in place.

Our Allied Health Professional (AHP) colleagues presented how they have come together across the county to provide peer support, tackle the workforce challenges they face and explore examples of best practice that exist within Devon. AHPs remain key clinicians within our system and as key members of CPC and as part of the clinical leadership development described within the previous item we will be working closely with their leaders to ensure the work they do through the AHP Council is fully embedded within the ICS.

## 7. Primary Care

I have continued to work closely with our General Practice colleagues, attending three of the four Collaborative Boards in the last month as well as regular contact with the LMC. It is clear that, like so many parts of our system, General Practice is facing significant pressure, but in the midst of this is keen to continue to work collaboratively, be leaders within the ‘Neighbourhood’ and co-leaders within the ‘Place’ elements of our system. Population Health Management (PHM) remains a key enabler for not only primary care but wider partners to better understand parts of their population and design targeted support and interventions. Our PCN Clinical Directors are really keen to be involved in PHM and are not short of ideas of how this might benefit their patients.

NHS
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## GOVERNING BODY

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|---|---|---|---|---|
| **Report title: Accountable officer report** | | | | |
| **Date of committee:** 30 September, 2021<br>**Date report produced:** 17 September, 2021 | | | | |
| **Author (s) Name and Title:**<br>Nick Pearson, Chief of Staff | | **Supporting Executive:**<br>**Name and Title:** Jane Milligan, CCG Accountable Officer and Chief Executive of the Integrated Care System in Devon<br><br>**Contact Details:** | | |
| | | **Report Approved by:**<br>**Name and Title:** Jane Milligan, chief executive<br><br>**Date: 17** September, 2021 | | |
| **Public or Private (Governing Body only):** | **Public** | **X** | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): | | | | |

**Executive Summary:**

This report contains updates on:

1. **Integrated Care System development and transition**
2. **Vaccination and COVID-19 latest**
3. **NHS and care funding agreement**
4. **COVD-19 Autumn and winter planning**
5. **Improving standards and outcomes**
6. **Reflections on the summer**
7. **Condolences for Keyham**
8. **Praise from the Care Quality Commission**
9. **Recognising our people**

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

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

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

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# Accountable Officer's Report

## 1. Integrated Care System development and transition

The Health and Care Bill is currently at committee stage. This is where MPs go through the Bill line by line and amendments are proposed and voted upon.

Last week, NHS CEO Amanda Pritchard and chief operating officer Mark Cubbon gave evidence to the committee on clinical representation, engagement and accountability in decision making and how the legislation will improve patient experience

The fact that the bill is at this stage means, of course, that changes are highly likely (no matter how big or small) so we are keeping a close eye on developments.

Suffice to say our work in Devon to develop an Integrated Care System is building momentum as we approach the April 2022 deadline with lots of guidance coming through over the summer.

This month we received information on the development of place-based partnerships, working with communities, clinical and care professional leadership in systems and partnerships with the voluntary, community and social enterprise sector. And just this week we were asked for our views on some early guidance for how Integrated Care Boards could work.

As you know the system governance task and finish group, chaired by Dame Suzi Leather and including Local Authority, provider and CCG representation, is helping to interpret the guidance and make recommendations as to how this will work in practice

This month members of the group received proposals on the make-up of both the statutory and non-statutory committees that we expect to put in place to support system working.

Meanwhile our transition group, chaired by non-executive director Judy Hardagon and overseen by Simon Tapley, is working on the detailed plans.

It meets every two weeks and has representatives from around the organisation and, I'm pleased to say, NHS England too. Its focus is ensuring that the transition goes as smoothly as possible, involving staff and meeting all the national requirements.

It is worth remembering that the reforms are intended to build on the local partnerships we've forged over many years, join up services and put more focus on improving health.

Change is never far away in the NHS as we know It is good to see that the latest guidance suggests building on what's developing locally - evolution rather than revolution.

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

## 2. Vaccination and COVID-19 latest

There is much to report given that there was no Governing Body during August. And it has certainly been a busy time.

Perhaps the most important information to start with is the number of people vaccinated in Devon – as provides the greatest protection against COVID.

I am pleased to report that well in excess of 1.7 million doses of the vaccine have now been administered.

At least nine out of 10 people aged over 50 have had both doses, and in younger age groups this averages to eight out of 10 as a whole. Younger cohorts were offered vaccinations later, but here too the numbers are increasing as its importance in fighting infection becomes appreciated.

Let me be crystal clear. Getting a vaccine helps protect yourself and others. The majority of people hospitalised with COVID are unvaccinated. Some are very unwell, including young adults so if there is anyone reading this that hasn't yet been vaccinated please do so as soon as possible for your own safety and that of offers.

During the holiday season you may have seen that Cornwall, the Isles of Scilly, Devon, Plymouth and Torbay local authority areas were given additional Government support to tackle rising COVID-19 cases.

This included increased surveillance, logistical support to maximise vaccine and testing uptake, help for public health campaigns and the temporary re-introduction use of face coverings in communal areas outside classrooms in secondary schools and colleges.

Almost six weeks after the introduction of these measures, the number of cases has fallen significantly, so that bigger cities are now reporting rates of closer or even less than the national average of 287 cases per 100,000. I sincerely hope to see cases continue to fall over the next few weeks.

You will have seen news coverage last week of England's Chief Medical Officer Chris Whitty confirmed that healthy children aged 12 to 15 would be offered a single dose of COVID vaccine. Our teams are busy putting this in place for children right across Devon.

COVID booster vaccines were also announced and indeed have already begun with NHS staff among the first to benefit. The over 50s, people in care homes, frontline social care workers and vulnerable people between 16 and 49 are among those who will be offered the jab.

Finally, in this section, a word on the NHS Nightingale hospital in Exeter. As you know, after being decommissioned as a COVID-19 hospital earlier this year, the Nightingale was purchased by NHS organisations across the South West.

It has since been used to provide diagnostic scans to local people, host a COVID-19 vaccine trial and train overseas nurses.

In the autumn we will be expanding the services there to include planned orthopaedic surgery, ophthalmology and rheumatology services, as well as increasing the range of diagnostic services such as MRI scans.

## 3. NHS and care funding agreement

The Government announced an additional 5.4 billion over the next 6 months the response to COVID-19 last week. The funding is also designed to help tackle waiting lists impacted by the pandemic.

This provides much greater clarity for NHS as a whole and should help us to deliver more checks, scans and procedures as well as helping to deal with the ongoing costs and pressures of the pandemic as we go into winter.

While the funding will go some way to help reduce number on waiting lists, in the short term they may rise before they improve as more people who didn't seek care over the pandemic come forward.

The Government also announced a plan to address social care funding in the medium term..

I very much welcome the investment and look forward to seeing what this mean for us in Devon.

## 4. COVID-19 and Autumn and Winter planning

You may have seen that the Government published the 'COVID-19 Response - Autumn and Winter Plan 2021' recently.

The Prime Minister was clear that Plan A is designed to prevent the NHS becoming overwhelmed and promotes vaccine take up and the booster. Plan B would only being enacted if the NHS came under what he referred to as unsustainable pressure.

In such an eventuality the public would be urged to act more cautiously with face coverings potentially mandated for some settings. Also held in reserve will be the introduction of mandatory vaccine passports which could be used for mass events or in some other settings.

Clearly, it is in our best interests to do what we can to protect each other and so please continue to act responsibly by social distancing, wearing a mask in public indoor spaces and washing your hands frequently.

Locally we have a seasonal plan which covers the autumn and winter period. This sets out how we will maintain essential NHS services and the numbers of admissions of patients with COVID-19 to our hospitals.

It is an understatement to say that our health and social care partners have been working hard. They have maintained essential services during what has been unprecedented pressures (more on this below).

## 5. Improving standards and outcomes

As part of a new NHS System Oversight Framework for Integrated Care Systems (ICSs), NHS England have written to us to outline how they will monitor performance and provide support to improve standards and outcomes.

One element of the framework is a new Recovery Support Programme that supports organisations and systems experiencing the most significant and complex challenges in achieving financial sustainability and/or high-quality care.

Our Integrated Care System for Devon (ICSD) will receive level four support due to our longstanding financial issues.

As a relative newcomer to Devon, it is clear to me that all parts of the system have worked hard over the past few years to tackle these longstanding issues.

There has been some really good progress. The NHS in Devon works very closely with our colleagues in Local Authorities to improve how health and care services work together to benefit patients and service users. We also have forged very strong and fruitful relationships with colleagues in the voluntary, community and social enterprise sector.

And, within the NHS family, our organisations have strengthened collaboration. This has, for example, seen staff moving between organisations to support each other clinically and managerially. Nowhere was this more evident than how we managed the coronavirus pandemic.

All of these things give us a very strong foundation on which to improve.

## 6. Reflections on the summer

This Summer has been the busiest I have seen in the NHS.

Coming as it did after almost 18-months of a pandemic in which clinical and other staff members have been relentlessly focused on dealing with its effects, meant that there was little left in the tank for many to give. And yet, they have.

Time and again I have heard about the extraordinary efforts made to ensure that patients are cared for. Whether they are consultants, allied health professionals, porters in our hospitals, GPs in practice, paramedics in the field, or nurses in the community, there are many stories of personal sacrifices. Our staff are doing everything they can to keep seeing patients.

Along with the rest of the NHS, we've seen an increase in patients admitted to hospital with COVID-19 as well as more A&E attendances. The numbers of staff isolating due to COVID-19 has also affected some services.

This has meant that we have had to temporarily stop some routine work, including operations, outpatient appointments and some follow-up appointments for patients with long-term conditions.

I understand the impact that postposing operations and treatment has on patients. Quite apart from the emotional there is also the physical – and this is why we have good process in place to review everyone who is waiting for treatment.

This process means we can prioritise those whose needs are most urgent or who have been waiting longest.

The way our clinicians and other staff have managed throughout the pandemic is something that I am incredibly proud of. It is not over yet, but I'm sure we are through the worst.

## 7. Condolences for Keyham

On behalf of the NHS in Devon I would like to again extend our sincere and heartfelt condolences to the family and friends of all those affected by the sad events in Keyham, Plymouth last month.

I would also like to thank all those clinicians and staff who were called to deal with the tragedy.

## 8. Praise from the Care Quality Commission (CQC)

Two of our providers had their hard work recognised this month by the CQC and I would like to do the same.

Northern Devon Healthcare Trust's emergency department was highlighted for the quality of its service.

The CQC's latest survey ranked the department number 6 in the country in terms of people's experience.

This is a fantastic achievement and I congratulate and thank the team running the department and all those who have contributed to making it a success.

Similarly, I was delighted to see improvements recorded by the CQC in Devon Partnership NHS Trust's adult acute wards and community services among others, and that services were deemed to be effective, caring, responsive, well-led and safe.

Both sets of results are particularly impressive as they were made against the backdrop of a pandemic in which services were under a great deal of pressure.

This good news shines a national spotlight on the hard work and dedication of staff in Devon.

I continue to try to visit as many people as my diary will allow. This month I had the pleasure of getting out and about to visit the Seachange Hub (formally Budleigh Hub). This is set in Budleigh's former hospital building, where incidentally, I began my career in.

It was fantastic to see the large array of services the centre provides for the community. Thanks to Marc Jobson and others for being such kind hosts.

I'm also planning a visit to Plymouth next week to learn more about primary care services in the city.

## 9. Recognising our people

I found a little time to sit down with fellow judges a few days ago to review entries to this year's CCG Celebrating You awards.

It is such a pleasurable to do this sort of thing and I was blown away by the quality of the entries.

I know that it is a cliché but it really was tough to whittle down the entries – such was the quantity and quality.

Our staff are what makes the NHS shine and it was so lovely to read the kind words that colleagues said about each other.

The pandemic has really shown us the power of our people and I look forward very much to the ceremony.

NHS
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## GOVERNING BODY

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|---|---|---|---|---|
| **Report title: Accelerator Programme Update** | | | | |
| **Date of committee: 30 September 2021**<br>**Date report produced: 14 September 2021** | | | | |
| **Author (s) Name and Title:**<br>**John Finn, Director of In Hospital Commissioning** | | **Supporting Executive: John Finn**<br>**Name and Title: Director of In Hospital Commissioning**<br><br>**Contact Details: john.finn@nhs.net** | | |
| | | **Report Approved by: John Finn**<br>**Name and Title: Director of In Hospital Commissioning**<br><br>**Date: 14 September 2021** | | |
| **Public or Private (Governing Body only):** | **Public** | **X** | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):<br>N/A | | | | |

**Executive Summary:** This report provides an overview to the Accelerator Programme, which has been running since mid-May of this year. The Programme seeks to tackle waiting lists and develop a blueprint for elective recovery from the pandemic. Devon is one of 12 Accelerator sites across the country, and as part of this programme is seeking to deliver 120% of elected activity against 19/20 baseline data. Delivery against the H1 Plan is a focus to deliver these targets, along with ERF bid submissions to increase activity. Robust governance arrangements are in place to ensure successful delivery of this Programme.

Devon has also secured £11.3m of capital funding as part of this programme, with the approval of two capital bids that will act as tests of change for the system. Clinical leadership within the system has been instrumental to both schemes and this leadership will continue through to completion and operationalisation. The exciting tests of change with the capital bid schemes will act as test beds for the future models of care in Devon.

Formal submissions have been made to the national NHS England & Improvement (NHS E&I) team as part of the Accelerator Programme, with data and written reports submitted regularly. NHS E&I has recently announced an extension of the Accelerator Programme from the end of July through to the end of November to enable systems to fully develop and implement their initiatives, with the increase in activity realised.

**Management of Conflict of interests:**
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**Committees that have previously discussed/agreed the report and outcomes:**

N/A

**Key recommendations and actions requested:**

The Governing Body is asked to note the information in the accompanying report regarding the Accelerator Programme, including the requirement to deliver 120% of activity (against 19/20 baseline) by October.

**Impact on our objectives**

**(Delete as applicable)**

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

**Reference to other documents or accompanying papers:**

N/A

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

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

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Together for Devon

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

# ACCELERATOR PROGRAMME UPDATE

**Purpose: To provide an overview of the Accelerator Programme and a progress update**

**Prepared for: Devon Clinical Commissioning Group Governing Body**

**Prepared By: John Finn, Director of In Hospital Commissioning**

**8 September 2021**

## Background to the Accelerator Programme

The NHS announced a £160m initiative to tackle waiting lists and develop a blueprint for recovery from the pandemic in May of this year. The objectives of the Accelerator Programme are to:

1. Build understanding of what it takes to further accelerate elective recovery.
2. Propagate learning across all systems.
3. Provide visibility to HM Government on progress and performance, vis high level national oversight.

Regular reporting to the national team ensures accurate and appropriate information is visible to HM Government, and progress is tracked constructively.

Devon is one of twelve sites across the country to be awarded “Accelerator status”, with the ambitious target of delivering 120% of elected activity against 19/20 baseline data. The ‘elected accelerators’ each received a share of the £160m along with additional support to implement and evaluate innovative ways to increase the number of elective procedures they deliver.

Delivery against the H1 Plan (1 April to 30 September 2021), essentially “business as usual”, is a focus to deliver these targets, along with Elective Recovery Funding (ERF) submissions to increase activity. H1 Plans were re-submitted after ‘Accelerator status’ was secured, to reflect the required increase in activity this Programme required.

As part of the Programme, the Devon system was awarded £11.3m for two capital bids it made: Nightingale Hospital Exeter and University Hospitals Plymouth. The two capital bids provide a longer-term approach to sustainable recovery, as well as being exciting tests of change acting as test beds for the future models of care in Devon.

Regular touchpoint meetings are in place with the South West Regional NHS E&I team. These took place three times a week until the end of July, and once a week since this date. These are likely to continue to the end of the Programme. This team has been proactively involved in scrutinising our plans and performance as part of this Programme.

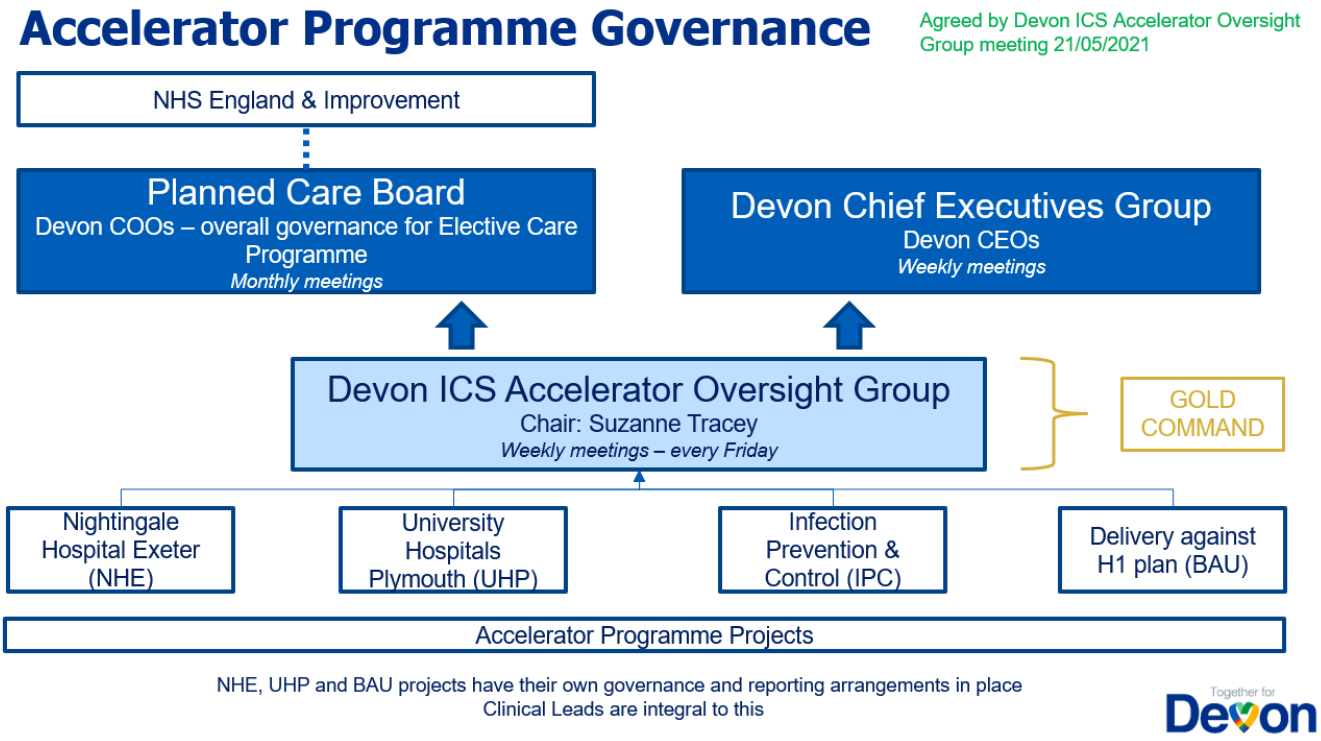
The Devon system has been energised by being successful in our bid to become an Accelerator site. It is vital we rise to the challenge of restoring services, meeting new care demands and reducing the care backlogs that are a direct consequence of the pandemic. The Accelerator programme is vital in helping us address the increased clinical urgency and longer waiting times resulting from the pandemic, and ultimately treating patients faster. It is important that we tackle waiting lists and develop a blueprint for elective recovery from the pandemic, and that we can share our learning from this not only in Devon but to help other systems across the country. Securing capital funding as part of the Accelerator programme is key.

## Governance Arrangements

Robust governance arrangements are in place to ensure successful delivery of the Accelerator Programme.

## Gold Command

A sub-group to the Planned Care Programme Board – ICS for Devon Accelerator Oversight Group - was set up at the start of the Programme, with its first meeting on 21 May 2021. These meetings have been held weekly, until August when they moved to fortnightly meetings. Membership comprises Chief Operating Officers of the 4 Acute Trusts, senior representation from each of the two capital bids, an independent clinician for the CCG and another Accelerator site, representatives from the ICS and representatives from the SW NHSE&I team. Other attendees are pulled in as and when required.




The role of the Accelerator Oversight Group is to:

- Review all aspects of the Accelerator bid: on track/delivering?
- Provide overall direction and management of the project within constraints set out by Steering Group.
- Report through to Chief Executives and subsequent regional and national supporting meetings.
- Be accountable for the success of the project.
- Communicate with stakeholders as and when required.

The Planned Care Programme Board has overall governance for Elective Care Programme in Devon.

The two capital bids have their own governance arrangements in place, which have enabled these two schemes to move at pace. Risk reporting and mitigation is part of this process. “Business as usual” also has its own governance arrangements in place through, for example, the ICS Surgical Restoration Group, ICS Demand Management Group and ICS Outpatient Transformation Group.

## Silver Command

A Silver Command Group was also set up at the end of June, with the Terms of Reference for this Group being approved by the Accelerator Oversight Group (Gold Command). The group comprises BI Leads from each of the Trusts and the ICS, along with the Head of Elective Care and Accelerator Programme Lead from the ICS. Its purpose is to review activity data, to enable swift reaction to performance against delivery of the Devon-wide H1 Plan, which will help ensure delivery of the activity targets. The Accelerator Programme Silver Command Group will highlight any activity data concerns to Gold Command for the Accelerator Programme, as well as identifying reasons for good/poor performance and identifying trends. This group continues to meet on a weekly basis.

## Activity Targets

Our Accelerator targets are to deliver 110.2% of activity against 19/20 data by the end of July, and 120% by October. These percentages have been committed by the Devon system to NHS England & Improvement as part of being an Accelerator pilot site, and as part of securing the two capital bids. All Accelerator sites have the 120% target.

| | % as at 3 June | % as at 15 June | Difference | % required by October |
|---|---|---|---|---|
| RD&E | 110.0 | 121.4 | +11.4 | |
| NDHT | 103.2 | 106.1 | +2.9 | |
| UHP | 97.2 | 103.0 | +5.8 | |
| TSD | 89.2 | 96.1 | +6.9 | |
| **Devon System** | **102.9** (end July) | **110.2** (end July) | **+7.3** | **120%** |

The above table show the increased activity targets with the re-submission of the H1 plan.

| ERF Proxy (9 June submission to NHSE) | April | May | June | July | Aug | Sept | Total |
|---|---|---|---|---|---|---|---|
| Estimated % of 2019/20 baseline | 91.6% | 102.2% | 89.9% | 110.2% | 108.9% | 105.3% | |
| ERF threshold | 70% | 75% | 80% | 95% | 95% | 95% | N/A |
| Level above threshold | 21.6% | 27.2% | 9.9% | 15.2% | 13.9% | 10.3% | N/A |
| 2019/20 value (£m) | 38.9 | 37.8 | 45.0 | 42.5 | 39.4 | 43.6 | 247.3 |
| Estimated ERF claim (£) | 8.9 | 11.6 | 4.9 | 5.2 | 4.2 | 2.8 | 37.6 |

Please note we will not know the formal Accelerator % position for the end of July until SUS freeze data is available at the end of September/early October.

## Reporting Requirements

Regular data and written reports have been submitted to NHSE as part of the Accelerator Programme. The ICS leads on these, with support from the wider system. Written reports include monthly highlight reports, top initiatives and learning reports, implementation guides for the top initiatives, as well as ad hoc reporting requests.

Data reports have included the re-submission of finance and activity for the H1 Plan, submission of activity-specific data via an online portal, as well as ad hoc requests from the regional NHS E&I team. The Acute Trusts submit Weekly Activity Reports (WAR data) as well as monthly Secondary Uses Services (SUS data), through their Business Intelligence (BI) teams. It is this data that's used to establish our position against the Accelerator Programme targets.

## Nightingale and UHP Capital Bids

As part of the Accelerator Programme process, two capital bids were submitted on 11 June, totalling £11.3m:

- Nightingale Hospital Exeter (NHE)
- University Hospitals Plymouth (UHP)

Further development and improvement of existing assets are at the heart of our plans to recover, with these two capital bids providing a longer-term sustainable approach to recovery for the system. Without these opportunities, our ability to recover will be significantly impacted. The two bids were approved by the respective Trust's governance; and approved by the Accelerator Oversight Group prior to submission. They were approved a few weeks later by the national NHS E&I team.

The combined capital bids for the Accelerator sites come to £11.3m. The total capital cost of the bids comes to £12.4m (£5.5m University Hospitals Plymouth and £6.9m Nightingale Hospital Exeter). The further capital required of £1.1m will be made available by system capital and was not a request of the Accelerator bid. Further capital and revenue funding of £7.5m has also been secured as part of the Community Diagnostic Hub national programme, which has also been put towards the Nightingale scheme.

The capital bids support the ERF Gateways of clinical validation, waiting list and long waits (using available capacity effectively to bring down long waits and manage the balance of demand and supply, with complete and high-quality data on the waiting list and activity by priority code); addressing health inequalities; transforming outpatients; system-led recovery and people recovery.

The quality of the Accelerator capital bids has been driven by the engagement of the clinical leadership within the services and the wider system. These clinicians have been working as a Devon-wide system, rather than working solely at place. This is a step change for the system. Clinical leadership and engagement within the system has been instrumental to both projects and this clinical leadership will continue through to completion and operationalisation. The exciting tests of change with the capital bids will act as test beds for the future models of care in Devon.

## Nightingale Hospital Exeter

The Nightingale Exeter provides an exciting opportunity to leave a health hub legacy, which is a key innovation for the system. The Nightingale innovation will enable a clinically led system collaboration to utilise the best practice pathways for the delivery of short stay orthopaedic procedures, including day case hip and knee arthroplasty and spinal procedures - South West Ambulatory Orthopaedic Centre (SWAOC). This will be based on an enhanced recovery post-operative pathway utilising digital technology to drive innovation. This will act as a collaborative test of change to develop a Devon wide arthroplasty and spinal pathway embracing the GIRFT principles and the short stay management of orthopaedic procedures.

The Nightingale also has ambitious plans to set up an ophthalmology imaging hub embracing GIRFT principles. This will deliver increased activity in imaging (glaucoma and retina) along with a surgicube to increase cataracts surgery activity, against based on GIRFT principles of best practice. It will be a Centre of Excellence for Eyes (name TBC).

Other Nightingale innovations include the development of a community diagnostic hub increasing the system MRI/CT capacity (separate funding from Community Diagnostic Hub funding also secured for this), as well as increasing outpatient rheumatology activity.

Operational start dates for this work will be phased, taking into account the lead times for recruitment and workforce planning as well as the modular theatre delivery and adaptation work required to the Nightingale Hospital itself. Work is underway, and it is anticipated that this will be operational at the end of the year.

## University Hospitals Plymouth

For University Hospitals Plymouth, the capital bid is in three stages:

Phase 1: The plan is to site two modular theatres to increase ophthalmology activity and treat other long waiting and high clinical priority patients in the shorter-term. This went live with first patients on 27 August.

Phases 2 & 3: Building a longer-term modular facility to transfer ophthalmology surgery from the main hospital site (Royal Eye Infirmary), thereby freeing up clinical areas and two theatres on the main hospital site at Derriford and repurpose these to other specialties to increase bed capacity and theatre capacity to accelerate elective recovery. Phase 2 will be complete by the end of March 2022.

Increased ophthalmology activity will include high flow imaging for glaucoma and retina (outpatients), high flow intravitreal injections (outpatients) and cataracts surgery (day cases). Increasing capacity at Plymouth would enable the neighbouring system of Cornwall to also benefit.

## Key Milestones to Date

| Activity | Owner(s) | By When? |
|---|---|---|
| 1st meeting of Accelerator Oversight Group meeting (GOLD) | John Finn / Sara Cook | 21/05/2021 |
| Planned Care Board (monthly) | John Finn | 19/05/2021 |
| Agree 3 additional metrics required by NHSE&I | John Finn / Sara Cook | 28/05/2021 |
| Due diligence by David Stacey re draft capital bids | John Finn | 01/06/2021 |
| Accelerator Forum on 2/06/2021 (2nd meeting) | Suzanne Tracey | 02/06/2021 |
| Systems letter from Suzanne Tracey | Suzanne Tracey / John Finn | w/c 28/05/2021 |
| 19/20 baseline data adjustment submission | Carolyn Roberts | 03/06/2021 |
| May monthly highlight report to Regional NHSE&I | Sara Cook | 28/06/2021 |
| Submit detailed project plans to Regional team | Sara Cook | 04/06/2021 |
| Submit revisions to H1 | Carolyn Roberts | 03/06/2021 |
| Meeting with Regional NHSE&I team re NHE and UHP business cases (due diligence) | David Stacey | 08/06/2021 |
| Submit data Accelerator return to Regional NHSE&I | Shane Coe | 08/06/2021 |
| Submit formal NHE and RD&E capital bids | Sam Maunder / Jenny Waycott / John Finn / Sara Cook | w/c 07/06/2021 |
| Additional information submission pre-national meeting | John Finn / Sara Cook | 10/06/2021 |
| Submit revised H1 submission (finance) | Kirsty Denwood | 15/06/2021 |
| Submit revised H1 submission - activity | Georgina Spry / Claire Rudler | 15/06/2021 |
| Regional/National SW meeting | Chris Tidman | 15/06/2021 |
| Planned Care Board (monthly) | John Finn / Sara Cook | 16/06/2021 |
| COO/deputy COO meeting with JF and SC | John Finn | 17/06/2021 |
| Information submission ahead of Accelerator Forum | John Finn / Sara Cook | 23/06/2021 |
| Additional data due to WAR shortfalls submission | Claire Rudler | 23/06/2021 |
| 1st Silver command meeting re Accelerator data | John Finn / Sara Cook | 24/06/2021 |
| Decision from national NHSE&I team re capital bids | National NHSE&I team | 24/06/2021 |
| Provide narrative to explain performance to NHSE&I Regional team | Sara Cook / Georgina Spry | w/c 25/06/21 |
| Accelerator Forum on 28/06/21 (3rd meeting) | Chris Tidman | 28/06/2021 |
| Barriers to recovery meeting with Pauline Philip | Regional NHSE team / Liz Davenport / John Palmer / John Harrison | 29/06/2021 |
| June monthly highlight report to Regional NHSE&I team | Sara Cook | 30/06/2021 |
| Top Initiatives & Learning NHSE&I submission | Fiona Peck / Sara Cook | 06/07/2021 |
| Accelerator data submission to NHSE&I Regional team | Claire Rudler | 09/07/2021 |
| Meeting with Berni Bloom - SW one of 3 regions attending | Chris Tidman | 12/07/2021 |
| Update on Accelerator Programme to Devon CEO Group | John Finn / Sara Cook | 20/07/2021 |
| Accelerator submission to NHSE | John Finn / Sara Cook | 21/07/2021 |
| Accelerator interviews with national team | Chris Tidman / John Finn / Sara Cook | w/c 26/07/21 |
| Final national Accelerator Forum meeting | Sara Cook | 30/07/2021 |
| Accelerator interview number 2 with national team | John Finn / Sara Cook | 03/08/2021 |
| National Accelerator Programme drop-in session re draft report | Sara Cook | 31/08/2021 |
| Accelerator Implementation Guidance submission to national NHSE | John Finn / Sara Cook | 01/09/2021 |
| Planned Care Board update | John Finn / Sara Cook | 15/09/2021 |
| ICS for Devon Governance Board update | John Finn / Sara Cook | 30/09/2021 |
| **Devon system to achieve 120% by October** | **ALL** | **By October** |

## Rationale for Extending the Accelerator Programme

In August, NHS E&I announced that the Accelerator Programme would be extended to the of end November 2021. The evaluation (closure) interviews, held at the end of July and early August when the Programme was initially expected to end, provided useful insight into the benefits of the programme, and helped inform how NHS E&I would approach the next few months. Many Accelerator sites fed back that their schemes are in the early stages of implementation with some systems still having schemes that are yet to start. In addition, NHS E&I acknowledged the current Urgent & Emergency Care and workforce pressures (the ping effect and Wave 3 of COVID) have added a significant challenge to delivering additional activity. The Accelerator Programme has therefore been extended until the end of November to give systems the best possible chance of delivering the expected increases in activity, and to fully implement their schemes.

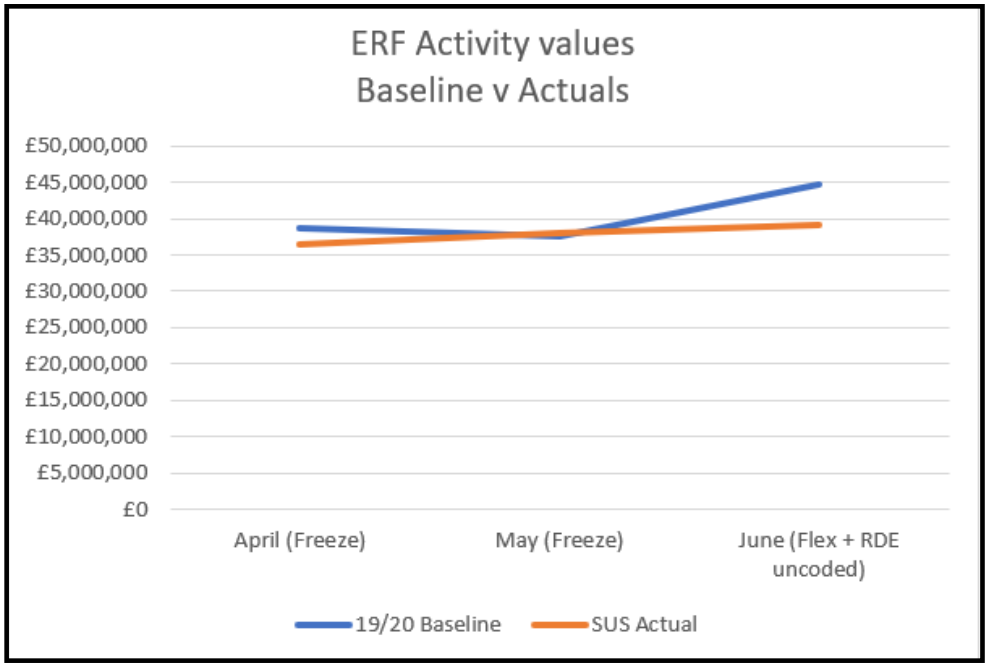
NHS E&I will continue to work with Accelerator sites and to monitor progress and to support where needed.

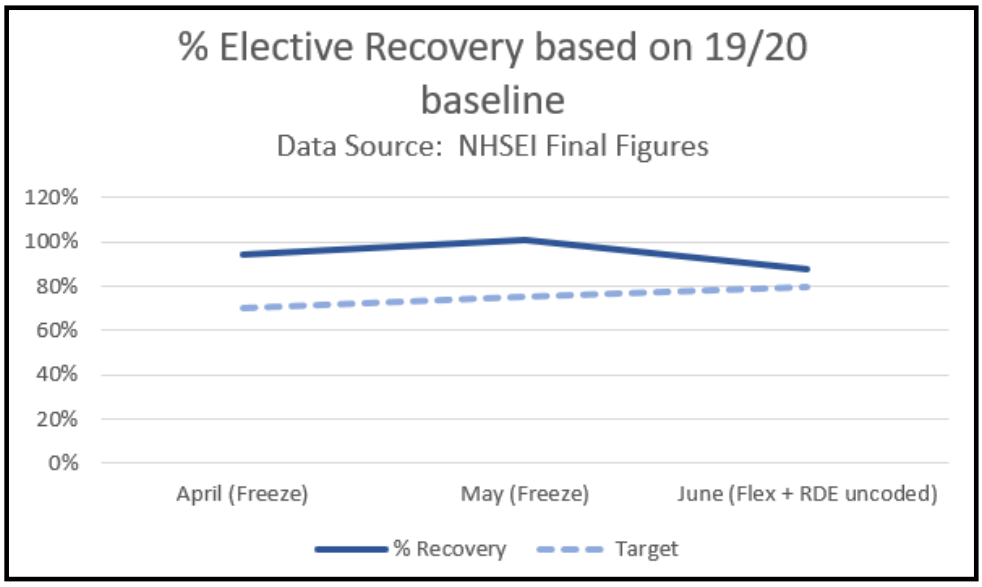
We are still expected to deliver 120% against 19/20 baseline by October.

| | 19/20 Baseline | SUS Actual | % Recovery | ERF Target |
|---|---|---|---|---|
| April (Freeze) | £38,719,295 | £36,503,601 | 94% | 70% |
| May (Freeze) | £37,613,769 | £38,078,150 | 101% | 75% |
| June (Flex & RD&E uncoded) | *£44,639,473* | *39,175,819* | *88%* | 80% |

Notes:

- NHS E&I June SUS flex figures currently showing 81%. Once the coding lag at RD&E is resolved, this is expected to be 88% and £36,375,819. This is therefore shown in italics on the table above.
- ERF target increased to 95% from 1 July 2021.






## Next Steps

The Accelerator Programme will continue with delivery of the two capital bids and working to deliver 120% against 19/20 by October 2021.

Phase 2 of the University Hospital Plymouth capital bid is progressing, with planning permission being submitted at the end of the month following a pre-application planning process. It is anticipated that the new Royal Eye Infirmary site will be built and operational by the end of March 2022. Work is underway at the Nightingale, with a view to completion later this year. Capital bid meetings will continue through to completion and operationalisation.

Recruitment to both schemes is underway, with joint recruitment campaigns where appropriate.

Accelerator Gold and Silver Command meetings continue, along with the weekly touch point meeting with the regional NHS E&I team.

We will continue with the Accelerator submissions as and when required.

## Key Learning

Propagating learning across all systems is key to the Accelerator Programme. Learning what has worked well (and not worked so well) from other systems will help recover elective activity.

Key learnings we have shared as a system include:

1. Pathway work is key to sustaining delivery post Accelerator – this has enabled Devon-wide pathways for orthopaedics and ophthalmology to be developed.
2. Engaging across all Directorates and Trusts across the system is essential.
3. Having system ownership across all the initiatives is vital.
4. The importance of joined up recruitment across the region to ensure one Trust is not competing against another Trust for the same staff.
5. System learning on how to come together on system projects and the clinician working on pathways across Devon.

6. There has been a change in culture during the pandemic. The clinicians have stopped working solely at place and started working as a Devon-wide system. This has been a real step change that has helped drive the development of Devon's two Accelerator capital bids.
7. When working with clinical leaders, ensure their role is not only describing to gain consensus on a pathway change, but ensure they remain fully involved through delivery. This will achieve much greater buy-in, thereby increasing the success rate.
8. In pathway work, even if focusing on a particular clinical speciality, clinicians from other specialities should provide input. The best innovations come from the clinicians themselves when encouraged to look outside of their existing domain.
9. Looking (and visiting) best practice from elsewhere has enabled our clinicians to be creative and see what can be done at first hand.
10. Communications between IS providers, commissioners and NHS providers is key. It is essential to gain trust so open and honest conversations can be had. This enables the boundaries to be pushed. Building up trust with the IS providers during the pandemic has enabled new ways of working.

NHS
Devon
Clinical Commissioning Group

## GOVERNING BODY

| | | | | |
|---|---|---|---|---|
| **Report title: FINANCIAL PERFORMANCE REPORT** | | | | |
| **Date of committee: 30th September 2021**<br>**Date report produced: 15th September 2021** | | | | |
| **Author (s) Name and Title:**<br>Kevin Wheller, Associate Director of Finance (Northern and Eastern), Mark Adamson, Senior Accountant (Accounting and Reporting)<br>**Contact Details:** | | **Supporting Executive:** John Dowell<br>**Name and Title:** John Dowell, Director of Finance<br>**Contact Details:**<br>**Report Approved by:** John Dowell<br>**Name and Title:** John Dowell, Director of Finance<br>**Date:** 15th September 2021 | | |
| **Public or Private (Governing Body only):** | **Public** | | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): | | | | |

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

The report details the financial position for the year to date (YTD) 31 August 2021 and period ending 30 September 2021. It includes the impact of the COVID-19 pandemic and the financial consequences for the CCG during 2021/22.

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

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

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

On top of this the CCG will be reimbursed for eligible COVID costs, for example the hospital discharge programme (HDP), and for elective recovery.

On the above basis the CCG has received an allocation of £1,227m, including £22.3m for elective recovery and £68.8m for COVID, for the period to 30 September 2021 together with an expectation that budgets are set within the parameters stipulated by the NHSE Model.

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

With the expectation that the CCG will continue to be reimbursed for the HDP and elective recovery costs we are forecasting a balanced position.

**Management of Conflict of interests:**

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

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

None.

**Key recommendations and actions requested:**

The Governing Body is requested to:

Consider, review and discuss the month 5 financial position.

**Impact on Strategic Objectives**

**(Delete as applicable)**

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

**Reference to other documents or accompanying papers:**

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

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

| | | |
|---|---|---|
| **Legal** | | √ |
| **Engagement and Consultation** | | √ |
| **Risk** | Risk to delivery of CCG control total | |

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

NHS Devon Clinical Commissioning Group

# NHS Devon Clinical Commissioning Group

## Finance Report

Month 5 – 2021/22

### Contents



**Appendices**

## 1. Executive Summary

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With the expectation that the CCG will continue to be reimbursed for the HDP and elective recovery costs we are forecasting a balanced position.

## Financial Position

The following detailed report reflects the budget set by the NHSE model compared with our expectations of commitments against that budget for the year to date 31 August and period to 30 September 2021.

| | Budget £'000 | Actual £'000 | Variance £'000 | Additional HDP and Elective Recovery funding adjustment £'000 | Variance £'000 |
|---|---|---|---|---|---|
| Year to date position | 1,023,857 | 1,014,957 | 8,900 | -8,900 | 0 |
| Period end forecast | 1,227,209 | 1,224,616 | 2,593 | -2,593 | 0 |

Overall, subject to the CCG receiving the expected reimbursement from NHSE for the HDP and the elective recovery costs, the CCG is forecast to balance for the period ended 30 September 2021. The position is showing a positive variance due to an overclaim in relation to elective recovery which we expect to be adjusted in Month 6.

The year to date and FOT variances mainly arises due to additional costs linked to the COVID pandemic and elective recovery. COVID costs are detailed in section 4.

The remaining variances are detailed in the sections below.

## Savings Plan

The CCG's six-month plan includes a saving requirement of £0.8m. Details of performance will be disclosed in future reports.

## Risk

The main risks to delivering against the temporary financial regime, for the period to 30 September 2021, total £12m for the CCG and are a consequence of a potential shortfall in growth funding provided within the allocation received, as well as the risk that HDP costs are greater than the HDP funding provided by NHSE.

Risks and pressures arising will be addressed by appropriate mitigating actions to meet the CCG's objective of a breakeven position.

## Integrated Care System (ICS)

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

As at month 4 Devon ICS had a YTD surplus position of £7.3m, which is £4.0m favourable to plan, and is forecasting a breakeven position as at 30 September 2021, including £37.0m elective recovery fund (ERF) income.

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

## 2. Financial Assurance Dashboard

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

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

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

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

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

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

| NO. | INDICATOR | Devon CCG | | % | RAG |
|---|---|---|---|---|---|
| | | Plan/Target | Actual/Forecast | | |
| In Year Financial Performance | | £'m | £'m | | |
| 2 | Year to Date position (including the expected reimbursement of HDP and elective recovery funding) | 0.0 | 0.0 | 0.0% | GREEN |
| 3 | Forecast Outturn (Including the expected reimbursement of HDP and elective recovery funding) | 0.0 | 0.0 | 0.0% | GREEN |
| 4 | Running Costs | 11.2 | 11.2 | 100.0% | GREEN |
| 5 | Risk adjustment to deficit (% of allocation) | 0.0 | 0.0 | 0.0% | GREEN |
| 6 | Cash Position (% drawn down) | 83.3% | 81.6% | 98.0% | GREEN |
| 7 | BPPC (% paid - value) | 95.0% | 99.0% | 104.2% | GREEN |

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

## 3. Detailed Financial Performance

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

| 2021/22 FINANCE BOARD REPORT<br>FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021<br>Month 05 AUGUST | DEVON CLINICAL COMMISSIONING GROUP | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Year To Date | | | | | Current Year Forecast | | | | |
| | Budget | Non Covid Actual | Covid Actual | Total Actual | Variance (Adv) / Fav | Budget | Non Covid Forecast | Covid Forecast | Total Forecast | Variance (Adv) / Fav |
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's |
| **COMMISSIONED SERVICES** | | | | | | | | | | |
| Acute Services | 494,623 | 492,826 | 1 | 492,827 | 1,796 | 591,829 | 592,257 | - | 592,257 | (429) |
| Mental Health Services | 112,692 | 112,994 | - | 112,994 | (301) | 135,230 | 135,595 | - | 135,595 | (365) |
| Community Health Services | 132,710 | 123,848 | 12,820 | 136,668 | (3,957) | 157,867 | 148,707 | 17,658 | 166,365 | (8,498) |
| Placements | 52,621 | 53,142 | 162 | 53,304 | (683) | 63,785 | 63,797 | 187 | 63,983 | (198) |
| All Other Healthcare | 13,378 | 14,060 | (719) | 13,341 | 37 | 16,254 | 16,962 | (638) | 16,325 | (71) |
| **Primary Care Services** | | | | | | | | | | |
| Prescribing | 84,989 | 85,915 | - | 85,915 | (926) | 102,587 | 103,698 | - | 103,698 | (1,111) |
| Delegated Commissioning | 76,717 | 76,717 | - | 76,717 | - | 92,060 | 92,060 | - | 92,060 | - |
| Other Primary Care | 19,207 | 17,995 | 1,383 | 19,379 | (172) | 22,827 | 21,641 | 1,426 | 23,067 | (240) |
| **Primary Care Subtotal** | 180,913 | 180,628 | 1,383 | 182,011 | (1,098) | 217,474 | 217,399 | 1,426 | 218,826 | (1,351) |
| **Commissioned Services Subtotal** | 986,938 | 977,498 | 13,647 | 991,145 | (4,207) | 1,182,439 | 1,174,717 | 18,633 | 1,193,350 | (10,911) |
| **CORPORATE** | | | | | | | | | | |
| Running Costs | 9,338 | 8,840 | 40 | 8,879 | 459 | 11,206 | 11,177 | 29 | 11,206 | 0 |
| **EARMARKED RESERVES AND CONTINGENCIES** | | | | | | | | | | |
| Other Reserves | 27,581 | 14,933 | - | 14,933 | 12,648 | 33,564 | 20,060 | - | 20,060 | 13,504 |
| **Reserves Subtotal** | | | | | | | | | | |
| **TOTAL COMMISSIONED SERVICES** | 1,023,857 | 1,001,271 | 13,687 | 1,014,957 | 8,900 | 1,227,209 | 1,205,954 | 18,662 | 1,224,616 | 2,593 |
| Expected Additional Allocations | | | | | (8,900) | | | | | (2,593) |
| **2021/22 Surplus/Deficit** | | | | | 0 | | | | | 0 |

Further detail of the budgets making up the main service areas is provided in appendix 3.

## 3.1 Acute Services

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

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

The underspend of £1.8m at Month 5 and forecast overspend of £0.4m relates mainly to the additional activity commissioned with the independent sector under the elective recovery programme.

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

## 3.2 Mental Health Services

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

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

At month 5 there is a YTD overspend of £0.3m and FOT overspend of £0.4m, due to s117 learning disability and mental health services.

## 3.3 Community Health Services

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

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

The YTD and FOT overspend of £4.0m and £8.5m respectively relates almost entirely to COVID costs eligible for reimbursement under the hospital discharge programme.

## 3.4 Placements

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

The Placements position shows a FOT overspend of £0.2m, which is the same as the month 4 position.

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

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

Some examples include:

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

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

## 3.5 All Other Healthcare

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

At month 5 there is a YTD underspend of £37k and a FOT overspend of £71k respectively. See appendix 3 operating expenditure for details.

## 3.6 Primary Care Services

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

Prescribing

The Prescribing Monitoring Document (PMD), produced by NHS Business Services Authority, has yet to provide a prescribing forecast for the year. Therefore, we have used last year's profile and spend to date to provide this. Due to this and the expected additional costs around Direct Oral Anticoagulants (DOAC) the forecast is now showing an overspend. The Medicines Optimisation team has provided some

estimates on DOAC and this is included in our additional risk of £0.5m. This also includes some risk for NCSO but there is currently no additional risk around category M drugs. The Medicines Optimisation team are helping us to monitor this.

Delegated Commissioning

As at month 5 we are reporting a YTD and FOT breakeven position across delegated primary medical care.

Other Primary Care

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

At month 5 there is a YTD and FOT overspend of £0.2m. This is due to small overspends in out of hours GP services, home oxygen services and other primary care costs.

## 3.7 Running Costs

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

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

The CCG's allocation for the first half of 2021-22 is £11.2m. The CCG is reporting a balanced first 6 months FOT position.

## 3.8 Resource Allocation

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

| Planned revenue resources 1 Apr - 30 Sep 21 | £'000 |
|---|---|
| Core allocation | 922,829 |
| Primary care commissioning | 91,812 |
| Running costs | 11,206 |
| **Total recurrent revenue resources** | **1,025,847** |
| Top-up allocation | 72,079 |
| COVID allocation | 61,740 |
| Growth allocation | 4,845 |
| Programme adjustments | 33,347 |
| Elective recovery fund | 22,254 |
| Out of system COVID reimbursement (HDP) | 7,097 |
| **Total non-recurrent revenue resources** | **201,362** |
| **Total revenue resources confirmed** | **1,227,209** |

## 4. COVID-19 Specific Costs

The COVID pandemic has required investment in staff, equipment and in response

to national initiatives to assist the transformation of health services in preparedness for the impact on the health of the population.

The CCG has incurred costs of £13.7m to date and is predicting costs of £18.7m by the end of month 6. These costs can be summarised as follows:

| COVID 19 Commitment Analysis | YTD £m | FOT £m |
|---|---|---|
| Primary Care, PPE, Staffing and Other Costs | 1.2 | 1.5 |
| | 1.2 | 1.5 |
| Hospital Discharge | | |
| Devon CCG | 3.4 | 4.1 |
| Torbay Council | 1.5 | 2.1 |
| Devon County Council | 5.8 | 8.5 |
| Plymouth City Council | 1.6 | 2.3 |
| Livewell Southwest (Social Care) | 0.2 | 0.2 |
| | 12.5 | 17.2 |
| Total | 13.7 | 18.7 |

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

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

In addition to these measures a national initiative to speed up discharge from Hospital and reduce the burden of assessment on decisions supporting discharge NHSE and Local Authority's regulators agreed a hospital discharge programme supported by £1.3bn of NHSE funding. It allows Local Authorities to reclaim the cost of discharge packages and enhanced costs of care to prevent hospital admissions to be reclaimed via the CCG. The CCG was notified that its spend on hospital discharge is capped at £12.9m with any additional spend above the cap being subject to NHSE approval following submission of a business case demonstrating the validity of the excess costs. The CCG has submitted a business case for an increase to its funding of £4.3m and we are awaiting the NHSE response.

## 5. Risks

The assessment of financial risk at month 5, for the first 6 months, is as follows.

| Devon CCG | | Month 5 |
|---|---|---|
| **Risk** | **Description** | **£'000** |
| Placements | Risk that the costs outweigh the 0.2% inflation growth provided within the 6 months allocation. | 3,400 |
| Prescribing | Risk that the costs outweigh the 0.68% inflation growth provided within the 6 months allocation. | 2,040 |
| Running costs | Assumed pay cost pressure, based on a potential 3% uplift, which has not been funded. | 268 |
| Contingency | Funding not available to create the recommended contingency reserve. | 1,944 |
| Hospital Discharge Programme | There is a risk that the additional funding required to meet the full costs of the hospital discharge programme (HDP) will not be available to the CCG as it exceeds the capped funding set aside by NHSE. | 4,347 |
| **Total Risk** | | **11,999** |
| **Mitigations** | **Description** | **£'000** |
| Prescribing | Expectation that central funding will be provided where prescribing growth is greater than 0.68%. | -2,040 |
| Contingency | Assumed the contingency reserve will not be required i.e. net costs are equal to the funding received for the period. | -1,944 |
| Hospital Discharge Programme | Assumed that the business case for the additional HDP funding will be successful. | -4,347 |
| Other | Reassessment of opening plan risks and potential non recurrent mitigating solutions, together with further opportunities | -3,668 |
| **Total Mitigations** | | **-11,999** |
| **Total Unmitigated Risk** | | **0** |

Financial risks of approximately £12m have been identified which arise mainly due to the shortfall in growth funding allocated to the CCG, as well as the risk that HDP costs are greater than the capped HDP funding set aside by NHSE. These risks are partly mitigated by an expectation that central funding will be available where prescribing growth is greater than provided in the allocation. In addition, there is an assumption that the recommended contingency reserve will not be required and that other non-recurrent mitigating solutions will balance the CCGs position as the CCG progresses through 2021/22.

There is a risk that the CCG does not meet NHSE's assurance process for the retrospective reimbursement of COVID items, funded outside of the system envelope, or reimbursement of the elective recovery costs incurred. Should the allocation we receive fall short of the excess costs experienced we will seek to understand the reasoning and address appropriate mitigating actions to meet the NHSE objectives of a breakeven position.

As the financial framework beyond September is unknown there is a risk that the exit run rate exceeds the remaining allocation for the financial year.

## 6. Other Financial Information

### 6.1 Statement of Financial Position

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

The CCG's position as at 31 August 2021 is shown in appendix 1.

### 6.2 Capital

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

### 6.3 Better Payment Practice Code

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

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

| | Number | £'000's |
|---|---|---|
| Non NHS Creditors - % of bills paid within target | 99.08% | 96.81% |
| NHS Creditors - % of bills paid within target | 97.86% | 99.84% |

### 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 5 year to date performance and the forecast six month's position including the current risks.

## Appendices

## Appendix 1: Statement of Financial Position

| AS AT 31 AUGUST 2021 | DEVON CCG |
|---|---|
| **STATEMENT OF FINANCIAL POSITION** | **ACTUAL** |
| | £000's |
| **NON CURRENT ASSETS** | |
| Property Plant Equipment | 1,278 |
| Intangible Assets | 1 |
| Investment Properties | - |
| Trade & Other Receivables | 0 |
| Other Financial Assets | - |
| **Total Non Current Assets** | 1,278 |
| **CURRENT ASSETS** | |
| Inventories | 748 |
| Trade & Other Receivables - NHS | 629 |
| Trade & Other Receivables - Non NHS | 23,135 |
| Other Current Assets | - |
| Cash & Cash Equivalents | 1,187 |
| Non-current Assets held for Sale | - |
| **Total Current Assets** | 25,698 |
| **Total Assets** | 26,977 |
| **CURRENT LIABILITIES** | |
| Trade & Other Payables - NHS | - 14,790 |
| Trade & Other Payables - Non NHS | - 149,824 |
| Other Liabilities | - 1,064 |
| Borrowings / Cash in Transit | - 10,781 |
| Provisions | - |
| **Total Current Liabilities** | - 176,460 |
| **Total Assets less Current Liabilities** | - 149,483 |
| **NON-CURRENT LIABILITIES** | |
| Trade & Other Payables | - |
| Other Financial Liabilities | - 85 |
| **Total Non Current Liaibilities** | - |
| | |
| **Total Assets Employed** | - 149,568 |
| **FINANCED BY TAXPAYERS EQUITY** | |
| General Fund | 149,568 |
| **Total Taxpayers' Equity** | 149,568 |

## Appendix 2: Cash

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

| Measure | Month 5 |
|---|---|
| **CCGs must operate within their Cash Drawdown Requirement**<br><br>*The Cash Drawdown Requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £1,228.571m for Devon CCG the year.* | 81.6% of the Cash Drawdown Requirement has been utilised as at month 5 (83.3% is expected based on a straight-line trajectory at month 5). |
| **CCGs daily and monthly forecasting accuracy and notional charges**<br><br>NHS England is working on implementing a regime of bank charges against CCGs based on the accuracy of daily and monthly cash forecasting*.<br><br>The start date for any charges to flow through the scheme to the CCG has not yet been confirmed. | Notional charges amount to £7,360 for August. |
| **The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown** | The CCG has met the requirement to manage their cash balances at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month. |

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

## Appendix 3: Operating Expenditure

| 2021/22 FINANCE BOARD REPORT | DEVON CLINICAL COMMISSIONING GROUP | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021 | Year To Date | | | | | Current Year Forecast | | | | |
| Month 05 AUGUST | Budget | Non Covid Actual | Covid Actual | Total Actual | Variance (Adv) / Fav | Budget | Non Covid Forecast | Covid Forecast | Total Forecast | Variance (Adv) / Fav |
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's |
| **ACUTE CARE** | | | | | | | | | | |
| NHS Royal Devon & Exeter Foundation Trust | 141,650 | 141,649 | - | 141,649 | 0 | 169,569 | 169,569 | - | 169,569 | - |
| NHS University Hospitals Plymouth NHS Trust | 133,953 | 133,744 | - | 133,744 | 209 | 159,905 | 159,696 | - | 159,696 | 209 |
| NHS Northern Devon Healthcare Trust | 64,401 | 64,400 | - | 64,400 | 1 | 77,041 | 77,041 | - | 77,041 | 0 |
| NHS South Devon Healthcare Foundation Trust | 108,053 | 108,053 | - | 108,053 | 0 | 129,378 | 129,378 | - | 129,378 | - |
| NHS Taunton and Somerset | 4,042 | 4,042 | - | 4,042 | (0) | 4,850 | 4,850 | - | 4,850 | - |
| NHS South Western Ambulance Trust | 21,303 | 21,303 | - | 21,303 | (0) | 25,564 | 25,564 | - | 25,564 | (0) |
| Independent Sector | 13,439 | 11,273 | - | 11,273 | 2,165 | 16,151 | 16,146 | - | 16,146 | 5 |
| Other Acute | 7,783 | 8,361 | 1 | 8,362 | (579) | 9,371 | 10,014 | - | 10,014 | (642) |
| **Subtotal** | 494,623 | 492,826 | 1 | 492,827 | 1,796 | 591,829 | 592,257 | - | 592,257 | (429) |
| **PLACEMENTS** | | | | | | | | | | |
| Continuing Healthcare | 47,076 | 47,275 | 162 | 47,437 | (361) | 57,131 | 56,756 | 187 | 56,942 | 189 |
| Funded Nursing Care | 5,545 | 5,867 | - | 5,867 | (322) | 6,654 | 7,041 | - | 7,041 | (387) |
| **Subtotal** | 52,621 | 53,142 | 162 | 53,304 | (683) | 63,785 | 63,797 | 187 | 63,983 | (198) |
| **COMMUNITY & NON ACUTE** | | | | | | | | | | |
| Livewell Southwest | 21,120 | 20,707 | 619 | 21,326 | (206) | 25,351 | 24,951 | 702 | 25,654 | (303) |
| Royal Devon and Exeter Community | 24,759 | 24,766 | - | 24,766 | (6) | 29,711 | 29,711 | - | 29,711 | - |
| Northern Devon Healthcare Community | 12,904 | 12,904 | - | 12,904 | (0) | 15,485 | 15,485 | - | 15,485 | - |
| South Devon Healthcare Community | 30,736 | 29,752 | 1,406 | 31,158 | (422) | 36,687 | 35,703 | 2,079 | 37,782 | (1,095) |
| Children and Families Health Devon | 5,040 | 5,040 | - | 5,040 | 0 | 6,048 | 6,048 | - | 6,048 | 0 |
| Individual Patient Placements | 187 | 308 | - | 308 | (121) | 225 | 369 | - | 369 | (145) |
| Integrated Urgent Care Service | 21 | 21 | - | 21 | (1) | 25 | 23 | - | 23 | 2 |
| Hospices | 3,577 | 3,601 | - | 3,601 | (24) | 4,293 | 4,322 | - | 4,322 | (29) |
| MIU Contracts | 342 | 319 | - | 319 | 23 | 410 | 384 | - | 384 | 26 |
| Plymouth Integrated Fund | 4,749 | 4,104 | 1,566 | 5,670 | (921) | 5,570 | 4,925 | 2,342 | 7,267 | (1,697) |
| Better Care Fund_Devon CC | 17,716 | 13,895 | 5,832 | 19,727 | (2,011) | 20,495 | 16,674 | 8,458 | 25,132 | (4,637) |
| Other Community Services | 11,559 | 8,431 | 3,397 | 11,828 | (269) | 13,569 | 10,112 | 4,077 | 14,189 | (620) |
| **Subtotal** | 132,710 | 123,848 | 12,820 | 136,668 | (3,957) | 157,867 | 148,707 | 17,658 | 166,365 | (8,498) |
| **MENTAL HEALTH SERVICES** | | | | | | | | | | |
| Devon Partnership NHS Trust | 71,331 | 71,331 | - | 71,331 | 1 | 85,597 | 85,597 | - | 85,597 | - |
| Livewell MH Services | 18,069 | 18,069 | - | 18,069 | 0 | 21,682 | 21,682 | - | 21,682 | - |
| Children and Families Health Devon | 5,731 | 5,730 | - | 5,730 | 0 | 6,877 | 6,877 | - | 6,877 | - |
| Individual Patient Placements | 5,070 | 4,828 | - | 4,828 | 242 | 6,084 | 5,794 | - | 5,794 | 290 |
| Section 117 | 7,286 | 7,837 | - | 7,837 | (551) | 8,743 | 9,405 | - | 9,405 | (662) |
| Other Mental Health | 5,206 | 5,200 | - | 5,200 | 7 | 6,248 | 6,241 | - | 6,241 | 7 |
| **Subtotal** | 112,692 | 112,994 | - | 112,994 | (301) | 135,230 | 135,595 | - | 135,595 | (365) |

| 2021/22 FINANCE BOARD REPORT | DEVON CLINICAL COMMISSIONING GROUP | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| FOR THE PERIOD FROM 01 APRIL 2021 TO 30 SEPT 2021 | Year To Date | | | | | Current Year Forecast | | | | |
| Month 05 AUGUST | Budget | Non Covid Actual | Covid Actual | Total Actual | Variance (Adv) / Fav | Budget | Non Covid Forecast | Covid Forecast | Total Forecast | Variance (Adv) / Fav |
| **OTHER COMMISSIONED SERVICES** | | | | | | | | | | |
| NHS 111 | 2,217 | 2,358 | - | 2,358 | (140) | 2,661 | 2,827 | - | 2,827 | (166) |
| Better Care Fund Torbay | 1,445 | 1,445 | - | 1,445 | - | 1,734 | 1,734 | - | 1,734 | - |
| Patient Transport Services | 3,997 | 3,795 | 304 | 4,100 | (103) | 4,758 | 4,678 | 311 | 4,989 | (231) |
| All Other Commisionned Services | 5,719 | 6,461 | (1,023) | 5,438 | 280 | 7,101 | 7,723 | (949) | 6,774 | 327 |
| **Subtotal** | 13,378 | 14,060 | (719) | 13,341 | 37 | 16,254 | 16,962 | (638) | 16,325 | (71) |
| **PRIMARY CARE** | | | | | | | | | | |
| Prescribing | 84,989 | 85,915 | - | 85,915 | (926) | 102,587 | 103,698 | - | 103,698 | (1,111) |
| Enhanced Services | 1,682 | 1,660 | 35 | 1,695 | (13) | 2,014 | 1,992 | 43 | 2,035 | (21) |
| Delegated Commissioning | 76,717 | 76,717 | - | 76,717 | (1) | 92,060 | 92,060 | - | 92,060 | 0 |
| GP Out Of Hours | 5,781 | 5,723 | 94 | 5,818 | (37) | 6,919 | 6,861 | 113 | 6,975 | (56) |
| Other Primary Care | 11,744 | 10,612 | 1,254 | 11,865 | (121) | 13,894 | 12,788 | 1,270 | 14,058 | (163) |
| **Subtotal** | 180,913 | 180,628 | 1,383 | 182,011 | (1,098) | 217,474 | 217,399 | 1,426 | 218,826 | (1,351) |
| **TECHNICAL** | | | | | | | | | | |
| Coding Errors | - | - | - | - | - | - | - | - | - | - |
| Suspense | - | - | - | - | - | - | - | - | - | - |
| **Subtotal** | - | - | - | - | - | - | - | - | - | - |
| **TOTAL COMMISSIONED SERVICES** | 986,938 | 977,498 | 13,647 | 991,145 | (4,207) | 1,182,439 | 1,174,717 | 18,633 | 1,193,350 | (10,911) |
| **RUNNING COSTS** | | | | | | | | | | |
| Pay | 8,016 | 6,535 | 33 | 6,568 | 1,448 | 9,618 | 7,512 | 21 | 7,533 | 2,085 |
| Non Pay | 1,322 | 2,306 | 6 | 2,312 | (990) | 1,588 | 3,666 | 8 | 3,674 | (2,086) |
| Income | - | (1) | - | (1) | 1 | - | (1) | - | (1) | 1 |
| **Subtotal** | 9,338 | 8,840 | 40 | 8,879 | 459 | 11,206 | 11,177 | 29 | 11,206 | 0 |
| **EARMARKED RESERVES AND CONTINGENCIES** | | | | | | | | | | |
| Earmarked Reserves | | | | | | | | | | |
| Contingency | | | | | | | | | | |
| Other Reserves | 27,581 | 14,933 | - | 14,933 | 12,648 | 33,564 | 20,060 | - | 20,060 | 13,504 |
| **Subtotal** | 27,581 | 14,933 | - | 14,933 | 12,648 | 33,564 | 20,060 | - | 20,060 | 13,504 |
| **NET TOTAL OPERATING COSTS** | 1,023,857 | 1,001,271 | 13,687 | 1,014,957 | 8,900 | 1,227,209 | 1,205,954 | 18,662 | 1,224,616 | 2,593 |
| CCG Control Total | (1,023,857) | (1,001,271) | (13,687) | (1,014,957) | (8,900) | (1,227,209) | (1,205,954) | (18,662) | (1,224,616) | (2,593) |
| **2021/22 Surplus/Defecit** | - | - | - | - | (0) | - | - | - | - | 0 |

NHS
Devon
Clinical Commissioning Group

## GOVERNING BODY

| | | | | |
|---|---|---|---|---|
| **Report title: Devon Integrated Care System (ICS) Report** | | | | |
| **Date of committee: 30 September 2021**<br>**Date report produced: 21 September 2021** | | | | |
| **Author (s) Name and Title:**<br>Alison Wilkinson, deputy chief operating officer | | **Supporting Executive:**<br>**Name and Title: Sheila Roberts, Chief Operating Officer**<br><br>**Contact Details: sheila.roberts4@nhs.net** | | |
| | | **Report Approved by:**<br>**Name and Title: Sheila Roberts, Chief Operating Officer**<br><br>**Date 23 September 2021** | | |
| **Public or Private (Governing Body only):** | **Public** | **X** | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): | | | | |
| **Executive Summary:**<br>This report provides a consolidated update on key measures of outcomes, performance, quality, and activity to provide the necessary assurance to the CCG Governing Body. The report includes escalation of key issues from LCPs and system groups and highlights any significant risks | | | | |
| **Management of Conflict of interests:**<br>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:** | | | | |
| • **System Performance Group** | | | | |

| **Key recommendations and actions requested:** |
|---|
| **Members of the Governing Body are asked to:**<br>• **Receive and note the contents of this report** |
| **Impact on our objectives** |
| **(Delete as applicable)**<br>1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes<br>2. Improve service performance<br>3. Achieve financial sustainability<br>4. Effective, well-led organisation with an empowered and inclusive workforce<br>5. Lead the system's response to the coronavirus pandemic |
| **Reference to other documents or accompanying papers:** |
| |

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

| | **If Yes, please give details** | **No** |
|---|---|---|
| **Quality of Services** | | |
| **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.

Together for Devon

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

# NHS Devon CCG Governing Body

## 30 September 2021

# Quality & Performance Report

#TogetherForDevon

# Executive Summary

This report provides a consolidated update on key measures of outcomes, performance, quality, and activity to provide the necessary assurance to the CCG Governing Body. The report includes escalation of key issues from LCPs and system groups and highlights any significant risks.

- Significant pressure continues across the Devon System in all sectors. The impact of workforce shortages, estates issues and the on-going COVID-19 response has exacerbated pre COVID-19 risks coupled with sustained demand. However, the System continues to work well together to mitigate risks and drive improvement in patient experience and safety.

- **Planned Care** - Long waits for initial review, diagnostics and surgery continue to be a significant risk. As well as waiting list increases as a result of COVID-19, factors such as lack of day surgery facilities, ITU/HDU capacity and anaesthetic workforce issues exacerbate the situation. RTT long waiters are being managed, but the overall number of patients awaiting treatment (incomplete pathways) continues to rise. Mutual aid continues to be actioned across Devon. The System Surgical Group continues to meet weekly and has SMART actions in place to further drive improvement for patients. Inconsistency in the prioritisation of patients has been identified as a significant on-going issue and actions are now in place to address this. A similar picture is seen in diagnostics, where capacity has been slowing the rise in long waits, but the waiting lists continues to increase. Further impact is imminent as more diagnostic capacity comes on stream in coming months.

# Executive Summary

- **Urgent Care -** COVID numbers have risen weekly through July to early September and, combined with increased demand, this has greatly challenged the ability of the system to provide staff and physical capacity. There has been an increasing number of patients who do not meet criteria to reside, as a result of difficulty discharging to pathways 1 and 2. Care home provision is impacted by both staffing and COVID outbreaks. This has contributed to an increased number of patients with longer lengths of stay in the acute hospitals. The high bed occupancy has impacted flow through ED, affecting wait times and contributing to ambulance handover delays. Demand on SWAST and 111 in Devon continued to grow to record levels during July, with volumes continuing to rise, reaching 29,780 in the month (June 27k, May 26k, April 22k). The increased demand upon SWAST led them to declare a major incident in early September. The Devon ICS system has been at OPEL 3 every day since the start of the financial year.

- **Quality – Patient Experience -** Patient enquiries were up by approximately 50% in August from July, with 82 contacts. 29 of these related to general practice, with 44% of these related to Western Devon and access to a GP. The CCG continues to receive PITCH reports from providers throughout Devon. The volumes of PITCH reported in August are stable and similar to the last 3 months with 63 submissions. We continue to see Significant Event Audits (SEAs) from general practice - where these are received individual clinical support is provided by the CCG where required and guidance given for action plans required. No specific themes have emerged, but the process of thematic analysis is in place to highlight any promptly.

# Executive Summary

- **Safety Systems - Incidents:** Reporting of serious incidents has reduced slightly, with a total of 36 being reported during August. There have been no new Never Events reported during August. There continues to be an increase in the number of serious incident investigation reports being submitted outside of the national 60 days key performance indicator. The CCG is in regular contact with all providers, recognising the balance between ensuring patient care and timely, proportionate investigations.

- **Continuing Healthcare (CHC) -** The Adult Continuing Healthcare, Children's Continuing Care and s117/IPP/Learning Disabilities and Autism Team continue to experience significant demand to avert crisis situations within NHS providers and the community. There is an emerging trend of independent providers struggling to recruit staff and therefore maintain packages of care and placements safely. We are also seeing this emerging trend for those families who hold a Personal Health Budget (PHB), which in some cases has led to a request for a commissioned package of care.

- **Safeguarding -** The Safeguarding Adults team continues to review the situation regarding S42 enquiries and will liaise with local authorities as required in support of providers. All safeguarding children statutory functions have been met across Devon, including responses to Rapid Reviews.

- **Primary Care -** The CCG continues to support practices with outbreak management and CQC compliance. General practice has been managing difficult conversations with regards to the national blood bottle shortages, patient experience has been affected, to date the CCG has not been made aware of any harm due to these shortages. Practices are able to report any cases via PITCH and the CCG and LMC are working closely together to support staff dealing with this ongoing issue.

# Appendices

The following appendices include:

- ICS outcomes
- Quality
- Performance
- Recovery/activity

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# ICS Outcomes

#TogetherForDevon

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

| Domain | Measure | Definition | latest period | England | ICS | South West Region | Devon County Council | Plymouth County Council | Torbay County Council |
|---|---|---|---|---|---|---|---|---|---|
| Overarching | a. Healthy Life Expectancy at birth (Male) | Average number of years a person would expect to live in good health | 2017-19 | 63.2 | | 65.2 | 67.8 | 61.8 | 62.2 |
| | a. Healthy Life Expectancy at birth (Female) | Average number of years a person would expect to live in good health | 2017-19 | 63.5 | | 65 | 67.8 | 58.3 | 62.9 |
| 1. Early Years | a. Low Birth Weight of term babies | Live births weight under 2500g at least 37 weeks as a % of all live births at least 37 weeks. | 2019 | 0.029 | | 2.6% | 2.7% | 3.1% | 3.0% |
| | b. children aged 2-2½yrs ASQ-3 review | % of children with ASQ-3 is completed as part of their 2-2½ year review | 2019/20 | 0.926 | | 0.927 | 0.936 | 0.991 | 0.91 |
| | c. Infant Mortality rate | Infant deaths under 1 year of age per 1000 live births | 2017-19 | 3.9 | 3.3 | 3.2 | 3.3 | 4.2 | 2.9 |
| | d. Breast feeding prevalence at 6-8 weeks after birth | % of infants that are totally or partially breastfed at age 6-8 weeks | 2019/20 | 48% | | | 51% | 40% | 40% |
| 2. Young people | a. Children in absolute low income families (under 16s | % children in families with out of work benefits or tax credits & income is less than 60% median | 2018/19 | 15% | | 11% | 12% | 13% | 14% |
| | b. Educational attainment (5 or more GCSEs) % of all children | % Pupils at Key Stage 4 with 5 or more GCSEs at grades A*-C including English and Maths | 2015/16 | 58% | | 58% | 60% | 50% | 57% |
| | GCSE acieved 5A* - C including English & Maths with free school meal status | % Children with free school meal status with 5A*-C GCSEs including English and Maths | 2014/15 | 33% | | 30% | 33% | 30% | 32% |
| | c. Reception: Prevalence of overweight (including obesity) | % children aged 4-5 years (BMI is above the 85th centile of the British 1990 growth reference | 2019/20 | 23.0% | | 22.0% | 19.8% | 27.7% | 25.1% |
| | Year 6: Prevelance of overweight (including obesity) | % children aged 10-11 years (BMI is above the 85th centile of the British 1990 growth reference | 2019/20 | 35% | | 30% | 29% | 34% | 35% |
| | d. Admission episodes for alcohol-specific conditions - Under 18s | Crude rate per 100,000 population with primary or secondary alcohol-specific diagnosis. | 2018/19 | 30.7 | 50.4 | 45.4 | 51.4 | 47.5 | 72 |
| | e. 16-17 year olds not in education, employment or training (NEET) or whose activity is not known | % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known | 2019 | 5.5% | | 6.5% | 5.1% | 6.3% | 6.3% |
| 3. Working Age | a. Employment of people with mental illness or learning disability: | Labour Force Survey with mental illness in employment as a % those with mental illness | 2018 Q4 | 48.0% | | 54.3% | 67.9% | 33.1% | 81.2% |
| | b. Fuel poverty: new data | % of households that experienced fuel poverty based on the "Low income, high cost" methodology | 2018 | 10.3% | 10.6% | 9.4% | 10.7% | 10.3% | 10.0% |
| | c. Statutory homelessness:rate per1,000 households | Statutory homeless households, crude rate per 1,000 estimated total households, all ages | 2017/18 | 2.40 | | 1.7 | 0.90 | 2.60 | 3.10 |
| | d. Mortality rate from causes considered preventable (2019 definition) | Age-standardised mortality rate from causes considered preventable per 100,000 population | 2017-19 | 142.2 | | 126 | 119.3 | 164 | 169.5 |
| | e. Smoking Prevalence in adults (18+) - current smokers (APS) | Prevalence of smoking among persons 18 years and over | 2019 | 14% | 14% | 14% | 14% | 19% | 15% |
| | f. Prevalence for diabetes (QOF) | Prevalence of Diabetes among persons 18 years and over | 2019/20 | 7.1% | 7.1% | 6.8% | 7.0% | 7.1% | 7.6% |
| | g. Prevalence for COPD (QOF) | Prevalence of COPD among persons 18 years and over | 2019/20 | 1.9% | 2.3% | | 2.3% | 2.4% | 2.6% |
| | h. Prevalence for Asthma (QOF) | Prevalence of Asthma among persons 18 years and over | 2019/20 | 6.5% | 7.4% | | 7.4% | 7.3% | 7.6% |
| | i. Prevalence for Obesity (QOF) | Prevalence of Obesity among persons 18 years and over | 2019/20 | 10.5% | 10.5% | | 9.5% | 10.7% | 10.6% |
| | j. Excess under 75 mortality rate in adults with serious mental illness | % adults with SMI can be considered to higher risk of premature mortality than adults without SMI. | 2015/17 | 3.551 | | 0 | 4.272 | 2.699 | 3.794 |
| 4. Older Adults | a. Life expectancy at 65 (Male) | Average number of years at age 65 a person would survived age-specific mortality rates after 65. | 2017-19 | 18.9 | | 19.4 | 19.6 | 18.5 | 19.2 |
| | Life expectancy at 65 (Female) | Average number of years at age 65 a person would survived age-specific mortality rates after 65. | 2017-19 | 21.3 | | 21.9 | 22.3 | 20.3 | 21.3 |
| | b. Disability-free life expectancy at 65 (Male) | Average number of years at age 65 a person would survived age-specific mortality rates after 65. | 2017-19 | 9.9 | | 10.5 | 11.3 | 9.3 | 10.1 |
| | Disability-free life expectancy at 65 (Female) | Average number of years at age 65 a person would survived age-specific mortality rates after 65. | 2017-19 | 9.7 | | 10.5 | 11.7 | 9 | 9.8 |
| | c. Admissions Following Accidental Fall | Emergency admissions for falls injuries aged 65+, directly age standardised rate per 100,000. | | 2222 | | | 1689 | 2029 | 1792 |
| | d. Social Connectedness (Users / Carers) | Data not available | | | | | | | |
| | e. Excess winter deaths index | Excess winter deaths measured as the ratio of extra deaths from all causes | Aug 2018 - Jul 2019 | 15% | | 15% | 17% | 18% | 13% |

## 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 | SW Region Latest | SW region trend | Devon County Council | Devon County Council Trend | Plymouth | Plymouth County Council Trend | Torbay County council | Torbay County Council Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Overarching | a. | ICS Spend vs Allocation | Indicator not defined | | | | | | | | | | | | | |
| 1. Early Years | a. | Take up of nursery places | Data not available | | | | | | | | | | | | | |
| | b. | Population vaccination coverage - MMR for one dose (5 years old) | Children who received one dose of MMR as a % of all children | 2019/20 | 95% | | 95% | | 96% | | 97% | | 98% | | 97% | |
| | c. | Population vaccination coverage - MMR for two doses (5 years old) | Children who received two dose of MMR as a % of all children | 2019/20 | 87% | | | | 92% | | 93% | | 93% | | 93% | |
| | | Take-up of health visitor checks | Data not available | | | | | | | | | | | | | |
| 2. Younger peop | a. | Timeliness / effectiveness of education, health and care plans (SEND) | Indicator not defined | | | | | | | | | | | | | |
| | b. | Children and young people accessing mental health services | % accessing CYP treatment as a proportion of CYP with Mental Health condition | Apr-21 | 41% | | 44% | | 35.30% | | | | | | | |
| | c. | Coverage of 24/7 crisis support for mental health | Service users with crisis plans % of people in contact with mental health services | 2019/20 Q2 | 12% | | 3% | | | | | | | | | |
| | d. | Hospital admissions as a result of self harm (10-24 years) | Directly standardised rate of admission episodes for self-harm per 100,000 population aged 10-24 years. | 2019/20 | 439 | | 600.10 | | 659.9 | | 635.00 | | 668.80 | | 700.70 | |
| 3. Working Age | a. | Out of area placements (mental health and learning disability) | Total numbe of innappropriate Out of area placement for Mental health or learning disabilities | Apr-21 | 63040 | | 3385 | | 6125 | | | | | | | |
| | b. | Proportion of eligible adults with a learning disability having a health check (%) | Recorded annual health checks, as a % of the total number on GP learning disability registers | 2018/19 | 52% | | | | 0.566 | | 60% | | 49% | | 58% | |
| | c. | Population vaccination coverage - Flu (at risk individuals) | Flu vaccine uptake (%) in at risk individuals aged 6 months to 65 years | 2019/20 | 45% | | | | 46% | | 46% | | 41% | | 45% | |
| | d. | Percentage of cancers diagnosed at stages 1 & 2 | New cases of cancer diagnosed at stages 1 and 2 as % of all new cases of cancer diagnosed | 2018 | 55% | | | | 56% | | 58% | | 55% | | 55% | |
| | e. | CQC GP practice | % scoring Good or Outstanding compared to total number of rated GPs | Jul-21 | 95% | | 100% | | 96% | | | | | | | |
| | e. | Improving Access to Psychological Therapies | People entering IAPT (in month) as % of those estimated to have anxiet/depression | 2019 | 18% | | 21% | | | | | | | | | |
| | f. | Admission episodes for alcohol-specific conditions (Persons) | Directly age standardised rate of admissions for alcohol-attributable per 100,000 population | 2019/20 | 644 | | | | 651 | | 484 | | 611 | | 948 | |
| 4. Older Adults | a. | People aged 65 and over offered reablement services following discharge from hospital | % of people aged 65 and over offered reablement services following discharge from hospital | 2019/20 | 3% | | | | 3% | | 2% | | 4% | | 6% | |
| | | People aged 65 and over who were still at home 91 days after discharge from hospital | % of people aged 65 and over who were still at home 91 days after discharge from hospital | 2019/20 | 82% | | | | 84% | | 86% | | 76% | | 80% | |
| | b. | Population vaccination coverage - Flu (aged 65+) | Flu vaccine uptake (%) in at risk individuals aged 65 years plus | 2019/20 | 72% | | | | 74% | | 73% | | 71% | | 72% | |
| | c. | Bed Occupancy Rates (Acute Hospitals) | % of occupied bed compared to the total available | 2020-21 Q1 | 64% | | 86% | | | | | | | | | |
| | d. | Dementia: Recorded prevalence (aged 65 years and over) | % of patients (aged 65+) with dementia as recorded on GP practice disease registers. | 2020 | 4.0% | | 4% | | 3.8% | | 3.9% | | 4% | | 4% | |
| | e. | Delayed Transfers of Care | % of hospital ready transfers that where delayed | 01/02/2020 | | | 231.77 | | | | 233.38 | | 285.01 | | 117.27 | |
| | f. | CQC Care Home Ratings (Good or Excellent) | % scoring Good or excellent compared to total number of care homes | Jul-21 | 83% | | 88% | | 88% | | | | | | | |
| | g. | Emergency admissions (rate per 1000 population) <1 | Emergency admissions (rate per 1000 population) | 2019/20 | 372.9 | | 502.0 | | | | | | | | | |
| | h | Avoidable admissions for ambulatory care-sensitive conditions | Indicator not defined | | | | | | | | | | | | | |

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# Quality

| | | | RDEFT | | | NDHT | | | UHP | | | TSDFT | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Indicator** | | **Target/Plan** | **Previous** | **Latest** | **Change** | **Previous** | **Latest** | **Change** | **Previous** | **Latest** | **Change** | **Previous** | **Latest** | **Change** |
| **SHMI** | **Dec-20** | Lower is Better | 101.70 | 98.70 | ▼ | 103.90 | 104.30 | ▲ | 109.90 | 112.10 | ▲ | 99.80 | 100.50 | ▲ |
| **PROMS: Hip replacement - Oxford Score** | **2019-20** | Higher is Better | 23.85 | 25.47 | ▲ | 21.91 | 22.25 | ▲ | 23.18 | 23.59 | ▲ | 24.59 | 24.06 | ▼ |
| **PROMS: Hip replacement - Adjusted average health gain** | **2019-20** | Higher is Better | 0.51 | 0.51 | ▼ | 0.48 | 0.40 | ▼ | 0.46 | 0.47 | ▲ | 0.50 | 0.48 | ▼ |
| **PROMS: Knee replacement - Oxford Score** | **2019-20** | Higher is Better | 18.58 | 18.42 | ▼ | 18.09 | 20.41 | ▲ | 17.25 | 17.69 | ▲ | 19.69 | 18.22 | ▼ |
| **PROMS: Knee replacement - Adjusted average health gain** | **2019-20** | Higher is Better | 0.36 | 0.35 | ▼ | 0.35 | 0.39 | ▲ | 0.33 | 0.34 | ▲ | 0.33 | 0.37 | ▲ |
| **Friends & Family Test - Inpatient** | **Feb-2020** | Higher is Better | 92.2% | 96.1% | ▲ | 99.4% | 98.1% | ▼ | 98.0% | 97.7% | ▼ | 98.4% | 100.0% | ▲ |
| **Friends and Family Test - Maternity** | **Feb-2020** | Higher is Better | 94.7% | 100.0% | ▲ | 94.3% | 98.0% | ▲ | 97.8% | 98.2% | ▲ | 100.0% | 100.0% | ▼▲ |
| **Friends & Family Test - A&E** | **Feb-2020** | Higher is Better | 0.0% | 0.0% | ▼▲ | 86.4% | 94.7% | ▲ | 94.0% | 94.1% | ▲ | no data | 100.0% | ▼ |
| **MRSA** | **APRIL 2019-20 To JUNE 2021-22** | 0 | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ |
| **C. difficile** | **APRIL 2019-20 To JUNE 2021-22** | 0 | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ |
| **E. coli** | **APRIL 2019-20 To JUNE 2021-22** | 0 | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ |
| **MSSA** | **Apr-21** | 0 | 2 | 3 | ▲ | 0 | 0 | ▼▲ | 0 | 3 | ▲ | 1 | 4 | ▲ |
| **NRLS - Proportion of reported incidents that are harmful** | **Feb-21** | Lower is Better | 37.7% | 40.3% | ▲ | 56.9% | 57.3% | ▲ | 26.0% | 25.6% | ▼ | 34.7% | 34.1% | ▼ |
| **NRLS - Potential under-reporting of death and severe harm** | **Feb-21** | Not Applicable | 0 | 0 | ▲ | 0 | 0 | ▼ | 0 | 0 | ▲ | 1 | 1 | ▲ |
| **NRLS - Potential under-reporting** | **Feb-21** | Not Applicable | 63.40 | 69.30 | ▲ | 75.70 | 80.20 | ▲ | 49.00 | 50.70 | ▲ | 63.90 | 70.50 | ▲ |
| **NRLS - Consistency of reporting** | **Feb-21** | Higher is Better | 6 | 6 | ▼▲ | 6 | 6 | ▼▲ | 6 | 6 | ▼▲ | 6 | 6 | ▼▲ |
| **VTE - Risk Assessments** | **Dec-19** | 0.95 | 94.3% | 93.7% | ▼ | 73.3% | 68.3% | ▼ | 96.3% | 96.7% | ▲ | 93.3% | 91.9% | ▼ |
| **Staff Sickness Absence Rate** | **Jan-21** | Lower is Better | 6.0 | 5.2 | ▼ | 4.5 | 3.8 | ▼ | 5.1 | 5.2 | ▲ | 4.1 | 4.1 | ▼▲ |
| **Staff who felt incident reporting procedures fair & effective** | **2019** | Higher is Better | Not significant | 0.0 | ▼ | Significant decrease | 0.0 | ▼ | 3.8 | 0.0 | ▼ | Significant decrease | 0.0 | ▼ |
| **Friends and Family Test - Staff recommendation - Care** | **Sep-19** | Higher is Better | 92.3% | 0.0% | ▼ | 85.9% | 0.0% | ▼ | 83.3% | 0.0% | ▼ | 85.6% | 0.0% | ▼ |
| **Friends and Family Test - Staff recommendation - Work** | **Sep-19** | Higher is Better | 75.1% | 0.0% | ▼ | 78.3% | 0.0% | ▼ | 67.1% | 0.0% | ▼ | 66.8% | 0.0% | ▼ |
| **F&F Test Staff Survey - recommendation for work & treatment** | **2020** | Higher is Better | 91.9% | 92.4% | ▲ | 91.7% | 92.6% | ▲ | 84.1% | 87.3% | ▲ | 87.2% | 88.4% | ▲ |
| **Patient Safety Alerts open past deadline** | **Jun-21** | 0 | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ | 0 | 0 | ▼▲ |
| **NHSI - Single Oversight Framework Segmentation** | **Jun-21** | Lower is Better | 2 | 2 | ▼▲ | 2 | 2 | ▼▲ | 3 | 3 | ▼▲ | 2 | 2 | ▼▲ |
| **CQC rating** | **May-21** | Not Applicable | Good | Good | ▼▲ | Requires improvement | Requires improvement | ▼▲ | Requires improvement | Requires improvement | ▼▲ | Good | Good | ▼▲ |

| | | | DPT | | |
|---|---|---|---|---|---|
| | | | Previous | Latest | Change |
| Potential under-reporting of patient safety incidents (NRLS) | Feb-21 | Lower is Better | 67 | 75.5 | ▲ |
| Patient safety incidents that are harmful (NRLS) | Feb-21 | Lower is Better | 42.0% | 42.0% | ▼▲ |
| Consistency of NRLS reporting | Feb-21 | Higher is Better | 6 | 6 | ▼▲ |
| Fairness and effectiveness of incident reporting procedures | 2019 | Higher is Better | 3.7 | 3.7 | ▼▲ |
| Mixed Sex Accommodation breaches | Feb-20 | 0 | 0 | 0 | ▼▲ |
| % of staff who would recommend the trust as a place to work or receive treatment | 2020 | Higher is Better | 0.773 | 0.834 | ▲ |
| NHS staff annual sickness absence rates | Jan-21 | Lower is Better | 4.2 | 4 | ▼ |
| Overall experience | 2019 | Higher is Better | | 73.4 | |
| FFT: Percentage of respondents who would recommend the service to their friends and family | Feb-20 | Higher is Better | | 91.4% | |
| FFT: Staff recommendation of the Trust as a place to receive treatment | Sep-19 | Higher is Better | | 67.5% | |
| FFT: Staff recommendation of the Trust as a place to work | Sep-19 | Higher is Better | | 59.1% | |
| CQC Inspection rating | Jun-21 | Not Applicable | Good | Good | ▼▲ |
| NHSI - Single Oversight Framework Segmentation | May-21 | Lower is Better | 1 | 1 | ▼▲ |

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# Performance

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# Performance Key Targets

| | | | RDEFT | | | NDHT | | | UHP | | | TSDFT | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Indicator | Date range | Target/Plan | Previous | Latest | Change | Previous | Latest | Change | Previous | Latest | Change | Previous | Latest | Change |
| AE type 1&2 | AUGUST 2021-22 | 95% | 69% | 68% | ▼ | 77% | 75% | ▼ | | | | 51% | 48% | ▼ |
| AE All | AUGUST 2021-22 | 95% | 77% | 72% | ▼ | 77% | 75% | ▼ | | | | 69% | 68% | ▼ |
| AE 12 hour | AUGUST 2021-22 | 0 | 6 | 6 | ▼▲ | 0 | 1 | ▲ | | | | 157 | 188 | ▲ |
| RTT - Incompletes | JULY 2020-21 | 92% | 55% | 55% | ▼ | 64% | 63% | ▼ | 69% | 66% | ▼ | 64% | 62% | ▼ |
| RTT 52+ week waiters | JULY 2020-21 | 0 | 5264 | 5436 | ▲ | 1098 | 1090 | ▼ | 2455 | 2532 | ▲ | 1561 | 1647 | ▲ |
| Diagnostics | JULY 2020-21 | 99% | 74% | 65% | ▼ | 39% | 40% | ▲ | 78% | 73% | ▼ | 68% | 68% | ▲ |
| Cancer 28 day faster diagnostic | JULY 2020-21 | 75% | | | | | | | | | | | | |
| Cancer 2 Weeks | JULY 2020-21 | 93% | 66% | 76% | ▲ | 79% | 80% | ▲ | 84% | 91% | ▲ | 83% | 71% | ▼ |
| Cancer breast symptomatic | JULY 2020-21 | 93% | 7% | 42% | ▲ | 0% | 8% | ▲ | 18% | 51% | ▲ | 57% | 91% | ▲ |
| Cancer 31 Day First | JULY 2020-21 | 96% | 94% | 94% | ▲ | 95% | 96% | ▲ | 95% | 97% | ▲ | 99% | 98% | ▼ |
| Cancer 31 Day Follow-up Drug | JULY 2020-21 | 98% | 100% | 100% | ▼▲ | 100% | 100% | ▼▲ | 100% | 100% | ▼▲ | 100% | 100% | ▼▲ |
| Cancer 31 Day Follow-up Surgery | JULY 2020-21 | 94% | 76% | 92% | ▲ | 100% | 90% | ▼ | 87% | 88% | ▲ | 98% | 100% | ▲ |
| Cancer 31 Day Follow-up Radiotherapy | JULY 2020-21 | 94% | 98% | 99% | ▲ | 100% | 100% | ▼▲ | 100% | 99% | ▼ | 97% | 98% | ▲ |
| Cancer 62 Day Urgent | JULY 2020-21 | 85% | 66% | 64% | ▼ | 87% | 75% | ▼ | 75% | 71% | ▼ | 69% | 68% | ▼ |
| Cancer 62 Day screening | JULY 2020-21 | 90% | 0% | 0% | ▼▲ | 33% | 0% | ▼ | 85% | 78% | ▼ | 86% | 79% | ▼ |
| Cancer 62 Day upgrade | JULY 2020-21 | 85% | 78% | 78% | ▼ | 93% | 95% | ▲ | 75% | 81% | ▲ | | | |

# Performance composite measures

| | | | RDEFT (Eastern) | | | NDHT (northern) | | | UHP(western) | | | TSDFT(Southern) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date range | Target/Plan | Previous | Latest | Change | Previous | Latest | Change | Previous | Latest | Change | Previous | Latest | Change |
| Reduced acute admissions (per 1,000 population) for ACS conditions (COPD and diabetes) | Jun 2020/21 | Lower is better | 1.49 | 0.38 | ▼ | 1.26 | 1.30 | ▲ | 0.74 | 0.84 | ▲ | 1.47 | 1.34 | ▼ |
| A&E rate per 1000 population | Jun 2020/21 | Lower is better | 9.72 | 9.49 | ▼ | 7.49 | 7.89 | ▲ | 6.08 | 5.93 | ▼ | 8.80 | 8.39 | ▼ |
| E-consult appointments | Jul 2021/22 | Higher is Better | 753 | 355 | ▼ | 260 | 133 | ▼ | 1680 | 709 | ▼ | 473 | 247 | ▼ |

| | | | 111 | | |
|---|---|---|---|---|---|
| | | | Previous | Latest | Change |
| 111 data on % referred to primary care | June 2020/21 | Higher is Better | 62.3% | 39.2% | ▼ |

| | | | Livewell SW | | |
|---|---|---|---|---|---|
| | | | Previous | Latest | Change |
| Increased number of people discharged to Home First | Aug 2021/22 | Higher is Better | 4996 | 1553 | ▼ |

| | | | Devon Partnership trust | | | Livewell Southwest | | | STP | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date range | Target/Plan | Previous | Latest | Change | Previous | Latest | Change | Previous | Latest | Change |
| Improve access rate to Children and Young Peoples Mental Health services | March | 35% | | | | | | | 42.9% | 42.9% | ▼▲ |
| People with severe mental illness receiving a full annual physical health check | Q3 2020-21 | 41% | | | | | | | 19.1% | 19.9% | ▲ |
| Perinatal Mental Health (women accessing services) | Q4 2020-21 | 7% | | | | | | | 5.5% | 5.8% | ▲ |
| IAPT Roll out (access) | Q4 2020-21 | 7.1% (quarter) | 5.0% | 5.5% | ▲ | 3.8% | 2.8% | ▼ | 4.2% | 4.7% | ▲ |
| Out of area placements | March | 0 | 3060 | 2750 | ▼ | 880 | 940 | ▲ | 3,965 | 3,805 | ▼ |
| Percentage of people on CPA who were followed up with in 7 days of discharge | March | 95% | 86% | 88% | ▲ | 100% | 100% | ▼▲ | 97% | 95% | ▼ |
| Percentage of MH Delayed transfers of care | March | 8% | 3.5% | 4.2% | ▲ | 6.9% | 4.9% | ▼ | 4.2% | 4.8% | ▲ |
| Proportion of adults in settled accommodation in contact with secondary mental health services | March | 60% | 76% | 76% | ▼ | | | | | | |
| Proportion of adults in contact with secondary mental health services in paid employment | March | 10% | 7.7% | 7.5% | ▼ | | | | | | |
| Adults CPA review within 12 months | March | 95% | 86% | 86% | ▼ | 96% | 97% | ▲ | 87% | 89% | ▲ |
| Percentage of discharges followed up within 48 hours | March | 95% | 76% | 87% | ▲ | 100% | 100% | ▼▲ | 83% | 89% | ▲ |
| IAPT - The percentage of people who are "moving to recovery" | March | 50% | 57% | 55% | ▼ | 56% | 52% | ▼ | 57% | 55% | ▼ |
| % of IAPT clients who started treatment within 6 weeks of referral | March | 75% | 97% | 98% | ▲ | 93% | 94% | ▲ | 95% | 96% | ▲ |
| Dementia diagnostic rate | March | 75% | | | | | | | 57% | 57% | ▲ |

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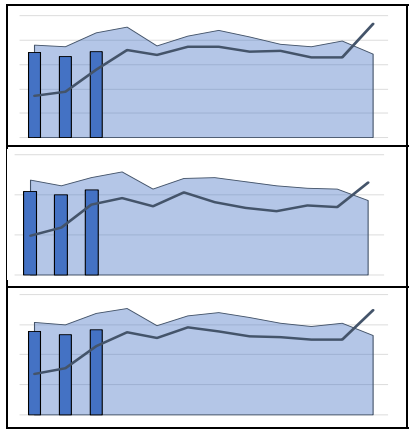
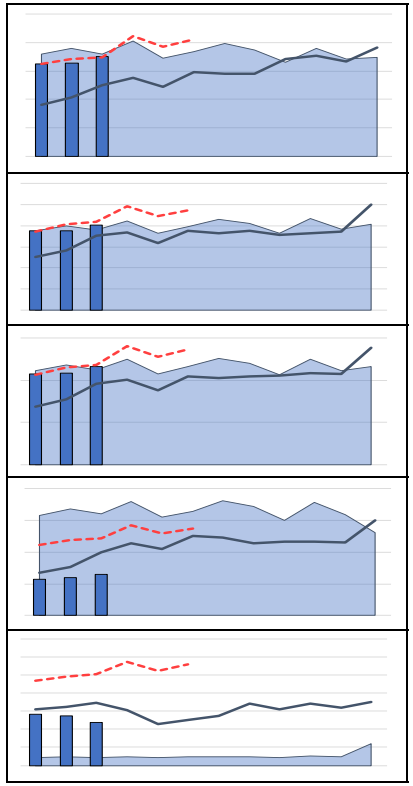
# Recovery / Activity

#TogetherForDevon

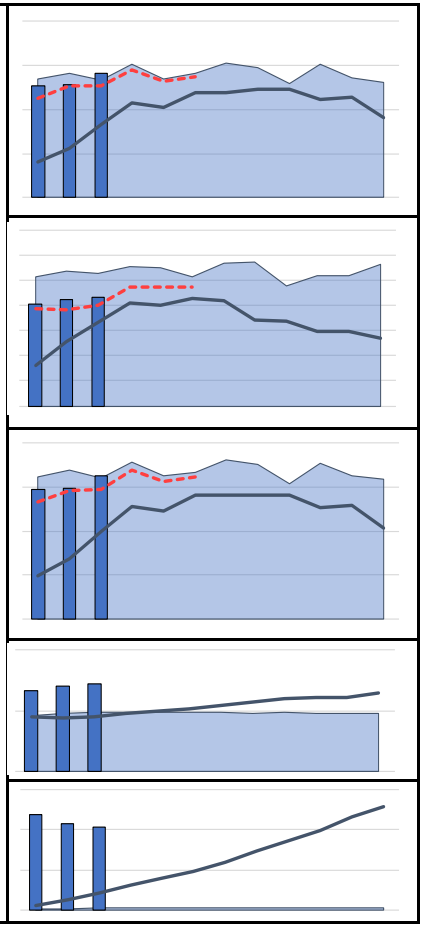
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEMAND | GP REFERRALS | 2019/20 | 18,912 | 18,664 | 21,395 | 22,588 | 18,834 | 20,849 | 21,945 | 20,686 | 19,160 | 18,555 | 19,719 | 17,129 |
| | | 2020/21 |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



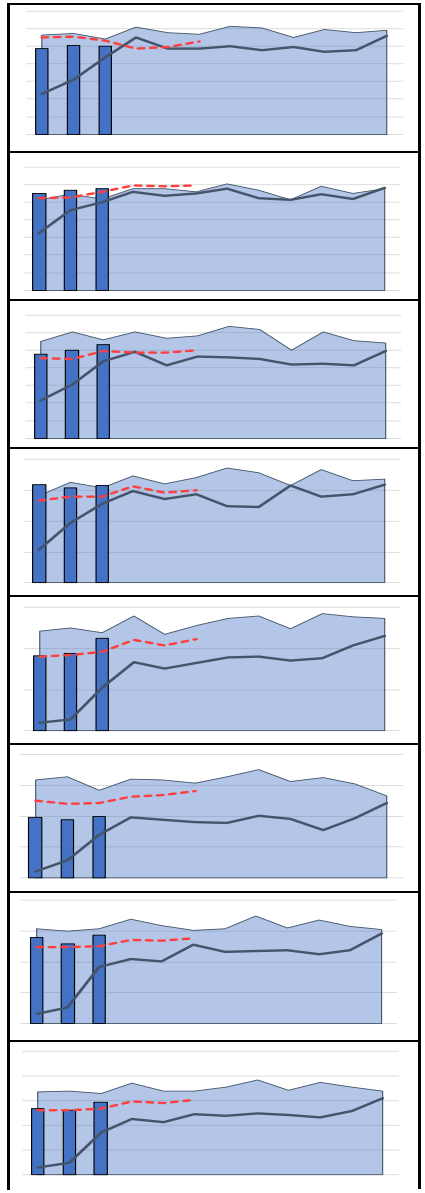
| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OUTPATIENTS | Consultant led first outpatient attendances | 2019/20 | 36,047 | 37,903 | 35,832 | 40,596 | 34,665 | 36,709 | 39,826 | 37,519 | 33,033 | 38,045 | 34,127 | 34,791 |
| | | 2020/21 | 17,965 | 20,544 | 25,081 | 27,533 | 24,492 | 29,621 | 29,107 | 29,134 | 34,145 | 35,346 | 33,318 | 38,322 |
| | | Plan | 32,569 | 34,175 | 34,903 | 42,460 | 38,601 | 41,152 | | | | | | |
| | | 2021/22 | 32,556 | 32,814 | 35,008 | | | | | | | | | |
| | | Plan vs 19/20 | 90% | 90% | 97% | 105% | 111% | 112% | | | | | | |
| | | Actual vs 19/20 | 90% | 87% | 98% | | | | | | | | | |
| | Consultant-led follow-up outpatient attendances | 2019/20 | 74,917 | 79,688 | 76,240 | 84,618 | 73,046 | 79,254 | 86,105 | 82,389 | 73,141 | 87,013 | 76,991 | 81,548 |
| | | 2020/21 | 50,368 | 56,401 | 70,669 | 73,249 | 63,795 | 75,207 | 73,048 | 75,411 | 71,489 | 72,741 | 74,331 | 99,976 |
| | | Plan | 74,250 | 81,349 | 83,464 | 98,044 | 88,909 | 94,829 | | | | | | |
| | | 2021/22 | 75,150 | 75,260 | 80,590 | | | | | | | | | |
| | | Plan vs 19/20 | 99% | 102% | 109% | 116% | 122% | 120% | | | | | | |
| | | Actual vs 19/20 | 100% | 94% | 106% | | | | | | | | | |
| | Total Outpatient attendance | 2019/20 | 110,964 | 117,591 | 112,072 | 125,214 | 107,711 | 115,963 | 125,931 | 119,908 | 106,174 | 125,058 | 111,118 | 116,339 |
| | | 2020/21 | 68,333 | 76,945 | 95,750 | 100,782 | 88,287 | 104,828 | 102,155 | 104,545 | 105,634 | 108,087 | 107,649 | 138,298 |
| | | Plan | 106,819 | 115,524 | 118,367 | 140,504 | 127,510 | 135,981 | | | | | | |
| | | 2021/22 | 107,706 | 108,074 | 115,598 | | | | | | | | | |
| | | Plan vs 19/20 | 96% | 98% | 106% | 112% | 118% | 117% | | | | | | |
| | | Actual vs 19/20 | 97% | 92% | 103% | | | | | | | | | |
| | Total outpatient attendances - Face to face | 2019/20 | 158,653 | 168,235 | 160,210 | 179,794 | 155,885 | 164,882 | 180,844 | 171,837 | 150,710 | 178,111 | 158,845 | 131,239 |
| | | 2020/21 | 67,109 | 76,713 | 99,542 | 114,575 | 104,735 | 125,517 | 123,298 | 114,651 | 116,161 | 116,498 | 115,504 | 150,877 |
| | | Plan | 111,454 | 118,714 | 122,417 | 142,331 | 129,383 | 137,122 | | | | | | |
| | | 2021/22 | 57,841 | 59,624 | 64,974 | | | | | | | | | |
| | | Plan vs 19/20 | 70% | 71% | 76% | 79% | 83% | 83% | | | | | | |
| | | Actual vs 19/20 | 36% | 35% | 41% | | | | | | | | | |
| | Total outpatient attendances - Telephone/Virtual | 2019/20 | 4,466 | 4,888 | 4,450 | 5,026 | 4,492 | 4,588 | 5,000 | 4,882 | 4,441 | 5,342 | 4,982 | 11,853 |
| | | 2020/21 | 30,793 | 32,160 | 34,512 | 30,537 | 23,029 | 25,126 | 27,518 | 34,272 | 30,773 | 34,146 | 31,745 | 35,177 |
| | | Plan | 47,017 | 49,130 | 50,537 | 57,143 | 52,266 | 55,832 | | | | | | |
| | | 2021/22 | 28,368 | 27,167 | 23,770 | | | | | | | | | |
| | | Plan vs 19/20 | 1053% | 1005% | 1136% | 1137% | 1164% | 1217% | | | | | | |
| | | Actual vs 19/20 | 635% | 556% | 534% | | | | | | | | | |



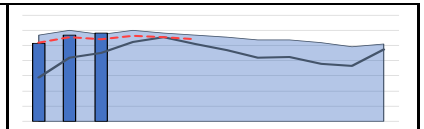
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ELECTIVES | Total Elective Admissions - Day Case | 2019/20 | 13,510 | 14,183 | 13,382 | 15,103 | 13,542 | 14,106 | 15,270 | 14,716 | 12,966 | 15,130 | 13,647 | 13,031 |
| | | 2020/21 | 4,124 | 5,595 | 8,287 | 10,711 | 10,264 | 11,933 | 11,970 | 12,349 | 12,330 | 11,117 | 11,449 | 9,035 |
| | | Plan | 11,343 | 12,681 | 12,746 | 14,571 | 13,208 | 13,769 | | | | | | |
| | | 2021/22 | 12,725 | 12,796 | 14,106 | | | | | | | | | |
| | | Plan vs 19/20 | **84%** | **89%** | **95%** | **96%** | **98%** | **98%** | | | | | | |
| | | Actual vs 19/20 | **94%** | **90%** | **105%** | | | | | | | | | |
| | Total Elective Admissions - Ordinary | 2019/20 | 2,571 | 2,685 | 2,624 | 2,775 | 2,754 | 2,568 | 2,848 | 2,870 | 2,379 | 2,579 | 2,583 | 2,803 |
| | | 2020/21 | 801 | 1,289 | 1,665 | 2,055 | 2,005 | 2,127 | 2,087 | 1,697 | 1,683 | 1,474 | 1,482 | 1,352 |
| | | Plan | 1,927 | 1,907 | 2,002 | 2,369 | 2,373 | 2,369 | | | | | | |
| | | 2021/22 | 2,025 | 2,114 | 2,165 | | | | | | | | | |
| | | Plan vs 19/20 | **75%** | **71%** | **76%** | **85%** | **86%** | **92%** | | | | | | |
| | | Actual vs 19/20 | **79%** | **79%** | **83%** | | | | | | | | | |
| | Total Elective Admissions | 2019/20 | 16,081 | 16,868 | 16,006 | 17,878 | 16,296 | 16,674 | 18,118 | 17,586 | 15,345 | 17,709 | 16,230 | 15,834 |
| | | 2020/21 | 4,925 | 6,884 | 9,952 | 12,766 | 12,269 | 14,060 | 14,057 | 14,046 | 14,013 | 12,591 | 12,931 | 10,387 |
| | | Plan | 13,270 | 14,588 | 14,748 | 16,940 | 15,581 | 16,138 | | | | | | |
| | | 2021/22 | 14,750 | 14,910 | 16,271 | | | | | | | | | |
| | | Plan vs 19/20 | **83%** | **86%** | **92%** | **95%** | **96%** | **97%** | | | | | | |
| | | Actual vs 19/20 | **92%** | **88%** | **102%** | | | | | | | | | |
| | RTT Incomplete pathways | 2019/20 | 92,215 | 95,238 | 96,319 | 96,979 | 98,176 | 97,636 | 97,368 | 96,283 | 96,899 | 95,777 | 96,157 | 94,760 |
| | | 2020/21 | 90,579 | 88,030 | 90,090 | 94,617 | 99,428 | 103,521 | 108,999 | 114,168 | 120,683 | 121,377 | 122,332 | 128,734 |
| | | 2021/22 | 133,890 | 139,801 | 143,499 | | | | | | | | | |
| | | Growth vs 19/20 | **45%** | **47%** | **49%** | | | | | | | | | |
| | RTT 52 Week wait | 2019/20 | 203 | 188 | 234 | 268 | 361 | 356 | 338 | 328 | 286 | 294 | 237 | 293 |
| | | 2020/21 | 618 | 1,228 | 2,166 | 3,124 | 3,942 | 4,796 | 5,972 | 7,413 | 8,626 | 9,856 | 11,665 | 12,916 |
| | | 2021/22 | 11,918 | 10,809 | 10,378 | | | | | | | | | |
| | | Growth vs 19/20 | **5771%** | **5642%** | **4329%** | | | | | | | | | |

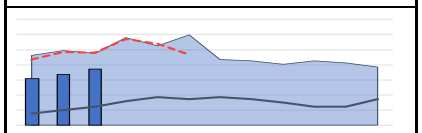


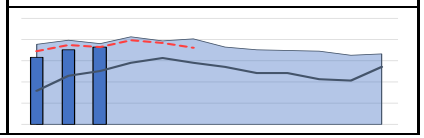
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DIAGNOSTIC TESTS | MAGNETIC RESONANCE IMAGING | 2019/20 | 5,655 | 5,705 | 5,423 | 6,099 | 5,773 | 5,682 | 6,128 | 6,040 | 5,517 | 5,939 | 5,755 | 5,887 |
| |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

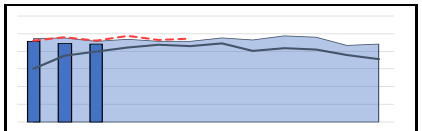


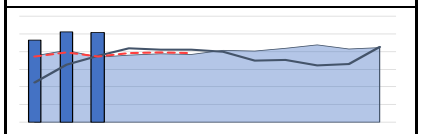
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A&E | TYPE 1 & 2 | 2019/20 | 28,522 | 30,086 | 28,559 | 29,922 | 29,139 | 28,329 | 27,862 | 26,878 | 26,935 | 26,021 | 24,551 | 25,560 |
| | | 2020/21 | 14,502 | 20,922 | 22,659 | 26,096 | 27,714 | 25,599 | 23,449 | 20,964 | 21,154 | 18,866 | 18,367 | 23,657 |
| | | Plan | 25,957 | 27,701 | 27,111 | 28,227 | 27,782 | 26,972 | | | | | | |
| | | 2021/22 | 25,622 | 28,467 | 29,165 | | | | | | | | | |
| | | Plan vs 19/20 | 91% | 92% | 95% | 94% | 95% | 95% | | | | | | |
| | | Actual vs 19/20 | 90% | 95% | 102% | | | | | | | | | |
| | TYPE 3 & 4 | 2019/20 | 9,256 | 9,832 | 9,552 | 11,599 | 10,485 | 11,978 | 8,681 | 8,554 | 8,041 | 8,524 | 8,265 | 7,684 |
| | | 2020/21 | 1,538 | 2,052 | 2,469 | 3,175 | 3,753 | 3,502 | 3,719 | 3,489 | 3,044 | 2,479 | 2,431 | 3,431 |
| | | Plan | 8,727 | 9,710 | 9,577 | 11,417 | 10,765 | 9,352 | | | | | | |
| | | 2021/22 | 6,184 | 6,686 | 7,448 | | | | | | | | | |
| | | Plan vs 19/20 | 94% | 99% | 100% | 98% | 103% | 78% | | | | | | |
| | | Actual vs 19/20 | 67% | 68% | 78% | | | | | | | | | |
| | TOTAL A&E ATTENDANCES | 2019/20 | 37,778 | 39,918 | 38,111 | 41,521 | 39,624 | 40,307 | 36,543 | 35,432 | 34,976 | 34,545 | 32,816 | 33,244 |
| | | 2020/21 | 16,040 | 22,974 | 25,128 | 29,271 | 31,467 | 29,101 | 27,168 | 24,453 | 24,198 | 21,345 | 20,798 | 27,088 |
| | | Plan | 34,684 | 37,411 | 36,688 | 39,644 | 38,547 | 36,324 | | | | | | |
| | | 2021/22 | 31,806 | 35,153 | 36,613 | | | | | | | | | |
| | | Plan vs 19/20 | 92% | 94% | 96% | 95% | 97% | 90% | | | | | | |
| | | Actual vs 19/20 | 84% | 88% | 96% | | | | | | | | | |
| NON ELECTIVE | +1 LENGTH OF STAY | 2019/20 | 9,470 | 9,536 | 9,128 | 9,384 | 9,156 | 9,095 | 9,484 | 9,271 | 9,726 | 9,606 | 8,668 | 8,852 |
| | | 2020/21 | 6,010 | 7,482 | 7,935 | 8,411 | 8,778 | 8,619 | 8,892 | 8,080 | 8,380 | 8,212 | 7,589 | 7,087 |
| | | Plan | 9,217 | 9,584 | 9,216 | 9,781 | 9,294 | 9,403 | | | | | | |
| | | 2021/22 | 9,139 | 8,872 | 8,842 | | | | | | | | | |
| | | Plan vs 19/20 | 97% | 101% | 101% | 104% | 102% | 103% | | | | | | |
| | | Actual vs 19/20 | 97% | 93% | 97% | | | | | | | | | |
| | ZERO DAY LENGTH OF STAY | 2019/20 | 3,766 | 4,057 | 3,690 | 3,806 | 3,880 | 3,819 | 4,050 | 4,017 | 4,195 | 4,392 | 4,154 | 4,203 |
| | | 2020/21 | 2,266 | 3,237 | 3,748 | 4,171 | 4,099 | 4,095 | 3,971 | 3,495 | 3,533 | 3,222 | 3,288 | 4,275 |
| | | Plan | 3,710 | 3,940 | 3,716 | 3,921 | 3,960 | 3,896 | | | | | | |
| | | 2021/22 | 4,643 | 5,108 | 5,089 | | | | | | | | | |
| | | Plan vs 19/20 | 99% | 97% | 101% | 103% | 102% | 102% | | | | | | |
| | | Actual vs 19/20 | 123% | 126% | 138% | | | | | | | | | |
| | TOTAL NON ELECTIVES | 2019/20 | 13,236 | 13,593 | 12,818 | 13,190 | 13,036 | 12,914 | 13,534 | 13,288 | 13,921 | 13,998 | 12,822 | 13,055 |
| | | 2020/21 | 8,276 | 10,719 | 11,683 | 12,582 | 12,877 | 12,714 | 12,863 | 11,575 | 11,913 | 11,434 | 10,877 | 11,362 |
| | | Plan | 12,927 | 13,524 | 12,932 | 13,702 | 13,254 | 13,299 | | | | | | |
| | | 2021/22 | 13,782 | 13,980 | 13,931 | | | | | | | | | |
| | | Plan vs 19/20 | 98% | 99% | 101% | 104% | 102% | 103% | | | | | | |
| | | Actual vs 19/20 | 104% | 103% | 109% | | | | | | | | | |
| CANCER | URGENT CANCER REFERRALS (2 WEEKS) | 2019/20 | 5,579 | 5,835 | 5,252 | 6,301 | 5,932 | 5,345 | 5,960 | 5,758 | 5,344 | 5,309 | 5,326 | 5,495 |
| | | 2020/21 | 2,256 | 3,480 | 4,609 | 5,362 | 4,890 | 5,522 | 5,629 | 5,477 | 5,401 | 4,757 | 4,967 | 6,295 |
| | | Plan | 6,228 | 6,398 | 6,052 | 6,866 | 6,237 | 6,179 | | | | | | |
| | | 2021/22 | 6,483 | 5,835 | 7,280 | | | | | | | | | |
| | | Plan vs 19/20 | 112% | 110% | 115% | 109% | 105% | 116% | | | | | | |
| | | Actual vs 19/20 | 116% | 100% | 139% | | | | | | | | | |
| | CANCER TREATEMENT VOLUMES (31 DAY FIRST) | 2019/20 | 911 | 953 | 852 | 1,029 | 912 | 933 | 1,002 | 930 | 849 | 973 | 778 | 1,049 |
| | | 2020/21 | 715 | 604 | 705 | 761 | 786 | 895 | 794 | 846 | 801 | 772 | 750 | 918 |
| | | Plan | 524 | 577 | 555 | 549 | 520 | 526 | | | | | | |
| | | 2021/22 | 828 | 638 | 859 | | | | | | | | | |
| | | Plan vs 19/20 | 58% | 61% | 65% | 53% | 57% | 56% | | | | | | |
| | | Actual vs 19/20 | 91% | 67% | 101% | | | | | | | | | |
| | PATIENTS WAITING 63+DAYS AFTER REFERRAL (62 DAY URGENT) | 2019/20 | 611 | 726 | 646 | 641 | 618 | 623 | 570 | 552 | 589 | 609 | 475 | 569 |
| | | 2020/21 | 621 | 708 | 549 | 404 | 381 | 413 | 458 | 448 | 549 | 533 | 483 | 513 |
| | | Plan | 428 | 467 | 461 | 436 | 426 | 421 | | | | | | |
| | | 2021/22 | 484 | 353 | 470 | | | | | | | | | |
| | | Plan vs 19/20 | 70% | 64% | 71% | 68% | 69% | 68% | | | | | | |
| | | Actual vs 19/20 | 79% | 49% | 73% | | | | | | | | | |

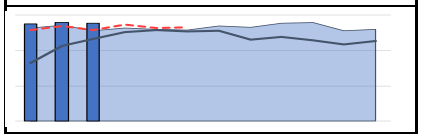


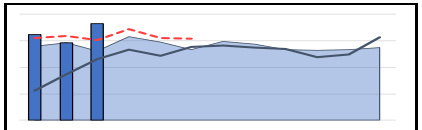


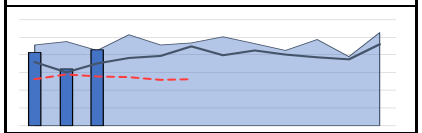


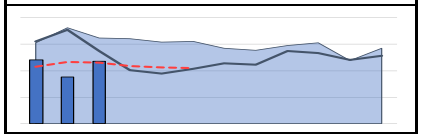












Together for Devon

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

# Locality update report

| | |
|---|---|
| **Locality:** | Plymouth |
| **Period covered by update:** | July 2021 |
| **Person completing template:** | Anna Coles |

## Key achievements/progress

**Delivery Highlights**

- Integrated Care Partnership Procurement work continues to ensure year 1 priorities align with current system pressures.
- Progressing the West End Health Hub - Schedule of accommodation in development further work required to clarify functions to be delivered in centre by UHP. Ongoing work on operating model and approach, community engagement supported by local community provider and through surveys. Benefits realisation work underway at pace to address feedback from visit by National team, drawing together economic and health outcomes for the facility including particular focus on social value. Weekly project board in place.
- Huddle with PCN CD's now monthly but using forum to work with clinicians on key locality challenges such as urgent and emergency care recovery, community mental health framework roll out, elective care restoration & recovery, self-harm presentations in young people. Sessions continue to ensure strong engagement with Primary Care locally, attended by UHP/LWSW/St. Luke's/LPC/LMC/LA. Attendees reviewed to ensure clinical representation from AHP's, MH specialists and Social Care.
- Work underway to develop Locality Clinical Forum with representation from Primary, Secondary Care and AHP's.
- Performance and Improvement Group meeting monthly bringing together quality and performance elements and sharing areas for escalation to LCP Executive and System Performance group. Key areas for escalation, Urgent and Emergency Care position including ambulance handover delays, primary care resilience across locality, UTC/MIU closures. System pressures response group developed and led by Michelle Thomas as nominated LCP Executive, work with Primary Care to consider additional capacity for Same Day emergency appointments and enhanced clinical pathways with secondary care for respiratory, cardiology and diabetes.
- UEC Locality Improvement Plan developed and shared with Regional Team. Ambulance Handover Improvement programme focussed on UHP and SWAST actions to compliment wider UEC plan.
- Urgent Care Board in place to ensure appropriate oversight of delivery and Programme Director in post to provide additional capacity to oversee changes.

Appointment made within UHP of Programme Manager to oversee ED Improvement work following CQC Report being published and support offered to UHP to assist with additional project management capacity if required.

- Locality system plan developed to inform key deliverables for each priority in 21/22 linked to the long term plan and additional capacity aligned to support delivery of priority areas.
- Workforce capacity stocktake reviewed across the locality, gap analysis and SWOT completed and shared with ICS lead. Proposal to support locality workforce campaign developed through City skills agenda and Economic Development approved by LCP Exec grp and extensive recruitment campaign launched across the City for Home care and reablement staff including recruitment through LWSW channel for reablement workers, use of NHSP support from UHP and PCC Dom Care campaign
- LCP Development session planned for September with external facilitation, Ann James is Exec Lead.

**Local Care Partnership Delivery Group**

- Board continues to meet monthly and is overseeing a number of key developments:
    - Establishment and delivery of the Homelessness Prevention Programme, Board and Homelessness Prevention Partnership
    - Approval and roll out of the Community Empowerment Framework
    - A Bright Future - A new strategic plan for Children and Young Peoples Services
    - Developing a plan to delivering “Building a Compassionate and Caring City”
    - Developing Primary Care resilience
    - Locality system plan detailing LCP Priorities, workstreams, leads, success indicators and governance
    - Development of the locality Estates Strategy
    - Development of local workforce initiatives alongside ICS workforce strategy
    - Fair Shares proposals and plans
    - Engagement and communication plans for LCP
    - Alignment and delivery of the workstreams identified within the Integrated Care Partnership programme

- Support now in place to help coordinate and develop the programme of work for the LCP.
- Fair Shares stocktake of proposals to be shared at LCP delivery group to track progress and identify further opportunities.

## Proposed Leadership arrangements

Together For Plymouth (TFP) Exec Group meeting monthly and Membership includes

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

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

Primary Care Involvement continues to develop, the local huddles have been reviewed and refined following engagement with the new Collaborative Board Chair, there is representation at the LCP Delivery and Executive Groups and a joint clinical forum between Primary and Secondary care is in place to support the redesign and transformation of care pathways across the system. Further work is underway to ensure appropriate clinical leadership at Locality level supported by Clinical Advisors for the Locality.

## Key priorities for the next three months

Priorities for the next three months:

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

## Issues of concern or risk

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

## Support required and/ or barriers to progress

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

**4**

NHS Devon Clinical Commissioning Group

Locality update report

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

## Key achievements/progress

**Plymouth:**

- West End Wellbeing Centre - Model of Care project progressing at pace, based on stakeholder engagement, population needs and strategies. Outline business case in draft. Engagement with NHS England regarding progress.
- Continued work of Programme Director to support delivery of UEC Improvement agenda for Western system
- Tactical system support for Primary Care provider in the City
- Plymouth LCP Executive maintaining focus on whole system pressures agreeing rapid initiatives to address current demands across primary care, secondary care, community services, social care and wider provider market.
- Recruitment on Health & Care link worker from DWP agreed to work alongside Health and Care Skills co-ordinator, both roles focussing of increasing recruitment of community health & care workers
- LWSW recruitment of additional reablement workers underway.
- Discharge to Assess review completed, Social Care and Community Therapy presence returned to acute hospital to improve pathway determination, work underway to improve bed bureau function for Plymouth, maximising use of capacity available.
- Tactical command approach in place for community provision to reduce over prescribing of care, maximise use of voluntary sector and manage finite Domiciliary Care capacity in Plymouth.

**Plymouth & West Devon**

- COVID vaccination programme continues to demonstrate positive examples of integrated working between PCNs, community and acute providers and commissioners delivering strong rates of vaccination with further work to implement outreach for those cohorts with lower uptake rates and needing alternative offers
- Independent Sector (IS) providers working well with the NHS and supporting treatment of long wait patients.
- Planning started as a system for the 2021/22 operating plan and Phase 4 Recovery and Restoration.

- Updates and proposed investment areas taken through Plymouth LCP Delivery Group for consideration, with same process through West LCP.
- Revised arrangements for monthly system Huddles joining with Collaborative Board with agreed key themes per session
- Development of an agreed system wide urgent and emergency care recovery plan addressing demand, flow and capacity throughout the urgent care process. This also encompasses Cornish solution.
- Set up at short notice further patient hotel and blocked care home beds to avoid any hospital discharge delays for G7 and the summer period.
- System Pressures – Primary Care Summit held with system partners; key priority plan agreed and being implemented.
- Recruitment of Population Health Management Coordinators for the Localities

**West LCP**

- The LCP workplan development is in progress with a review currently taking place of existing work against ICS themes/LTP deliverables to understand gaps or areas for prioritisation/effectiveness of current plans
- Public Health Intelligence pack being re refreshed to include all areas of the West LCP by LSOA (Local Super Output Area) to ensure inclusion of populations that fall into Mewstone PCN and Beacon Medical Practice. Previous pack only covered the population of West Devon PCN. Boundary map refreshed and agreed by LCP delivery group in August.
- Next LCP delivery will collectively review PH intelligence, high level performance data and summary of current workplans/projects to make recommendations on key priorities and potential associated programmes of work for further engagement and endorsement by the LCP Exec Group
- Development of performance information summary for high level review of priority areas commenced
- Initial engagement with Voluntary Sector Alliance meetings planned for Sept 2021

**Key priorities for the next three months**

**Plymouth:**

- Finalising the Model of Care project and engagement for the West End Wellbeing Centre to support development of Business Case and transitioning to the next phase of planning including Collaborative and Integrated Working
- Completion of patient engagement of three surgeries linked to the Wellbeing Centre and its evaluation
- Closure of Estover Surgery and the registration of patients at an alternative health centre

**West Devon:**

- Develop high level information to include all available intelligence for LCP Exec group review (October 2021)
- Delivery group tasked with an exercise to map the respective priorities driven by the operational and long-term plans.
- Development of the emerging themes and priorities and finalisation of a first draft workplan and locality profile.

- Develop Comms and engagement plan to support the above
- Scoping exercise from Public Health intelligence through Delivery group focussing on areas for priority focus and action likely including Dementia, Frailty, Diabetes, Obesity & Fuel Poverty.

**Plymouth/West Devon:**

- Embedding the governance for the Integrated Care Partnership with system governance
- Delivery against Urgent Care Locality improvement plan to address key performance challenges including ambulance handover delays and ED improvement recommendations and commence delivery against priorities
- Further develop Performance and Improvement group for LCPs
- Supporting the pathway groups within the ICP in their planning and implementing transformation
- Review of the use of care home placements for 'Discharge to assess' to understand changes in utilisation and ongoing requirements to support market management work.
- Informing and implementing the next phase of Population Health Management as part of the Devon programme
- Agreement of use of Equity Funding investments in line with key areas agreed by LCP Delivery Group
- Continued locality actions and planning in partnership with Public Health and Local Authority to ensure a sustainable COVID vaccine delivery programme which does not exacerbate health inequalities.
- Continuation and further development of work for Place based Population Health Management when appropriate for both LCPs (timetable for which has been amended given service pressures and operational priorities)
- Aiming to treat elective patients according to clinical need and secondly by priority. Additional capacity coming on line over the next few months to include modular theatre provision and outsourcing support.
- Locality involvement in Devon-wide Operational Planning
- Implementation of Phase 3 booster

**Issues of concern or risk**

- Staffing capacity across the commissioning team to manage priorities and operational demand including increased reporting requirements; further recruitment planned to fill vacancies
- Workforce capacity across all Providers including nursing, domiciliary care, pharmacy, voluntary sector, particularly in relation to clinical staff and the necessity for recovery as a result of the impact felt from the period of the pandemic
- Cornwall capacity across community specifically Care Home provision which impacts on UHP Length of delay performance.
- PCNs may not be able to recruit to additional roles affecting their ability to deliver the DES requirements
- PCNs ability to continue vaccination programme albeit with sign-up ranging from nil to all stages.
- Reduced uptake of booster due to limited sign-up from primary care
- Urgent care demand impacting on the restoration of planned care services.

- Clinical workforce capacity at MMG which, whilst not the only GP practice dealing with high levels of demand, is also experiencing significant difficulties recruiting GPs.
- Any further delay to PH intelligence for West LCP
- Ability to ensure full engagement from clinical and operational colleagues given current and ongoing pressures.

**Support required from CCG/system or barriers to progress**

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# Locality update report

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

## Key achievements/progress

**Local Care Partnership (LCP) development:**
The Executive Group are clear with our ambition to move the LCP forward and ensuring that we have robust arrangements in place for delivery and performance. At present we have an Executive Group, a Delivery Group and a Performance Group in place and are taking stock of what gaps exist in our architecture to support delivery and oversight of the respective programmes of work. An update is being taken back to the Executive Group in early October. The group also signed off an approach to Communication & Engagement in August.

Work continues in support of this through the Delivery and Performance Groups which seeks to clarify and test the arrangements we currently have in place and how they might continue to evolve with local system partners. Work is also underway in relation to the specific areas of focus agreed including self-harm, suicide prevention and the experience of and outcomes for children in care, with a set of proposals being developed. These will focus on how we can build on what already exists but extend/improve by working collaboratively to consider potential impact and what it would take to achieve. A couple of sessions also took place which seek to develop our approach to tackling the current system pressures and a plan to de-escalate and build toward a 'best week' later this month.

**Local system:**
The local health and care system is significantly challenged at present with increased activity being experienced on most fronts, particularly in relation to Primary and Urgent care. The workforce challenges and the impact of the current situation, particularly in relation to isolation requirements are still being felt particularly across the independent provider market. This is being taken forward through a refocus to the South Local Care Partnership Delivery Group and South Urgent Care Group this month, alongside accessing support through NHS England & Improvement.

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

- **Urgent Community Care:**

The south locality continues to work toward bringing the Newton Abbot Urgent Treatment Centre (UTC) up to the requirements of the national specifications including IT frameworks. The CCG also gathered feedback on the workforce competencies and framework for blood testing in UTCs developed by the Devon wide groups. The UTC has seen unprecedented numbers of attendances in recent weeks and has created more capacity in waiting space and clinical areas to manage this increase.

- **Urgent Community Response (UCR):**

The service is now accessible through a Single Point of Access telephone number. This has been promoted to SWASFT paramedics with early positive feedback about its ease of use. A specification has been developed to procure 600 extra hours of domiciliary care (300 in each of Torbay and South Devon) which will allow the service to grow and provide an alternative to ambulance conveyance to ED and potentially admission.

- **Improved discharge co-ordination:**

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

- **Market Management**

Work with local authority partners to continue to develop modelling and visibility of current supply and demand, and toward a consistent picture for the whole locality continues. Working with local providers, mindful of the current challenges to secure sufficient capacity to meet anticipated demand and the associated impact and risks.

- **Winter Planning:**

A working group has been established to further develop our locality winter plan with schemes identified to support social care and escalation arrangements being considered and reviewed. This will be part of period of challenge and scrutiny of each areas level of preparedness and tested to achieve collective assurance against a set of nationally developed key lines of enquiry (KLOEs).

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

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

**Spirometry Service:**
Work is underway with consideration being given to the best/most appropriate model of provision for spirometry moving forward. Pre COVID-19, tests were carried out in primary care at practice level, with potential proposals being discussed in relation to this arrangement continuing alongside possible alternatives. Dependent upon which is

agreed, appropriate specifications would be developed as required with further discussions to be had at the September Respiratory Oversight Group.

## Current Leadership arrangements

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

## Key priorities for the next three months

The key priorities for the next three months include:

1. Working with Primary Care, T&SDFT and system partners to better understand and develop alternatives in light of the significant challenge and current levels of demand being experienced. This includes focus on areas including workforce, discharge and securing sufficient capacity with local providers.
2. The further development of the Local Care Partnership, finalising the communication and engagement plan, and working with local system partners on the arrangements to support delivery against the local priority ambitions, the Operating Plan and Long-term plan.
3. Further developing and embedding Local performance oversight and improvement arrangements.
4. Delivering the Urgent Community Care programme with a focus on Newton Abbot Urgent Treatment Centre and enhanced minor injuries services.
5. Delivery of Urgent Community Response with sufficient capacity to provide an alternative to admission.
6. Finalisation and delivery of the Locality Winter Plan
7. Development of locality market management plan in conjunction with local authorities
8. Launch Population Health Management across the South Local Care Partnership from September.
9. Working with ICS system leads to ensure that the prevention, planned care and mental health areas which require locality level support are prioritised and resourced appropriately.
10. Confirming, by the end of September 2021, the Diabetes Local Implementation Group plans to address the 5 priority areas and associated utilisation of NHS England & Improvement (NHSE/I) funding available.
11. Confirming with the South Respiratory Local Implementation Group (LIG) its workplan and key high priority areas for focus and delivery.

## Issues of concern or risk

The main areas to consider are:

- the workforce capacity, resilience, and ability to maintain focus in balancing the competing demands in relation to incident response, significant operational

challenges, the restoration of services, development of place-based arrangements and delivery against the long-term plan.
- Workforce pressures and capacity across local providers with particular challenges in relation to clinical staff and the necessity for recovery as a result of the impact felt from the period of the pandemic.
- Impact of visitors, changes in COVID-19 restrictions and the winter period ahead placing additional pressures on all parts of the system with record attendances through the Emergency Department and circa 20% increases in primary care contacts.

**Support required and/ or barriers to progress**

- None at present.

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# Locality Update Report

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|---|---|
| **Locality:** | Eastern Devon |
| **Period covered by update:** | August-September 2021 |
| **Locality Director:** | Tim Golby |

## Key achievements/progress

**Urgent and Emergency Care**

- The Devon system has experienced sustained levels of demand throughout the summer months, with all areas of the urgent and emergency care sector challenged including Royal Devon & Exeter NHS Foundation Trust (RDEFT). Incident management processes have been stood back up and RDEFT have worked closely with system partners to provide assistance and flexibility where possible.

- Work has begun to develop a system urgent care plan, drawing the plans from the Local Care Partnership partners together into one specified plan template.

- The Eastern Locality Delivery Group has agreed as a system how the allocation of the Better Care Fund Winter Pressures Grant 2021/2022 will be prioritised in alignment with the national specified criteria. A proportion of the allocation will be spent on securing additional social care capacity in the form of beds, personal care and 1 to1 care for people with dementia, the remainder of the fund has been apportioned by Primary Care Networks and Community Services teams to be spent on specific priorities: clinical support to winter beds, GP support to Urgent Community Response (UCR), enhance multi-disciplinary team working including increased social care capacity to manage increased volumes of referrals, early/prompt visiting from primary care and coordinated response to safe admission avoidance.

- The review of Community Urgent Care in North and East Devon has continued, with the phase one review being presented to the Eastern Locality Delivery Group and other executive meetings. Discussions include the potential for a co-located Urgent Treatment Centre (UTC) on the RDEFT Wonford site, uplifting the existing unit in Tiverton to a UTC, and a UTC costing model. The next key step will be engagement locally regarding this direction, and conversations are ongoing with engagement leads about this. The Joint Executive Team has approved the direct award of a new contract to existing providers until September/October 2023 whilst the review work continues.

**Community Services and Flow**

- There has been a Devon-wide focus on discharge over the summer months in response to Covid surge. Daily Devon calls have been scheduled and each locality is providing detailed information about pathways 1-3 discharges and escalating key issues/areas for support

- Additional personal care capacity has been purchased as part of a wider Devon County Council personal care sufficiency to facilitate the increase of pathway 1 discharges and reduce UCR backfill.

- The community services contracts programme has been developed, working jointly across both North and East. The programme will undertake service transformation through review of current delivery and working with best practice models locally and nationally. The programme will be led from an Eastern perspective by Zoe Harris, Division Director of Community Services from RDEFT.

- A development plan will be implemented for the first two years of the contract term, beginning in October 2021, in line with the break clause decision made by the Governing Body. Within the first two years, service transformation will be well progressed, performance and quality reporting will be improved, and the services delivered will be well understood.

- Commissioners continue to work closely with system partners to understand the usage and local requirements of each of the community hospital sites in the locality.

- A North/East Locality Diabetes delivery group has been formed and will meet bimonthly to support transformation.

**Prevention**

- The Devon-wide Population Health Management (PHM) roadmap business case has been approved by the Integrated Care System for Devon and locality teams are now working on local implementation.

- The Eastern Locality Prevention Workstream has agreed its terms of reference and will meet monthly, focusing on the selected three priorities which are:

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

- An intervention is being designed by the workstream around unpaid carers.

- The Local Care Partnership is designing a conference for 26th November 2021 and the focus will be the prevention priorities.

- Localities have interviewed for PHM coordinator roles. There will be one role in East and one in North. These roles will join the commissioning teams and work

with clinical leads to drive forward the PHM workplan and local prevention workstream. Additional data analyst support has also been approved centrally.

- A next steps for PHM workshop will be held in each Locality in preparation for the formal action learning sets.

**Mental Health**

- Locality Change Coordinators for the Community Mental Health Framework have just started in post in North and East and will be meeting with the Locality leads to align work plans.

## Key priorities for the next three months

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

## Issues of concern or risk

- None to raise.

## Support required and/ or barriers to progress

- The need for an on-going staffing capacity to support and co-ordinate locality development and delivery, particularly in relation to urgent care.
- Managing the demands of covid incident response alongside the daily developmental work within the LCP

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# Locality Update Report

| | |
|---|---|
| **Locality:** | Northern Devon |
| **Period covered by update:** | August- September 2021 |
| **Report prepared by:** | Tim Golby |

**Key achievements/progress**

1. **One Northern Devon:**

- The 'Wellbeing at Work' programme, in conjunction with the Youth Flow DWP funded project, continues to work with a Barnstaple based motor repair company and Bideford College. Youth Flow opportunities at Royal Marines Chivenor continue to be discussed. Funding opportunities to support the growth of this programme are still being explored through OND and funding for the Youth Flow project has been extended.
- A 'Mental health and Physical Activity' programme will provide education and upskilling of DPT and PCN based staff, focusing initially on those working with patients with Serious Mental Illness (SMI) across the system. Devon Training Hub's new 'Personalised Care Programme' will host for training as a core module with PHE led training booked for September for 20 of DPTs acute ward staff. An interventional workshop is being planned with local system experts and a suite of e-resources being developed with DPT's training and development team.
- The Active Travel group are preparing a list of principles to discuss with Local Planning Officers on the review of the North Devon and Torridge Local Plan, which aims to ensure future developments have a positive impact on local communities.
- The 'Our Future Hospital' delivery group will present at the next group meeting.
- A cross system working group has been formed between NDHT chronic pain team, PCN representatives and the CCG to explore and develop how to increase community located support for people with fibromyalgia.
- Funding for the High Flow work programme has been secured by partners of OND until March 22. A evaluation report has been commissioned to support a request for statutory partners to include funding in their budget planning for 2022/23 onwards.

2. **Minor Injury Unit (MIU):**

- Bideford and Ilfracombe MIUs remain closed with patients being re-directed to several other providers within the northern system including GP's offering the MIU LES. Work is underway to establish a way forward from 1st September 2021 when the summer capacity agreements are due to end. The work will be system based with Primary care and Commissioners supporting the development and aiming to co-produce solutions with key local stakeholders.

3. **Population Health Management (PHM):**

- An appointment has been made for the PHM coordinator in East, a further update will be provided once formal referencing has concluded. The post in North will be readvertised, discussions are underway with HR regarding timescales for re-advertisement and interviews.

## 4. Primary Care Collaborative Board (PCCB):

At July's development session the NPCCB agreed the following priorities areas, alongside Elective Care Recovery;

- Population Health Management
- Community Urgent Care
- Community Mental Health Framework
- Care of the Elderly/Anticipatory Care

## 5. Spirometry

- Concerns have been raised by both Primary and Secondary Care in relation to completing Spirometry tests. Primary Care are referring patients into the acute trust due to not having the required staffing or capacity which is adding pressures to Secondary Care. The trust is reporting a high level of inappropriate referrals and additional wait times due to not understanding the patient's pathway requirements at the time of referral. The locality is starting to work on understanding the needs in this area with a view to developing a workable way forward at pace.

## 6. Better Care Fund (BCF)

- Bids have been received from Primary Care and NDHT for a portion of the £600k BCF Winter money. The schemes include:
  1) Acute/early intervention Care Home & Cared for At Home Primary Care Urgent Visiting Service
  2) Winter hospital discharge block booked beds
  3) Winter hospital discharge personal care scheme
  4) Winter night sits
  5) Inpatient Therapy resource for weekend discharge
  6) Pathfinder
  7) Pharmacy (Sunday hours)

The schemes were approved by the Northern Integrated Delivery Group on 3rd August 2021. Work is underway to establish a matrix to ensure the deliverable aims are measured throughout the scheme.

## 7. Awards

'Healthier and Happier Holsworthy' has been shortlisted and is in line for an award at the Chartered Institute of Public Relations (CIPR) Pride awards 2021 – South of England and Channel Islands. The awards ceremony is in October.

## Key priorities for the next three months

- Urgent Community Care (immediate pressures of MIU provision and longer-term planning of service provision)
- Spirometry
- Winter planning

Development of a more coordinated programme approach across the northern 'system' to progressing the locality work priorities around the 4 core themes of:

- Development and roll-out of the PHM programme and prevention
- Roll-out of the Community Mental Health Framework programme
- Development of the community services contract
- Planned care recovery

## Issues of concern or risk

NHS
Devon
Clinical Commissioning Group

## GOVERNING BODY

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

**Date of Governing Body:** 30th September 2021

**Date of Committee covered in this report:** 2nd September 2021

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

**Chair's Name and Title:** Judy Hargadon

**Contact Details:** judy.hargadon@nhs.net

**Recommendations brought to Committee for approval or agreement**

**The Primary Care Strategy report: Regular review**

It was noted that the Strategy metrics have been robustly scrutinised, by the Primary Care team, and updated for the year ahead to ensure alignment with the Primary Care Strategy. There will be a priority on making the metrics and interim measures well defined and achievable. There will be further development through the year.
**The PCCC approved** the proposed metrics with a caveat to add some local focus to national targets and refine any process metrics to make the expected outcomes more defined.

**Proposed Contract extension for Cranbrook medical Practice**

The Committee reviewed the proposed extension of contract for the incumbent provider, taking into account the strong evidence of its successful performance and the support of the local council.
**The PCCC agreed the extension of the contract and the procurement process for 2023.**

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

**Finance Report** The first report of the year details the financial position to the 31st July 2021. Two areas were highlighted:

1) GP forward view budgets for this year are having to be claimed from NHSE on a basis of spend. The first quarter has been committed but there is a small risk that, if this could not be proved in future months, some of the funding could be lost.
2) Operational financial issue challenges faced by General Practice and Commissioners, following the national handover of payments from the Open Exeter System to PCSE, now has sight of resolution for

the most significant issues. Payments to all practices are being checked to give assurance that all issues have been detected and remedied.

The **Risk Report was** discussed at the meeting and it was noted that there are 3 rapidly changing risks, 2 with regard to the covid pandemic and 1 the quality action plan progress taking place for Mayflower Group, which are being monitored weekly. The Primary Care Team's capacity to support procurement has improved with the addition of some new team members.

The **Deputy Director's report** flagged the formal ratings received from CQC for Mayflower Group, the progress of the primary care networks against the maturity matrix and the unprecedentedly high, prolonged pressure on General Practice across the county.

**GP Patient Survey findings – next steps**

Findings reported consistently high levels of patient satisfaction across Devon with many indicators showing results well above the national average. There are some areas of the results that require corrective action for which a plan has been devised involving 3 next steps:

1) Primary Care and Quality teams will work with top performing practices to identify themes and strong examples of "what good looks like". These themes can be translated into digestible "best practice" learning that can be shared widely.
2) The team will explore the possibility of direct support to particularly challenged practices, linking them with top performing practices in their vicinity for peer support and review.
3) Practices experiencing higher levels of patient engagement with online services, and suppliers of online services, will be consulted to ensure learning from the pandemic is captured and translated into strong guidance. A new public campaign for Devon is due to launch in the autumn promoting online GP services.

**The Committee supported the approach suggested by the PC Team**

**Activity Data**

The Committee were presented with an update on the on-going attempts to give assurance to data protection officers, with regard to the importance of collecting accurate Primary Care data for use in system workload understanding and support needs analysis, so that all practices will be confident to sign up to the data sharing agreement, which is operational in many other CCGs.

| **Recommendations for Governing Body** |
| --- |
| None |
| **Recommendations for other Committees** |
| None |
| **Terms of Reference or other committee effectiveness issues** |
| None |

Management of Conflict of interests:

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

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