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

MS Teams - refer to formal calendar invite for link to join

31 March 2022 09:30 - 31 March 2022 11:45

AGENDA

#	Description	Owner	Time
1	To note *Regular breaks will be taken during this meeting		
2	Patient Experience Verbal	Graham Flynn, CEO, Devon Insight	09:30
3	Welcome and apologies and questions from members of the public Verbal	Chair	09:50
4	Register of Interests (ROI) Paper DOI NHS Devon CCG Governing Body @ 16.03.20... 5	Chair	
5	Minutes of the last meeting and action log Paper 1 Draft Public GB minutes 24.02.docx 9 Master Action Log - PUBLIC v3 nc.xlsx 19	Chair	
6	Clinical Chair's Report Verbal	Clinical chair	09:55
7	Accountable Officer's Report Paper AO report March 22 v1.docx 20	Accountable Officer	10:05
8	PROGRAMME OF WORKS - items for recommendation, decision and assurance		
8.10	Devon Integrated Performance and Quality Report Paper Cover sheet IQPR GB.docx 32 Devon IPQR report FINAL GB March 2022 (1).pptx 35	Chief Nurse	10:15

#	Description		Owner	Time
8.20	Month 11 Finance Report Paper FPC_Report_FPC_Month 11_FINAL_2021-22 (GB... FPC_Report_FPC_Month 11_FINAL_2021-22 GB....	113 116	Finance Director	10:35
8.60	Integrated Urgent Care Service Paper IUCS Contract GB Cover Sheet.docx IUCS Procurement Paper Public Governing Body Fi...	133 136	Director of Commissioning - out of hospital	10:45
9	LOCAL CARE PARTNERSHIP (LCP) REPORTS Paper Governing Body Update - South LCP (February 202... ICS Exec Update Report - March 2022.docx Locality Update - Eastern Feb-Mar 2022.docx Locality Update - Northern Feb-Mar 2022.docx Plymouth-West Devon Locality Report for GB - Mar...	144 147 151 154 157	Locality Directors	11:00
10	ASSURANCE COMMITTEE CHAIRS' REPORTS including items of escalation		Assurance Committee Chairs'	
10.1	Finance Paper Finance Committee Chair Report March 2022 v1.do...	161		11:20
10.3	Primary Care Commissioning Paper PCCC Public Chair report - March 2022.docx	164		11:25
10.4	Quality Paper FINAL QAC Chair Report Part 1 17 March 2022.do...	166		11:30

#	Description	Owner	Time
10.20	Audit Verbal		11.35

Declaration of Interests Register - NHS Devon CCG Governing Body
Register updated and generated by the Governance Team - 16 March 2022

Register last updated 16 March 2022

Title	Surname	First name	Role or Position held with the CCG	Committees attended	Interests	Interests - Partner or Family	Date Interest from	Date Interest to	Date interest updated	Type of Interest	Is the interest direct or indirect?	Action taken to mitigate risks	Employer Organisation
	Allcorn	Darryn	Chief Nurse Caldicott Guardian	Member of Governing Body Member of Quality Assurance Committee Senior Leadership Team (SLT) Joint Executive Team Meeting Commissioning Committee (CC DOI) Member of Audit Committee Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Finance and Performance Committee	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		01/02/2022	Direct	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Appleby	Gaynor	Non Executive Lay Member (Allied Health Professional)	Member of Governing Body Member of Quality Assurance Committee Member of Remuneration and Workforce Committee Primary Care Commissioning Committee (PCCC)	CQC Specialist Advisor		01/11/2019		27/05/2021	Non Financial	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Atherton	Glynis	Non Executive Lay Member- Quality Geographical remit - Eastern	Member of Governing Body Member Quality Assurance Committee (Chair) Member Primary Care Commissioning Committee (PCCC) Member of Remuneration and Workforce Committee	Consultancy for FORCE cancer charity – not CCG funded but has a relationship with RD&E hospital Volunteer for Hospiscare, Exeter – helping at events and proof reading applications to charitable trusts Volunteer for University of Exeter – mentoring students Member of the Labour party Member of the Devon Ethical Reference Group		14/05/2019		18/01/2022	Financial / Non Financial Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Ball	Nick	Vice Chair/Non Executive Lay member - Finance and Governance. NHS Devon CCG Lay Member - Governance and Probity NHS Devon CCG Conflict of Interests Guardian for NHS Devon CCG Geographical remit - Western	Member of Governing Body (Vice Chair) Member of Audit Committee (Chair) Member of Finance and Performance Committee Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting	Appointed Chair of Audit Committee for NEW Devon CCG (Dec 2016) Director of the B4 project Director of Community Interest Company: 11319536 , Heavens Thunder C.I.C, Cornwall from 19 April 2018	Virgin Care (spouse/partner was a Portage Home Visitor to 2015)	22/09/2016		19/11/2020	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Brown	Steven	Director of Public Health (DCC)	Member of Governing Body Strategic Commissioning Partnership STP Directors ICS Partnership Board Primary Care Commissioning Committee (PCCC)	No interests declared		19/11/2020		19/11/2020				Devon County Council
	Chilcott	Ben	Associate Director of Finance	Strategic Medicines Optimisation Group Attendee of Finance and Performance Committee Planned Care Programme Board Primary Care Strategic Meds Group Senior Leadership Team (SLT) Member of Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) Member of Governing Body (Deputy for CFO) Member of Vacancy Control Panel Crediton Hub Project Group	CCG representative board member of Resound Health, Plymouth LIFT partner Member of ACRA (Advisory Committee on Resource Allocation) CCG representative shareholder for Delt School Governor for Tavistock Primary and Nursery School	Partner is employed by Livewell Southwest in position of influence	26/09/2017		02/02/2022	Non-Financial Personal Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Coles	Anna	Locality Director - Plymouth	Senior Leadership Team (SLT) Member of Governing Body (Deputy for Director of Commissioning) Strategic Commissioning Partnership	No interests declared		12/03/2019		22/10/2020				Plymouth City Council
	Coombes	Nikki	Senior Executive Assistant, Corporate Office	Attendee Governing Body Attendee Remuneration and Strategic Workforce		Close relative is Head of Implementation, Devon Doctors Group Clsoe Relative is Project Support Officer, NHS Devon CCG	12/08/2015		14/04/2021	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Davis	Alison	Non-Executive Director	Member of Governing Body Attendee Quality Assurance Committee Member of Remuneration and Workforce Committee Member Primary Care Commissioning Committee (PCCC)	Plymouth City Council – Foster panel Chair Torbay Council- Foster panel Chair (ended 28 Feb 2021) Pathway Care Fostering- Ashburton- Independent Reviewing Officer University of Exeter – student mentor Somerset County Council- casual employee		19/10/2019		22/03/2021	Personal, Professional & Financial	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Doble	Clare	Head of Governance Deputy Senior Information Risk Owner (SIRO)	Attendee of Audit Committee Quality Assurance Committee Primary Care Commissioning Committee (PCCC) Governing Body (ad hoc) Health and Safety Group Joint Chair Staff Partnership Forum Data Protection Steering Group	Member of Taunton & Somerset NHS Foundation Trust Godmother to member of governance team's daughter Trustee for Lyme Disease Action Charity (an accredited charity that offers information and advice to the public, patients and healthcare professionals in relation to lyme disease) Charity registration number: 1100448	Partner employed by NHS Devon CCG Daughter is an apprentice at one of the Devon GP practices	22/08/2017		02/07/2021	Non-Financial, Financial and Personal Interests	Indirect/ Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Dowell	John	Chief Finance Officer	Member of Governing Body Member of Finance and Performance Committee Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Commissioning Committee (CC DOI) Primary Care Commissioning Committee (PCCC)	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015		20/10/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

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

Dr	Kerr	Simon	Governing Body Clinical Lead – Eastern.	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Attendee of Audit Committee Member Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Eastern Locality Delivery Group	Chair of East Devon , Exeter and Mid Devon GP Members Forums GP Exec. Partner Coleridge Medical Centre Shareholder in Devon Health GP member of East Devon Health Federation GP Partner in Honiton , Ottery , Sidmouth Primary Care Network	Spouse works for Exeter Social Services	14/02/2017	28/04/2020	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Masters	Susan	Deputy Chief Nursing officer	Quality Assurance Committee (QAC) Member of Audit Committee Member fo Governing Body (Deputy for CNO) Member of Primary Care Commissioning Committee (PCCC) Member Vacancy Control Panel Senior Leadership Team (SLT)	Trustee Director of HQIP (Health Quality Improvement Partnership)		01/03/2021	24/08/2021	General Interest	indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	McCormick	Shelagh	Lead Clinical Representative (Western) – CCG Governing Body Strategic Clinical lead - Maternity Clinical Lead - Western Locality Clinical lead - Mental Health	Member of Governing Body Member of Quality Assurance Committee Member of QEIA Panel Member of Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) Member of Individual Packages of Care Panel (IPOC) Member of Local Maternity System (LMS) Board and Operational Committee	Elected member (and Deputy Chair from September 2019), South West Regional Council of BMA GP Appraiser (NHS England) Shareholder GlaxoSmithKline Working at Church View Surgery as self-employed sessional GP Elected to the Medical managers Committee of the BMA from September 2019	Partner is: Medical Secretary and Board member of Devon LMC GP Partner, Church View Surgery, Plymstock Clinical Director of Mewstone Primary Care Network(PCN) Clinical Director of Mayflower Primary Care Network (PCN)	26/09/2017	04/01/2022	Financial, Professional & Personal Interests	Direct & Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Milligan	Jane	Chief Executive of the Integrated Care System for Devon (ISCD) and NHS Devon Clinical Commissioning Group (CCG)	Member of Governing Body Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee	Non Executive Peabody Housing Association House of St Barnabas Charity member	Partner Trustee for Action for Stammering	31/12/2020	29/04/2021	Personal	indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Millward	Andrew	Devon System Director of Communications and Engagement. Chief Communications, IT and People Officer, NHS Devon CCG Senior Information Risk Owner (SIRO)	Member of Governing Body Joint Executive Team Meeting Staff Partnership Forum Senior Leadership Team (SLT) Attendee Audit Committee Member of Remuneration and Workforce Committee Member of Vacancy Control Panel Equality, Diversity and Inclusion Group	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University DELT Board Member, CCG Devon nominated director		19/06/2018	14/04/2021	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Pearson	Nick	Chief of staff Office of the accountable officer for the ISCD and CCG	Senior Leadership Team (SLT) Commissioning Committee (CC DOI) Patient Engagement Group Primary Care Operational Group (PCOG) Attendee of Governing Body Joint Executive Team Meeting	Member of Exeter City Football Club Advisory Board Director, Centre for Health Communication Research, Buckinghamshire New University	Spouse is owner of Pearson Creative	13/01/2017	29/03/2021	Non-Financial Personal Interest	Direct & Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be commissioned by employee	NHS Devon CCG
	Sargeant	Lincoln	Co-opted member of Governing Body	Member of Governing Body Member of Strategic Commissioning Partnership Member of Primary Care Commissioning Committee (PCCC)	Director Public Health, Torbay Council		24/02/2021	24/02/2021			Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay Council
	Snaith	Ginny	Board Secretary	Attendee of Governing Body (non voting) Attendee of Quality Assurance Committee Attendee of Finance and Performance Committee Attendee of Audit Committee Attendee of Remuneration and Workforce Committee Attendee of Commissioning Committee (CC DOI) Attendee of Primary Care Commissioning Commitee (PCCC) Joint Executive Team Meeting Senior Leadership Team (SLT) Working with Industry and Sponsorship Group System Restoration and Transformation Group Member of Strategic Commissioning Partnership Attendee Devon Joint Clinical Effectiveness Group (JCEG)	No interests declared		22/03/2019	10/08/2020				NHS Devon CCG
	Tapley	Simon	Deputy CEO for ICS for Devon and NHS Devon CCG Strategic Lead Commissioner for NHS Devon CCG	Member of Governing Body Strategic Commissioning Partnership Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee (Audit Committee) Commissioning Committee (CC DOI) West LCP Executive Group Member Vacancy Control Panel Attendee of Finance and Performance Committee		Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG Step-son has started working as a health-checker	01/11/2016	05/05/2021	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Tetley	Piers	Associate Director of HR and Organisational Development	Attendee of Remuneration and Workforce Committee Staff Partnership Forum Senior Leadership Team (SLT) Attendee of Governing Body/Member Governing Body (Deputy for Director of Communications) Member of Vacancy Control Panel CCG R&T Project Team meeting	No interests declared		16/10/2018	19/10/2020				NHS Devon CCG

	Turl	Jo	Executive Director of Commissioning - Out-Of-Hospital	A & E Delivery Board Senior Leadership Team (SLT) Mental Health Team Meeting Member of Strategic Commissioning Partnership Member of Governing Body Attendee Audit Committee Member of Finance and Performance Committee (occassional attendee) Member of Primary Care Commissioning Committee (PCCC) Joint Executive Team Meeting Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Quality Assurance Committee Crediton Hub Project Group	No interests declared		13/08/2015	19/10/2020	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Turner	Graham	Non Executive Lay Member-Finance	Member of Governing Body Member of Finance and Performance Committee (Chair) Member of Audit Committee Member of Remuneration and Workforce Committee (Chair)		Son employed by Care Quality Commission as an Information Analyst	16/10/2019	04/05/2021	Indirect interest		Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Walling	Alex	Director, Grant Thornton UK LLP – external auditor	Attendee of Audit Committee Attendee of Governing Body	No interests declared		08/11/2018	08/09/2021				Grant Thornton
Dr	Wollaston	Sarah	Chair Designate Integrated Care Board for Devon	Attendee Governing Body, NHS Devon CCG	Trustee of Landworks, a Dartington based charity that works with ex offenders and people at risk of going to prison to support them into employment and reduce the risk of reoffending GP who works occasional locum sessions including as part of the COVID vaccination response	Spouse is president of the Royal College of Psychiatrists and a consultant forensic psychiatrist employed by Devon Partnership Trust Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme (currently on maternity leave) but will be returning to RD&E in late 2022. Relative is a registrar in Anaesthetics on the south West training scheme and currently based at RD&E	01/12/2021	13/12/2021	Non-Financial Personal Interests	Indirect	Where a piece of CCG/ICSD work or an item on a 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/ICSD
Dr	Womersley	John	Governing Body Clinical Lead – Northern Locality	Member of Governing Body Attendee of Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) Remuneration and Workforce Committee (Non exec rem) Northern Integrated Delivery Group	Member of One Ilfracombe Board Chair of One Northern Devon Partnership Board Member of steering group for CHILLUK. Chill Therapy CIC is a non-profit CIC providing cold water swimming sessions to help people manage anxiety and depression		14/02/2017	22/02/2022	Personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
DRAFT minutes held in Public

Date: 24 February 2022 Time: 09:30 - .12:00 Location: Via Microsoft Teams

Item	Discussion	*Action*
1	These minutes are a precis of the meeting which was streamed live. If you would like to view the recording of this meeting, please click here Patient Experience The chair welcomed everyone to the meeting held in public and a warm welcome was given to the guest speaker Andrew Moreman, CEO Young Devon. It was noted by the chair that no questions had been submitted by members of the public in advance of the meeting. Andrew Moreman (AMo) gave context of Young Devon, a young people's Charity in Devon who also work with vulnerable people. They also provide mental health and wellbeing services and victims of crime with a range of counsellors and therapists who work across Plymouth, Devon, and Torbay. Young Devon support young people post 16 education with no qualification or skills with training, education, and mentoring services especially for those out of work/ training for long time. AMo touched on the lack of confidence and anxiety of young people who experience issues with accessing and engaging with the health system. AMo played a voice note of a young woman who talked about her experience of accessing health services and the lack of communication which creates uncertainty for individuals. The approach taken by professionals seems to be a lack of sensitivity and the manner in the way they communicate. AMo referred to training of professionals to ensure we respond and communicate appropriately and he asked whether we have got the right resource in statutory bodies and the voluntary care sector enterprise (VCSE) to support early help. JH congratulated AMo on an excellent presentation and what the staff at Young People are doing and the insights from the young woman were helpful. GT asked about funding beyond the next 12 months to assist staff members as well as clients and AMo made a request for commissioners to build service capacity issues into future specifications. SW referred to risk and strength base and what interventions and access we should focus on in future. AMo responded to say that young people need somewhere to go and engage with their friends and early help and now, youth clubs and positive activities to support relationship building is absent in communities.	

	AMo confirmed that Westbank support young carers and less affluent areas and families do need more support. NK asked how we can keep up and continue engaging in a meaningful way with young people. AMo suggested that having young people employees in the communications team would be beneficial to engage with young people. ST acknowledged the anxiety caused to staff for Young Devon regarding rolling contracts of employment and made a commitment for the CCG to review these. PJ made one as of the Governing Body as Devon CCG is coming to end that we must ensure that children and young people's perspectives are heard loud and clear and that their input will be overriding drivers in what we do in moving forward. On behalf of the Governing Body PJ thanked AMo for his presentation and that the CCG look forward to continuing working with Young Devon.	
2	**Welcome and Apologies** PJ welcomed everyone to the business section of the meeting, and the following apologies were recorded for: Jo Turl Steve Brown Andrew Millward – Piers Tetley deputizing It was noted that the following members would need to step out of this meeting in public later in the agenda and at that point the chair would be handed over to GT. Jane Milligan Paul Johnson Simon Tapley John Dowell	
3	**Register of Interest (ROI)** There were no amendments or new declarations made. There were no conflicts of interest raised specific to the items on the agenda.	
4	**Minutes of the last meeting** PJ led a page-by-page review of the minutes of the last meeting held on 25 November 2021, and these were approved as a true and accurate record of the meeting. Actions 1. As the budgets were in the finance report included in the agenda it was agreed for this action to be formerly closed. <u>Matters arising</u> None	
5	**Clinical Chairs Report** Nothing to report.	

6	**Accountable Officers Report** JM was pleased to report that the Integrated Care System (ICS) was continuing to progress and taking onboard input from the Lords. She recently attended a regional meeting with colleagues to go through timelines and our approach and feedback to date has been positive. We are continuing to run a recruit campaign and interview for two of our remaining independent non-executive members. COVID 19 remains with us and fast moving and the vaccination programme continues to roll out to the younger age group. We have now put in place a business-as-usual booster programme and in moving forward this will align with flu and other vaccinations, JM met with Elizabeth O'Mahony, Southwest Regional Director for NHS England/ Improvement to talk about the Devon Plan, our focus on recovery and the Long-Term Plan. At the current time our attention is decompression and stabilization of the acute system and the system is struggling with elective recovery due to high pressures and we are still seeing days of immense pressure. We continue to work with the national and regional teams around Southwestern Ambulance trust handover and discharge. JM highlighted that it was LGBT+ History Month and that Devon CCG held a webinar last week which was a great opportunity to celebrate. GT asked about the ICS development and transition recommendation from the Lords to allow local authority councilors on the board of the ICB. JM understanding was that the proposal had yet to be ratified. ST also confirmed that he had not received any further guidance and the recommendation was to move forward with our original plan. JM reported that the provider collaborative was moving at pace with the acute boards meeting earlier this month and progress continues. SK mentioned the anti-vaccination threats and DA assured the board that support systems were in place along with a designated person who reviews threat messages. We are working closely with the police as some threats could result in criminal activity. **The Governing Body received and noted the contents of the Accountable Officers report.**	
7	**Devon Integrated Quality and Performance Report** DA presented this report and drew attention to the following points. • The format of the integrated quality performance report is still growing in maturity • Good communication and engagement with subgroups • Infection prevention and control impacts all parts of pathways and changes in national guidance and seasonal viruses • Vaccination uptake remains positive. We are at 86% for 1-3 doses and 1-2 doses We are now moving towards the younger age groups for vaccinations. National guidance for all 5–11-year-olds will start from early April and spring for boosters for	

the over 75s and vulnerable. We continue to still see challenges in some areas of deprivation equity of access
- COVID 19 is still showing a sustained increase in the level of staff absences but improving due to health and wellbeing support for staff
- Impact metrics showing a positive improvement for out of hours services, but more to be done
- Elective capacity continues to be challenged and we are off plan seeing a further deterioration in January, and we remain focused on our recovery plan. Deterioration in performance for two-week cancer waits with a slight improvement in diagnostics
- Discharges remain exceptionally challenged, but we have maintained our position and continue to see delays around the criteria for the right to reside
- Mental health remains challenged individuals are being supported. Numbers have increased, predicted because of the pandemic – capacity is high
- Challenges are being seen around children and young people
- Primary care was tested in January
- Vacancy rates across workforce continues to increase because of the pandemic now we have 12% vacancy 3% pre pandemic with an increase all areas 15%

SMC noted that breast cancer conversion rates were in line with national and pre pandemic performance and felt it was worth letting general practice know as this would provide reassurance to the public. DA agreed and would look to communicating this to primary care through reports in a clear way. SMC also asked whether we had the conversion figures for other cancers and DA said he would investigate this,

ACTION 1
DA to investigate the conversion figures for other cancers.

JF indicated that protected elective care work has focussed on high volume low complexity for orthopaedics and ophthalmology, but we were not doing capacity planning for gynaecology.

DA was confident that the infection control measures to manage COVID outbreaks in care homes was at a good enough level.

DG asked about mental health referral and rejections not hitting thresholds and would like to see this included in future performance reports. DA explained that we were looking at metric activity building this into future report to show a complete picture of areas that are currently being excluded.

AD drew attention to the outcomes report for alcohol admissions to hospital for under 18s where they are twice the national average. She asked if we were taking a holistic approach for young people's problems. DA agreed that the hospital admissions for Devon wide were high, and we are seeing similar challenges in rural and remote areas. Work is underway to understand system inequalities. LS added that alcohol issues for Torbay had slipped down the agenda, but there is now going to be a focus on alcohol as well as the issue for re-procurement for complex service needs and anti-social behaviour.

Infection prevention and control has appreciated the work for support care homes as we focus on the fourth round of the vaccination programme. We are joint working with the community and infection control and social care teams.

It was acknowledged that autism spectrum waits were still at 18 months and DA was disappointed and had hoped to have seen some improvement.

	JW wondered whether that was geographical inequity for the orthopaedic and ophthalmology services being delivered at the Nightingale Exeter. JF confirmed that there was equity of access for waiting lists for the Royal Devon and Exeter (RDE) compared to other trusts as the demand for ophthalmology was greater in the East. **The Governing Body received and noted the contents of the Integrated Quality and Performance report.**	
8	**Month 10 Finance Report** JD presented the month 10 finance report to the 31 January 2022 as part of the financial regime for the NHS in dealing with the pandemic. We have received financial support in 6-monthly instalments, and we are currently in period 4 of H2 for 2021/22. JD referred to the executive summary on page 100 and the additional resources pre pandemic for elective recovery and costs driven by pandemic. We have benefitted from additional resources to be able to deliver balance for the first half of year and set a plan for the second half year showing a small surplus and we remain on target. JD drew attention to section 4 of the report and key indicators show a positive picture monitored against and reported to NHS E/I and section 3 set out the financial performance of actions. JD noted that we are within the overall financial position and year end forecast which also incorporate payments for section 256 to local authority. **The Governing Body reviewed and noted the contents of the month 10 financial position**.	
9	**Funding Transfer Agreement – section 256** JD drew attention to the cover sheet for this item and confirmed that the section 256 funding transfer agreement had been presented and discussed at length at the finance committee. The purpose of this report was to seek approval as part of the governance authorisation process of the scheme of delegation for Governing Body approval for the agreements and payments to be made. JD referred to the executive summary which set out the context of the section 256 funding transfer agreement for spend on services managed through this route. The funding is targeted at improving flows through health services in making investments into intermediate care. Some agreements are through a general construction and some specific agreements receive allocations and payment through the local authority. GT endorsed what JD had explained and this was a partnership approach which aligned to further integrated work and felt this was the right move to make. GT added that this was discussed in detail at a recent finance and performance committee which included representatives from external auditors. GT hoped that the Governing Body would approve the funding transfer agreement – section 256 subject to finalization discussions with the auditing team.	

	JH supported the flexibility of new ways of working and asked about value for money (VFM) and how the funds are being used. JD responded and described the process and the use of key performance indicators (KPI) which is set out in the agreements. The data around value for money will be reviewed with the executives and local care partnership as part of the governance process. NK asked if there was confident there would be no issues with the Governing Body approving before the final discussions with the auditors. JD added that the accounting was a technicality and the expenditure has been correctly recorded in year it was pre-payment discussion that was continuing and progressing well. JD also noted that the section 256 had been subject to quality, equality impact assessment and this approach is something we would expect to see and support around VFM. DG wondered for parts of Devon were we truly integrated or are other arrangements different. ST explained the use of section 256 and arrangements used in other areas along with the governance and that technical pooling arrangements are slightly different. **The Governing Body reviewed the contents of this report and the accompanying s256 agreements and were satisfied with the agreements and formally approved they could be signed off by the Director of Finance.**	
10	**Continuing Healthcare Funding – update to NHS Devon CCG – constitutional financial limits** DA presented this report where approval was required relating to continuing healthcare CHC) delegated financial limits. DA assured the members that we were not changing any assurance or governance process this merely a change to the limits and a slight uplift to the additional process. For clarity DA provided clarity to the Governing Body regarding the figures detailed in the table under section 3.1. JW queried the robustness of assessments and DA confirmed there were several checks and balance in the process but that there were still some challenges with the timing of the quality assurance check. DA gave a helpful summary of the review and validation process for assurance. **The Governing Body received and noted the contents of the report and approved the amendments to Devon CCGs constitutional financial limits as outlined in section 3.1 of this report.**	
11	**Inequalities - progress update** LS presented this report and noted it was a privilege to providing a summary report on health and inequalities and prevention with fits together as an enabling workstream in the Integrated Care System (ICS). LS had taken over this work area from his colleague Caroline Dimond, following her retirement and paid tribute to Dame Suzie Leather, Ginny Snail and Paul Hurrell for their contribution and the incredible work they have done. Achievements have come through the prevention workstream which is well established. One of the key challenges recognised by the system is data quality and the ability to have	

	the information and respond in timely manner. There have been good examples of the COVID19 vaccination programme where data has been used real time for pop up clinics and he encouraged that we need more that to make a difference to key pathways. LS recognised that as we move beyond tangible work programmes, we will start to work on priority pathways that will be better for the young person or disadvantaged and that we must celebrate changes as deliver on the inequalities agenda. He reported that work continues with the local care partnerships such as self-assessment maturity exploring and planning to move priorities to level 5 and 6 usual. The thinking is this will be used to strategically shape practice use innovation and the approach will be to roll out and adapt in other areas. LS referred to the recent independent non-executive member appointments of the ICB and Good people identified confident these appointments will improve diversity statistics and visibility in top leadership. *Paul Johnson handed the chair role over to Graham Turner and Paul Johnson left the meeting along with Jane Milligan, Simon Tapley and John Dowell* LS directed the members to key areas identified for actions in section 4 and the revision of the quality and equality impact assessment (QEIA) process JW wondered if we were doing enough in the inequalities and prevention programme in North Devon and other rural areas. LS felt that North Devon was in a good place but not reflected in the fullness of what we are doing. He added that there is flexibility for different geographies to look at Local Care Partnerships work at place, and that the anchor institutions work remains a focus that will make this ICS different. LS described the funding arrangements and how they can be used for differential funding for areas. There was a request for the system to recognise that we are not spending enough money to have a significant impact. Ove the coming year there will be further work with the LCPs around information and data what LCPs want to identify opportunities to make a difference. They will be encouraged to create space institutions working together to make fundamental changes through procurement. This should make a difference and there were already some good examples where people are making headway and connecting people as part of organisational development. The fairer funding report was referred to and there was a request for this to be shared with the Governing Body. **ACTION 2** **Fairer funding report to be shared with the Governing Body Members** **The Governing Body received and noted the contents of the Inequalities - progress update**.	
12	**Integrated Care System for Devon – update** PT presented the two reports for January and February 2022. The purpose of these reports was to provide helpful information on key areas and development of LCPs, and it was noted that the ICB had been delayed to 1 July2022.	

	PJ was delighted to see that Torbay had supported the idea of a joint scrutiny panel and gave encouragement to continue to promote this idea. **The Governing Body received and noted the contents of the Integrated Care System for Devon update.**	
13	**Winter Taskforce – briefing** This report was a summary of activity on what is happening in the Winter Taskforce. ST reminded the members of the structure, co-chairing and cell working arrangements. Meetings take place twice a week to remain on top of surge planning and system flows. ST thanked everyone involved through these difficult and challenging times. **The Governing Body received and noted the contents of the Winter Taskforce briefing.**	
14	**Local Care Partnership (LCP) reports** <u>Southern</u> DG was pleased to report a good news story around high intensity users and the possible reduction in the dependence on A&E and early indications are this approach may make a difference. Work continues discharge and support coordination. <u>Eastern</u> The Eastern locality are developing a diabetic programme as described in the report and focussing on discharge to move people through the system. <u>Northern</u> JW noted that the local system continues to work together and are taking a whole system approach. High intensity user, community flows, primary care and multiple system are being reviewed. JW was also pleased to say that the LCP is now being effective in moving beyond the wider health determinants. JH asked about what support may be required to support progress and ST who is leading the development of LCPs was happy to provide updates to localities upon request. The minor injuries unit remains temporarily closed discussions are underway as to how the unit can be better staffed for the future. <u>Plymouth</u> AC highlighted there had been a focus on discharge flows over last month which has been supported by the acute trust. She was pleased to report there was additional capacity in dementia and step-down capacity where 16 beds were opened on the 16 February. She mentioned workforce which was a key pressure and was similarly reported in other LCP reports. Work is continuing across all localities to secure workforce for the future front-line health and social care staff. In March there will be a student recruitment campaign launched for the intermediate and domiciliary care workforce. <u>Western Devon</u> Western are continuing to join and trying not to duplicate reports. The latest report highlighted challenges around data as well as planning and coordinating offers and	

	provision. Reassurance was given that Western Devon is starting to develop. Engagement is progressing which was a positive sign. **The Governing Body received and noted the contents of the LCP reports.**	
15	**Chairs Reports – confidential assurance committees** Finance GT noted that two items had been referred to the Governing Body. Section 256 had been dealt with separately on the agenda for this meeting. The second was that a new risk had been added around the 2022-2023 operational plan and a risk of failing to meet our financial balance which could lead to reputational damage and impact on our exit from SOF Primary Care There was nothing to add to this report. Quality There was nothing to add to the report. GApp drew attention to the eating disorders services and the oversight of a risk which score had reduced. Concerns were raised at the last committee as to why the risk had reduced as there were gaps in commissioning of services. This will be monitored closely by the Quality Assurance Committee.	
17	**Any other business** None.	
18	**The meeting closed at 12.00**	

Attendees (attended** / apologies A)	
Name and initials	*Title and organisation*
Alison Davis (AD) **	Non-Executive Director, Devon CCG
Andrew Millward (AM) A	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Darryn Allcorn (DA) **	Chief Nurse, NHS Devon CCG
David Greenwell – Dr (DG) **	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Gaynor Appleby (GApp) **	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG
Glynnis Atherton (GAth) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
Jane Milligan (JM) ** (left part way through)	Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (CCG)
John Dowell (JD) ** (left part way through)	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) A	Director of Commissioning – out of hospital, Devon CCG
Judith Hargadon (JH) **	Non-Executive Director/ Lay Member – Primary Care
Lincoln Sargeant (LS) **	Director of Public Health, Torbay Council
Matt Fox (MF) A	Clinical Representative, Southern Locality, Devon CCG

Nick Ball (NB) **Vice Chair** [A]		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** ** (left part way through)		Clinical Chair, Devon CCG
Penny Harris – (PH) [A]		Director, Devon CCG
Ruth Harrell – Dr (RH) **		Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **		Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc) **		Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST) ** (left part way through)		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
Dr Sarah Wollaston (SW) **		Designate Chair of the Integrated Care System for Devon (ICSD)
Andrew Moreman (AMo) ** **item 1**		Young Devon
Darin Halifax (DH) **		Interpreter
Piers Tetley (PT) ** for Andrew Millward		Associate Director, HR and OD, Devon CCG
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	24-Feb-22	DA to investigate the conversion figures for other cancers.	31-Mar-21	Darryn Allcorn						**OPEN**
2	24-Feb-22	Fairer funding report to be shared with the Governing Body Members	31-Mar-21	Jane Milligan/ Simon Tapley						**OPEN**

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Accountable officer report				
Date of committee: 31 March, 2022 **Date report produced:** 22 March, 2022				
Author (s) Name and Title: Nick Pearson, Chief of Staff		**Supporting Executive:** **Name and Title:** Jane Milligan, CCG Accountable Officer and Chief Executive of the Integrated Care System in Devon **Contact Details:**		
		Report Approved by: **Name and Title:** Jane Milligan, chief executive **Date:** 22 March, 2022		
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. **COVID-19 and vaccination latest**
3. **Recovery Support Programme**
4. **Mental health, learning disabilities and autism update**
5. **Working together to tackle waiting lists**
6. **Devon's domestic abuse and sexual violence strategy**

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

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

N/A

Key recommendations and actions requested:

This report is for information only.

Impact on our objectives

(Delete as applicable)

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

Reference to other documents or accompanying papers:

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

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

Risk		x

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

Accountable Officer's Report

1. Integrated Care System (ICS) development and transition

I'd like to provide the following overview of ICS development.

Programme Development

Throughout February/March we have been supporting workstream leads to ensure key actions are met in line with the revised ICSA Establishment Timeline.

We continue to see high levels of engagement and work aligned to the transition remains a priority, despite conflicting demands.

There are a number of key deadlines in March, including for the System Development Plan (SDP), the Readiness to Operate Statement (ROS) and the Due Diligence Checklist.

The SDP submission will consider other key workstreams, such as System Oversight Framework exit and delivery of the Long Term Plan.

Each workstream will present a 'plan on a page' to demonstrate activity beyond the 1st July (expected ICS implementation date), demonstrating forward thinking/planning.

We have been advised that the scrutiny applied to the SDP submission will be comparatively' light touch that there will be no expectation that Systems will be required to complete further work following submission.

All activity aligned to the Readiness to Operate position is on plan. No risks have been highlighted at this stage.

The internal audit team has been engaged to review our due diligence work and transition arrangements to provide assurance that risks have been adequately assessed and mitigated as far as possible. Audit provides an additional layer of assurance for transition from Clinical Commissioning Group (CCG) to Integrated Care Board (ICB).

LCP and ICP Workshops

The team organised a second Local Care Partnership (LCP) workshop in March to support development. It followed an earlier workshop where the maturity levels of each LCP were discussed.

Progress is now moving at pace and conversations are moving towards how we will practically move towards the new landscape and what resources might be required to do so.

A third Workshop is planned for April. Additional Resource has been recruited to support LCP development.

An Integrated Care Partner workshop, chaired by Dr Sarah Wollaston and attended by system partners including our local authorities and the voluntary, community and social enterprise sector.

Critical Path (Governance and People Transition)

The deadline for the constitution submission has been moved from the 31st March to the 21st April, recognising the changes required to the Health Bill and its passage through the House of Lords.

The executive team met to discuss the structure of the Integrated Care Board and an ICB/ICP board meeting development steering group is meeting weekly.

Draft Governance arrangements have been agreed with LCPs and are due to be presented to the Senior Leadership Team for further discussion shortly.

Terms of reference for committee structures are being drafted with support from key staff and Non-Exec members.

As previously reported all independent non-executive member posts have been filled and inductions are now beginning. Recruitment to executive posts is ongoing.

Other workstreams

Provider collaboratives – Alison Williams has developed the Acute Provider Collaborative baseline and scope for further provider collaborative development and Jacqui Mowbray-Gold has begun work on the Mental Health, Learning Disability and Autism Provider Collaborative.

My thanks to everyone involved in this work. It is a significant programme.

I will, of course, provide further updates as we progress towards the July 1st establishment deadline.

2. Covid 19 and vaccination latest

It is now two years since the first UK lockdown – an important milestone.

The number of people in hospital with COVID-19 in Devon remains high.

It has risen to more than 400 people; more than double the figure from a fortnight ago and higher than at any other point in the pandemic.

High COVID-19 numbers are having a very significant impact across Devon's health and care system.

Current infection prevention and control guidelines mean that one patient testing positive for COVID-19 can result in the closure of a whole ward. These beds then become unavailable for emergency admissions and for planned operations.

The last time COVID-19 numbers were this high was in January 2021, before most people had the benefit of COVID-19 vaccines.

A small number of COVID-19 patients are currently in intensive care, but far fewer than previously, thanks to the success of the incredible COVID-19 vaccine programme.

However, many people have tested positive for COVID-19 while in hospital for other conditions, and his has led to patients who are already vulnerable, becoming more unwell and impacted on the ability to admit other patients.

It is encouraging that the majority of our patients who have tested positive for COVID-19 are in hospital for other conditions and are asymptomatic or experiencing mild symptoms the impact that the presence of COVID-19 has in our hospitals is significant.

Usually at this time of year we are starting to see the pressures experienced over winter starting to recede. But this is not the case presently with high number of people both in hospital and using accident and emergency services.

GPs, community services and adult care services are also extremely busy.

More than 180 care services, including care homes, currently have COVID outbreaks. This makes it much harder to discharge patients from hospital and means they often have to stay longer than is necessary.

Recorded Covid case rates in Devon, Plymouth and Torbay are around 750 per 100,000, well above the England average of 542 per 100,000. This has led to a sharp increase in the number of staff absence.

Devon's hospitals are not alone in experiencing huge pressure from outbreaks and staff absences. The situation is mirrored across the entire health and care system.

As I write almost 1200 NHS staff are off work due to COVID-19.

Everyone will know that our staff are working incredibly hard and doing everything they can to prevent COVID-19 from spreading within hospitals. But it is essential that the general public continue to support us too, so my message is not to visit healthcare settings if you feel unwell or have COVID-19 - and always wear a face covering, unless you are exempt.

I would also recommend wearing a face mask in crowded and enclosed spaces where you may come into contact with large numbers of people. And, if you haven't yet had all your vaccinations, it's not too late.

The latest vaccine, a fourth dose, is now being offered for care home residents, everyone aged 75 and over, and those aged 12 and over who are immunosuppressed. Phone 119 to book a jab or visit the NHS website.

Sadly, the pandemic is showing little sign of easing but with your help we can begin to enjoy what we hope will be a spring and summer with as little COVID-19 around as possible.

3. Recovery Support Programme (RSP)

Chief executives and other senior managers in the Devon system met board members from the national NHSE/I team this month to discuss the Recovery Support Programme (RSP).

The meeting was the first for us as one of the systems receiving mandated or intensive support under System Outcome Framework process (SOF).

As you know the SOF framework puts Integrated Care Systems (ICSs) and trusts into one of four categories with those placed in three and four receiving support.

The process is managed locally through the RSP.

The meeting with NHSE/I, involving chief executives and system leaders from across the county, gave us the opportunity to discuss our progress on RSP - and on the 2022-23 operational plan.

There was scrutiny of the current potential for improvement in urgent and emergency care performance, elective recovery and finance.

We found the meeting supportive, enabling open dialogue about system challenges and opportunities.

Following the meeting we are now refining our plans.

We will report on progress in due course.

4. Mental health, learning disabilities and autism

The Mental Health, Learning Disabilities and Autism Care Partnership is leading a wide range of transformation, aligned to the Long-Term Plan. High-level updates are included below.

In February 2022, the care partnership executive group focused specifically on key areas of development in Learning Disabilities and Autism as part of the delivering the national and local Devon plans. This included:

Learning Disabilities and Autism

An outline of the national and local priorities that we are addressing:

- Improve community-based support so that people can lead lives of their choosing in homes not hospitals; further reducing our reliance of specialist hospitals and strengthening our focus on citizenship, community, children and young people
- Develop a clearer and more widespread focus on the needs and autistic people and their families
- Make sure that all NHS commissioned services are providing good quality heath, care and treatment to people with a learning disability and autistic people and their families. NHS staff will be supported to make the changes needed (reasonable adjustments) to make sure people with a learning disability and autistic people get equal access to, experience of and outcomes from care and treatment
- Reduce health inequalities, improving uptake of annual health checks, reducing over-medication through the Stopping The Over-Medication of individuals with a learning disability, autism or both (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) programmes and taking action to prevent avoidable deaths through learning from death reviews (LeDeR)
- Continue to champion the insight and strengths of people with lived experience and their families in all of our work and become a model employer of people with a learning disability and of autistic people

- Make sure that the whole NHS has an awareness of the needs of people with a learning disability and autistic people, working together to improve the way it carers, supports, listens to, works with and improves the health and wellbeing of them and their families

We will work with all partners to establish a governance framework that drives whole ICS accountability for the delivery of inclusive communities for people with Learning Disabilities and Autism, and to address the social determinants of poorer health.

Community Mental Health Framework (CMHF)

Implementation of the planned community mental health transformation has continued, with the adjustments agreed through the winter period.

This includes the ongoing development of multi-agency teams in all localities, dedicated functions for people with personality disorder, eating disorders and rehabilitation needs, and a new alliance and equal partnership working across with them voluntary, community and social enterprise (VCSE) sector. Recruitment to new roles and planning for 22/23 continues as planned. Key updates this month include:

- VCSE Partnership: We have continued working in partnership with the Devon VCSE Alliance and the wider VCSE sector. The Alliance leadership team and delivery structure has been designed and is overseeing the mobilisation of the CMHF offer from March.

- Engagement and Communication: Alongside active locality engagement and we have continued to implement the communications strategy including GP webinar attendance, internal staff webinars, pieces in both CMHF specific and wider ICS newsletters.

- Outcomes Framework: The Outcomes Framework development group has been expanded and continues to develop both quantitative and qualitative intelligence gathering so that we can evidence how CMHF outcomes are being achieved. Co-production of this as at the heart of the approach and will include more systemic gathering of people's experience to supplement quantitative and national outcome and data collection requirements.

Urgent and Crisis, including Inappropriate Out of Area Placements

Mental health urgent and crisis care pathways, including inpatient provision continues to be under high pressure with ongoing work as part of the wider winter response continuing to address particular areas of risk.

The mental health urgent and crisis transformation board is immediately focussing on the following areas in the next 3 months taking a population health, evidence based, co-produced approach:

- First Response: Agreeing a system improvement plan to improve the resilience and responsiveness of the First Response Service (FRS).

- SWASFT: Agreeing intentions around the longer-term model for mental health expertise ensuring this is an integrated offer.

- Alternatives to ED: Design and deliver a consistent community-based offer/alternative to ED model across the system

- Therapeutic Inpatient Care: Understand the unwarranted variation around inpatient utilisation and provision to enable us to achieve our inappropriate out of area recovery plans.

Children and Young People

A number of challenges have been identified which can be grouped broadly into increased need, capacity vs. expectation and system connectivity.

The focus over the next month is to identify more detailed objectives and the leads and capacity needed to drive the work across health, education and local authorities.

Perinatal mental health

Access continues to increase but demand for the services may now have reached and be potentially exceeding capacity due to increased acuity of need. This means that teams may have less time to focus on integration and co-ordination work, for example training other teams, promoting awareness and understanding and immediate service delivery. This may have an adverse effect on enabling access early in the development of need.

Data and Digital

A consistent monthly dashboard for all national KPIs at ICS level, including Devon Partnership Trust (DPT)/Livewell Southwest (LSW) breakdown and contribution to this, is now in place and regularly reported through the mental health, learning disabilities and autism delivery group and this then is used to produce the performance summary with added narrative from the workstream

The performance summary is used for ICS level and regional reporting processes

Some improvements have been seen towards performance reporting and reconciliation with national view.

5. Working together to tackle waiting lists

NHS organisations in Devon are working together on a local engagement programme to consider measures that could help protect planned operations from being postponed when hospitals face very demand for their urgent care services.

On 8 February 2022, the Department of Health published the NHS Elective Recovery Plan that describes how the NHS will tackle the backlog of care built up during the Covid-19 Pandemic.

The plan aims to eliminate waits of longer than 18 months for planned care by April 2023 and waits longer than a year by March 2025.

It refers to protecting elective capacity as a principal way of tackling the NHS backlog. Protecting elective capacity (PEC) means separating planned from emergency care to avoid the current challenge where emergency cases can disrupt routine operations and cause cancellations or delays.

Between 2 March and 13 April 2022, the NHS in Devon will undertake a period of targeted engagement with people who this work impacts the most (for example, those currently on waiting lists for surgery) to share our emerging thinking and discuss how we can protect elective capacity in Devon.

6. Devon's domestic abuse and sexual violence strategy (DASV)

I wanted this month to draw attention to the work of Collette Eaton-Harris, who joined Devon CCG a couple of years ago to embed the needs of domestic abuse victims into health systems.

Health professionals are often the first point of contact for victims but very often the issue is not included in health strategies.

We wanted to change that here in Devon and in 2020 employed Collette to make improvements for people affected.

Collette and the wider team developed a strategy after listening to partners and those working in the area, bringing together domestic abuse and sexual violence approaches.

It involved a two-pronged attack on the problem. Firstly, to reach out to people affected within the health system and secondly to tackle it through addressing the harmful behaviours associated with DASV.

This led to the creation of resources for GPs and hospitals, including information stickers and lanyards to prompt enquiry and response.

It also saw two independent domestic violence advocates being permanently employed within the NHS.

The work is already starting to make a real difference, but it will, of course, take time.

It has also led to Devon being selected, in collaboration with our neighbours in Cornwall, as NHS England's first sexual violence trauma pathfinder site.

Recently, the approach in Devon was highlighted nationally by Nicola Jacobs, the commissioner for domestic abuse in England and Wales.

I'd like to thank everyone involved in this great piece of work, which I hope will have real impact for both men and women living in Devon in the years ahead.

I love to celebrate our work in Devon. If your team or organisation has won an award or made a real difference to people's lives, please let me know.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Devon Integrated Quality & Performance (ICS) Report				
Date of committee: 31 March 2022 **Date report produced: 22 March 2022**				
Author (s) Name and Title: **BI content: Karen Helliwell** **Performance summary: Lisa Heard** **Quality summary: Sara Wright** **Finance section: Suzanne Pollard**		**Supporting Executive: Darryn Allcorn** **Name and Title:** **Chief Nurse** **Contact Details:** **darryn.allcorn@nhs.net** **Report Approved by: Darryn Allcorn** **Name and Title:** **Chief Nurse** **Date: 11/03/21**		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:
This report provides a consolidated update on key measures of outcomes, performance, quality, finance and activity to provide the necessary assurance to the Governing Body. The report includes escalation of key issues from LCPs and system groups, highlights any significant risks and includes further detail on any areas requested by the Board.

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

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

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

- **Finance & Performance Committee**

Key recommendations and actions requested:

Members of the Governing Body are asked to:

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

Impact on our objectives

(Delete as applicable)

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

Reference to other documents or accompanying papers:

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

	If Yes, please give details	**No**
Quality of Services	Includes details of areas where there are quality concerns	
Health Inequalities	Outcomes framework includes comparators on data	
Equality (staff or public)		N
Resource and Finance	Report includes System finance summary	
Legal		N
Engagement and Consultation		N
Risk	Report highlights risks in performance & quality	

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

Together for Devon

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

Integrated Quality Performance & Finance Report

Date of issue: March 2022

#TogetherForDevon

Executive Summary

This report provides a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, recovery and activity to provide the necessary assurance to the Integrated Care System (ICS), at both place and system level that issues are being addressed.

The Devon system is currently developing the System 2022/23 Operating Plan which will include plans to work towards delivery of key elective care targets and address underlying issues that restrict ability to deliver elective activity. Operationally, the ICS remains under extreme pressure with services competing for resources. This has resulted in a sustained position of increased risk, including delays in urgent care, delayed discharges due to poor community capacity and COVID-related staff absences. This has led to pressures in Emergency Departments (EDs) due to poor patient flow resulting in a further stepping down of some planned procedures.

System wide work is underway to understand the implications of harm in relation long waits in elective pathways. In addition, and in response to ensuring the system addresses the COVID 19 backlog - multiple actions are in place to maximise efficiencies, capacity and ensure safe and high -quality care are delivered. Our principle remains that we ensure elective care is safely, sustainably and reliably provided as a system. An initial meeting with the Getting it Right First Time (GIRFT) team has taken place and has demonstrated that there remains significant opportunity to learn from each other in Devon to drive improvement at pace, this group will re-convene in 4 months and review improvements that have been made. Within the emergency pathways, ambulance response delays have shown to have a positive correlation with hospital handover delays and South Western Ambulance Service NHS Foundation Trust (SWASFT) are continuing to work on a system SI report for delayed attendances.

Covid infections decreased from the end of January but have started to rise again in early March. Reported Covid case figures are now affected by significantly reduced levels of testing. Admissions fell from a peak in late January but have started to increase again in early March. An element of this is related to nosocomial (in-hospital) spread, but admissions from the community are also rising.

Financially the ICS is forecasting a year end £0.3m surplus which is £2.5m favourable against the £2.2m planned deficit.

Key Risks & Priorities

Quality

- **Planned Care:** risk to patients, due to long waits. Initial GIRFT programme underway to review improvements in 4 months.
- **Urgent & Emergency Care**: risk of long waits across whole pathway; 111, 999, ambulances through to EDs, system-side SI process in progress
- **Primary Care:** impact on primary care workforce and capacity, due to long waits within planned and urgent care.
- **Community Care:** risk due to discharge delays and long waits for packages of care.
- **Infection prevention and control (IPC)**: Emerging variants of concern; omicron

Performance

- **Planned Care:** risk to RTT, diagnostic & cancer target delivery due to urgent care pressures. Currently 104ww trajectory on track
- **Urgent & Emergency Care:** ED 4 hour under-performance and 60 minute handover delay breaches at all four acute providers.
- **Discharge:** delays continue to impact on flow through the entire system & NCTR targets unmet. Although, a t otal of 83 additional beds have been mobilised.
- **IUCS**: 111 and Out of Hours service seeing continued capacity problems.
- **Childrens & Mental Health:** improvements in performance relating to urgent access to eating disorder services, although not in other services.

Workforce

- Staffing continues to be challenging across the whole healthcare sector with the following issues all impacting on each other.
- **Sickness:** Covid-related absences increased in December as Covid prevalence rose and are now levelling off.
- **Turnover:** Turnover has remained static in recent months (11.8%), although it is higher than this time last year (9.3%).
- **Agency Spend:** Agency spend remains high compared to prior years.
- **Vacancies:** In many areas higher than previously seen.

Finance

- As at month 10 the Devon ICS had a surplus of £4.7m which is £7.7m favourable variance to plan. (M9 £5m)
- The forecast to the year end is £0.3m surplus (M9 £0.1m) which is £2.5m favourable against the £2.2m planned deficit. (M9 £2.3m)

Together for Devon

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

Performance & Quality Context

2022/23 Operating Plan

- Commissioning for Quality and Innovation (CQUIN) process reinstated
- National standards remain (18 week RTT, diagnostic waiting times, A&E 4-hour waits and the 75% faster diagnosis standard for cancer).
- Changes to performance standards include:
    - 12 hour standard now set at 2%, but measured from point of arrival in ED, rather than from decision to admit
    - Zero tolerance waiting time standard moved to 104 weeks, from 52 weeks (taking effect from July)
    - Inclusion of the national 2 hour urgent community response time standard, with a threshold of 70% to apply from January 2023
    - Inclusion with other national standards of the waiting time standard for CYP with an eating disorder, with a threshold of 95% to begin treatment within 1 week (urgent) and 4 weeks (non-urgent)
- Makes provisions for transition to Integrated Care Board (ICBs)
- Guidance describes an expectation that the contract will revert to more demanding minimum standards at the earliest opportunity. This is set out in relation to elective recovery in the “Delivery plan for tackling the COVID-19 backlog of elective care”:
    - Eliminate waits beyond 18 months by April 2023 and beyond 65 weeks by March 2024
    - Waits of longer than 52 weeks eliminated by March 2025
    - By March 2025 95% of patients receive a diagnostic test within six weeks
    - Number of people waiting more then 62 days from an urgent referral to be back to pre-pandemic levels by March 2023
    - By March 2024 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days

Infection Prevention & Control

COVID outbreaks

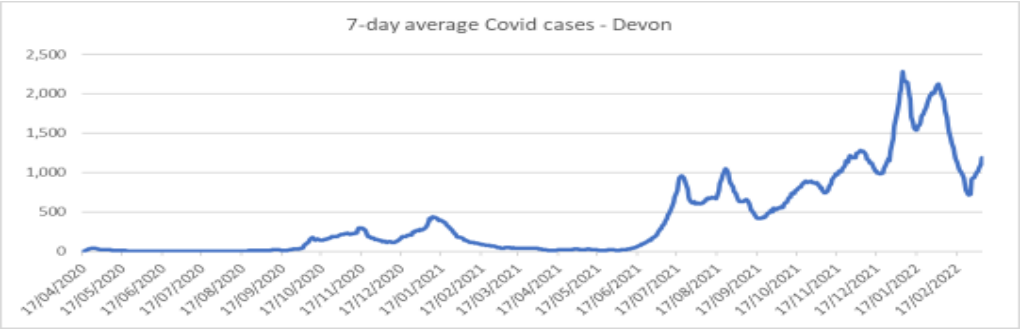
- New COVID care home outbreaks have seen a sharp decrease in January 2022.
- However, 136 Devon care homes remain in outbreak as of 28/02/2022. 62 of these homes are closed to new admissions.
- Hospital providers have seen an increase in nosocomial (in-hospital) spread.
- The impact of the above is increased risk to patient safety, but also the impact of further isolation from families and carers.

Fit testing for FFP3 masks in primary care

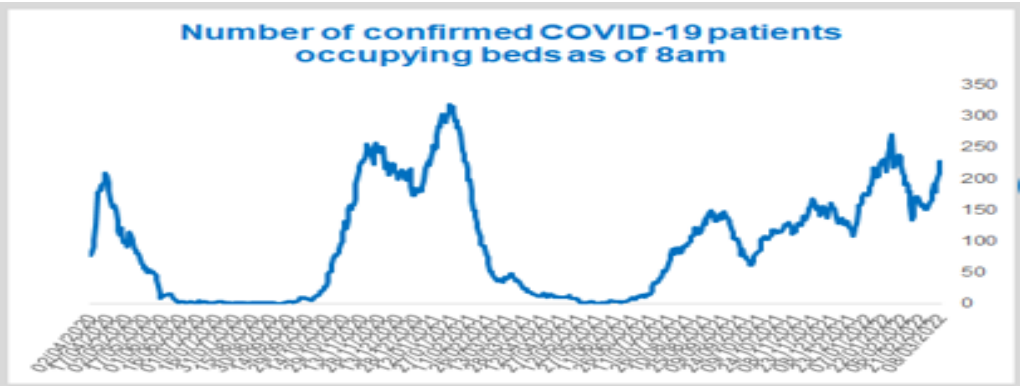
- Fit testing capacity in Devon is not currently sufficient to accommodate primary care training needs, and a costed business case is being written to provide system options. The aim is to ensure a sustainable, effective position moving forward, to ensure patient safety, but also a safe working environment for clinical staff.

COVID Update

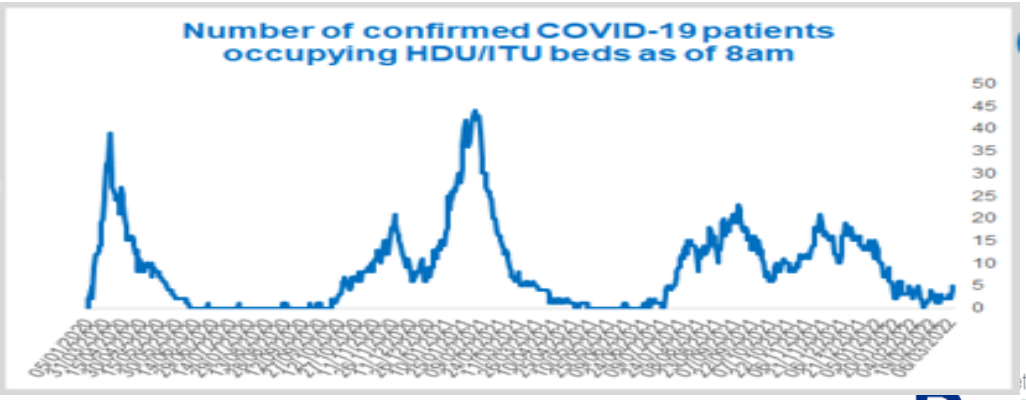
Covid infections decreased from the end of January but have started to rise again in early March. Reported Covid case figures are now affected by significantly reduced levels of testing.



Admissions fell from a peak in late January but have started to increase again in early March. An element of this is related to nosocomial (in-hospital) spread but admissions from the community are also rising.

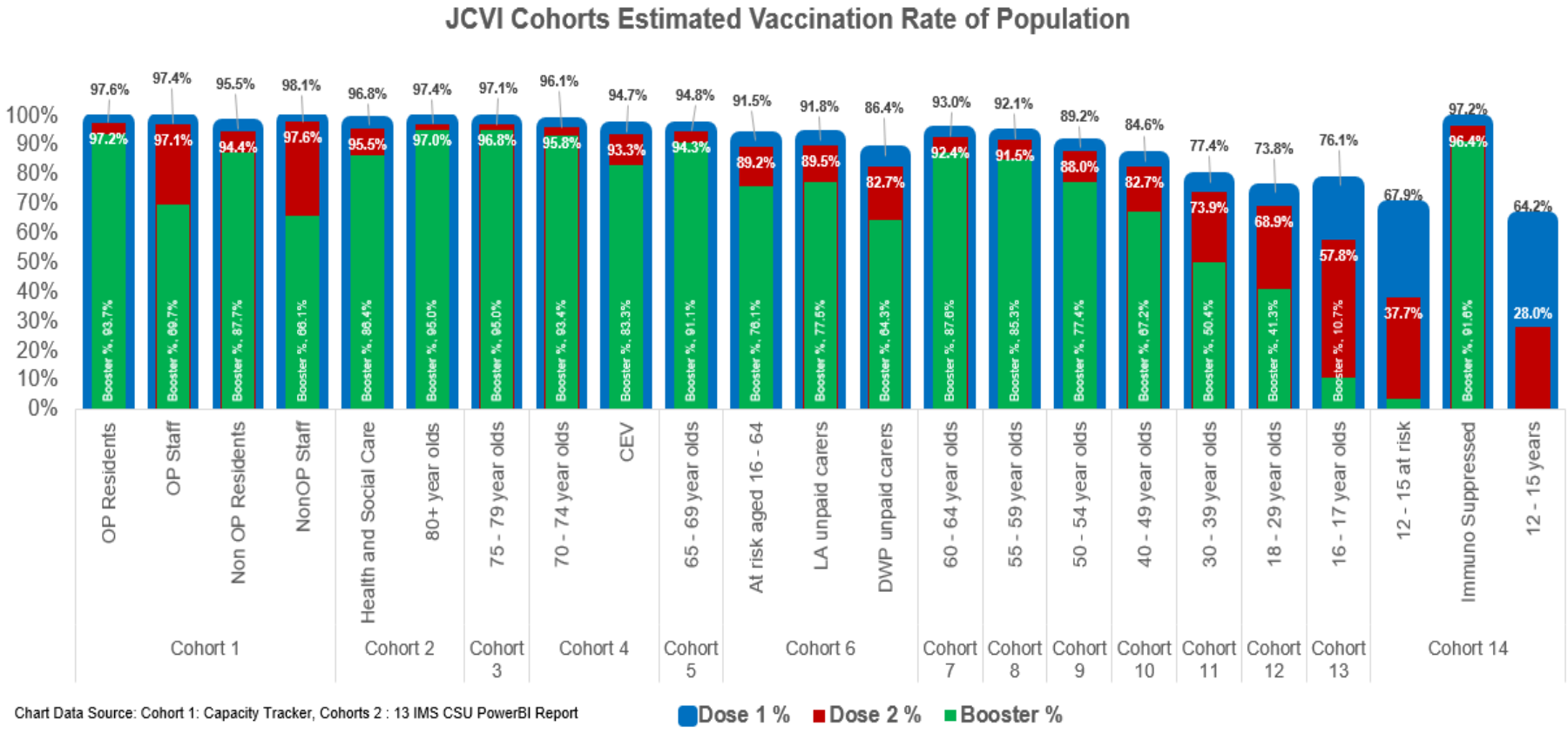


Covid patients in ICU have remained low in 2022 even when general hospitalisation levels have increased. The daily level of Covid patients in ICU has been 5 or less since the end of January 2022.



Covid Update - Vaccinations

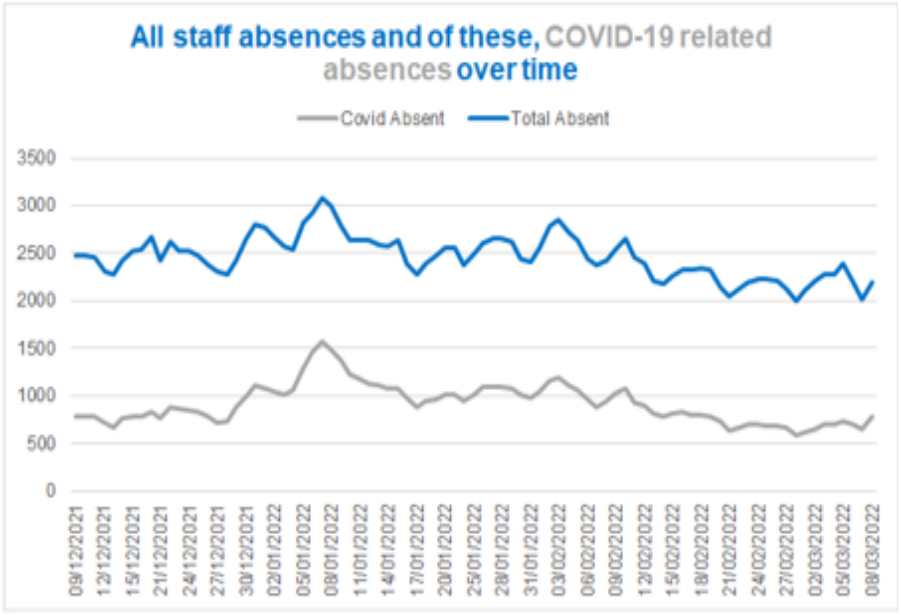
81% of the eligible Devon population have received one vaccination dose and 77% both doses. 64% of 12-15 year-olds have received at least one vaccination and 86% of eligible people have received a booster (all figures as of 8th March)

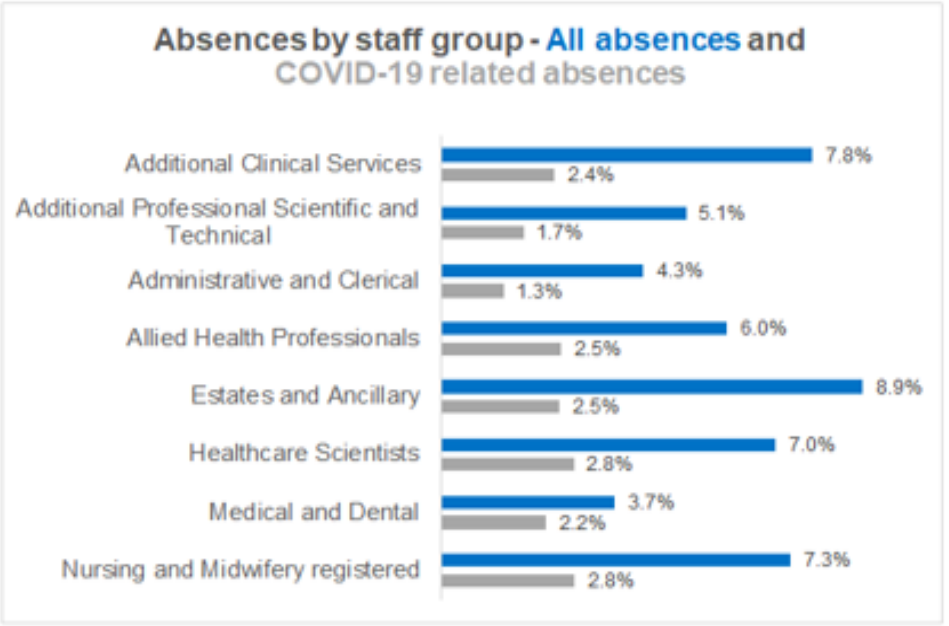


Covid Update – Staff Absences

Covid-related absences peaked in early January but reduced through February. However, early March has seen a slight increase.

Latest figures from 8th March show 5.7% of staff were absent in total across Devon's providers, 1.9% of which were Covid-related. The level of Covid absences is fairly consistent between different staff groups.





Primary Care: Mayflower Contract

Theme: Maintaining safe services during the successful transition of the Mayflower contract to the new provider
Underlying cause: Sustained staffing pressures impacting on patient access to services and known Care Quality Commission (CQC) inspection issues. Due to challenges with service delivery, the current provider has handed back their contract and they will no longer deliver the service from 31st March 2022. A temporary provider, Livewell Primary Care, will deliver the service from 1st April 2022
Quality
As the provider transitions, there remains risk due serious incident processes and governance issues, leading to further safety and experience impact for patients and carers.

Actions undertaken in last month	**Impact**
External resource brought in to support the safe transition to the new temporary provider.	Robust / extensive team from both CCG and external support with subject matter experts supporting the new provider mobilise.

Actions for next month/s	**Intended impact**	**Date impact will be realised**
Continue weekly schedule of mobilisation meetings	New temporary provider able to provide core services on 1st April 2022	1st April 2022
Monitor CQC registration process	New provider is legally able to hold the contract	17th March 2022

Primary Care: Clinical Activity

Theme: General Practice Clinical Activity Backlog	**Data to quantify this to be available for review by 31st March**
Underlying cause: Since the start of the pandemic a significant amount of general practice activity has been deferred owing to both national directives (focusing on vaccination programme and those most in urgent need) and patients electing to postpone appointments in order to minimise attendance at clinical premises.	Business intellignece support is required to quantify scale of backlog by: • Reviewing the pre-Covid baseline for activity and calculating the shortfall – e.g., childhood immunisations. • Reviewing Quality and Outcomes Framework data on long term conditions.

Quality

In Northern and Eastern locality practices, PITCH (Peer Improvement Tips for Care) reports show discharge summary and workload shift as key themes. Work continues in EPIC, patient record and record management system, to improve discharge summary templates and the level of information provided to primary care.

There has been a Collaborative Board Chairs (CBC) agreement to work with the CCG to establish a system wide effective single method of reporting incidents for thematic analysis. This will provide feedback to CBCs, in addition to this we will be able to identify clear escalation procedures described and agreed by both Primary & Secondary Care. The initial focus will be adverse patient outcomes relating to workload shift. Mid Devon and East Devon Collaborative leads (with CCG support) will identify pilot sites to initiate the incident process development. With an initial focus on multiple themes being identified and associated with work-load shift and submitted via a single PITCH.

Primary Care: Clinical Activity

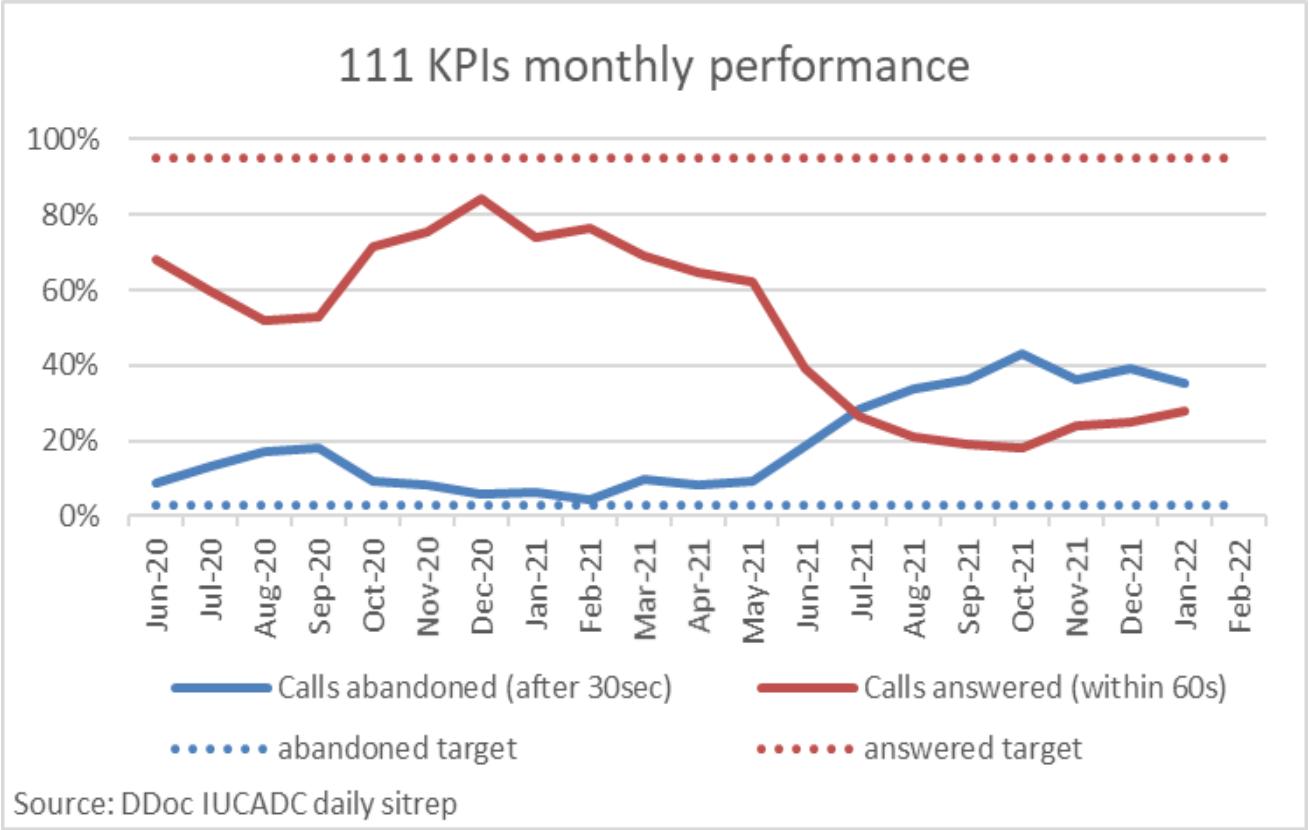
Actions undertaken in last month	Impact
Briefing paper presented to Primary Care Commissioning Committee on 3rd March 2022 and also discussed with the General Practice Strategic Oversight Group and Chair of the Planned Care Commissioning Committee in relation to impact on secondary care backlog	Raising awareness of the issue. Demand and capacity pressures on primary care added to elective care risk register

Actions for next month/s	Intended impact	Date impact will be realised
Begin to quantify backlog where this is possible	Will support a system-wide understanding of the impact of COVID on clinical backlog in partner organisations; important because of the interdependencies that exist and potential impact of plans in one part of the system on other partners.	Awareness raising ongoing. Quantification to be completed by 31st March 2022
Take forward local extension of WAF("Devon Spring Access Fund"). £1 million of funding made available to continue to support primary care access, targeted at most challenged areas	Additional appointments in primary care will help practices tackle the backlog quicker	Intention to extend funding until the end of spring.

Integrated Urgent Care Service: NHS 111

Theme: Delivery of key NHS 111 service standards.
Despite recent reduction in call volume, call abandonment and call answering remains a significant distance from target.
Compared to national average, Devon Doctors remain one of the lowest performing providers.

Underlying cause:
Poor performance is due to low call answering capacity as a result of unplanned absence and insufficient establishment.



*Between 18 Feb and 3 March Devon Doctors ceased providing regular reports to the CCG. Reporting has been reinstated but data not available in time for this report

Integrated Urgent Care Service: NHS 111

Quality
With patients abandoning calls or waiting a significant period to speak to an advisor, patient safety and poor experience are affected. Following a serious incident investigation involving 111 on-line, changes to the national system have been made as a result of lessons learned and improvements identified by Devon Doctors. During January, DDOC received the CQC report following the latest inspection. This rated the service as Requires Improvement overall, with four of the five domains also being requires improvement, the remainder (Caring) being rated as Good.

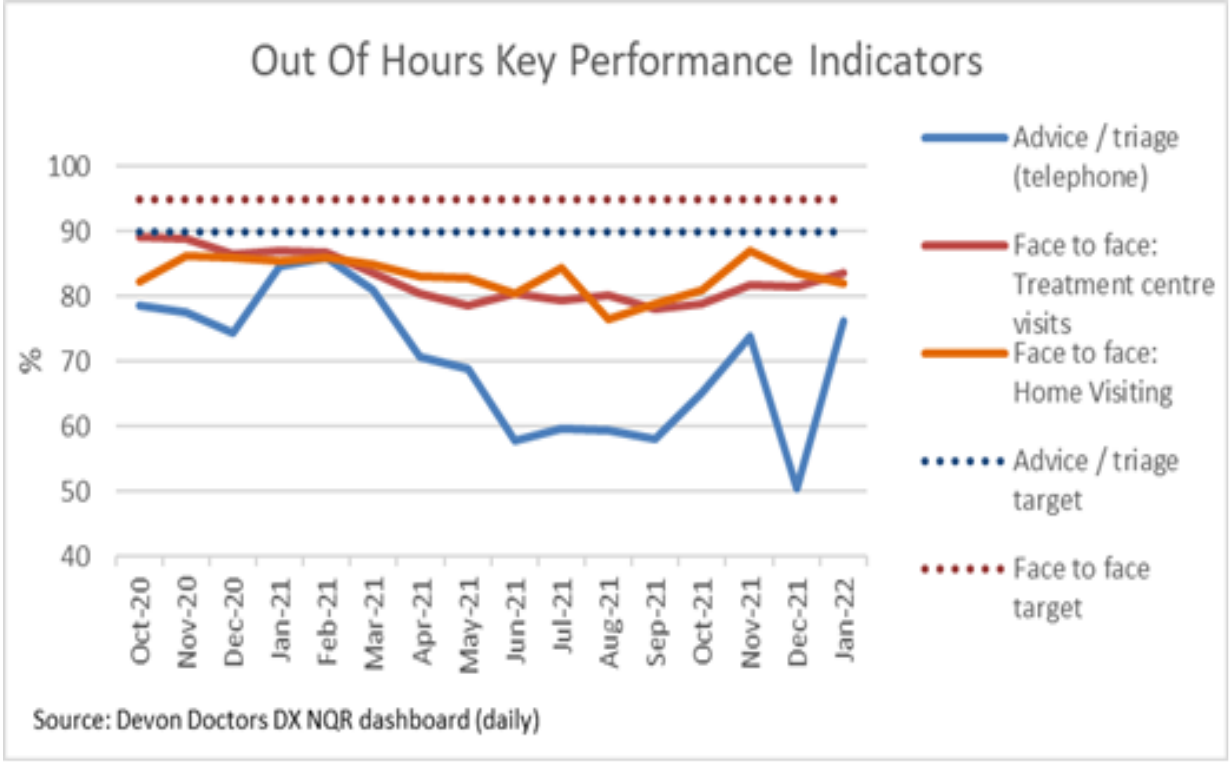
Actions undertaken in last month	Impact
Significant recruitment for non-clinical call handlers has continued in February.	Commissioners have seen evidence that rota fill is starting to improving as staff complete the 6 week training programme.
CCG have continued to fund initiatives to improve rota fill and attrition including 'golden hello' and attendance.	Good utilisation of training capacity has continued with relatively small numbers leaving during training. On-the-day sickness at weekends has started to improve.

Actions for next month/s	Intended impact	Date impact will be realised
Devon Doctors has stated they will continue to recruit to planned establishment. This is important to note as whilst Devon Doctors are the incumbent provider, IUCS will be delivered by a new provider, Practice Plus Group (PPG), from 01 October 2022.	Continued improvement of non-clinical call handling rota fill will improve call answering metrics.	Expect planned establishment to be reached at the end of March. Once training is completed would expect rota fill to be delivered by mid May.

Integrated Urgent Care Service: GP Out of Hours

Theme: Delivery of a key GP Out Of Hours service standard for telephone advice / call triaged. The IUC KPI target is 90% of clinical call backs are made within the timeframes determined by the disposition from NHS Pathways. Performance is currently just above 80%

Underlying cause: Fluctuating poor performance is due to low rota fill. Reduced fill is due to a number of reasons including competing demand on limited workforce and taxation rules which led to changes in how shifts can be booked.



Integrated Urgent Care Service: GP Out of Hours

Quality
During January, Devon Doctors received the CQC report following the latest inspection. This rated the service as Requires Improvement overall, with four of the five domains requiring improvement, the remainder (Caring) being rated as Good.

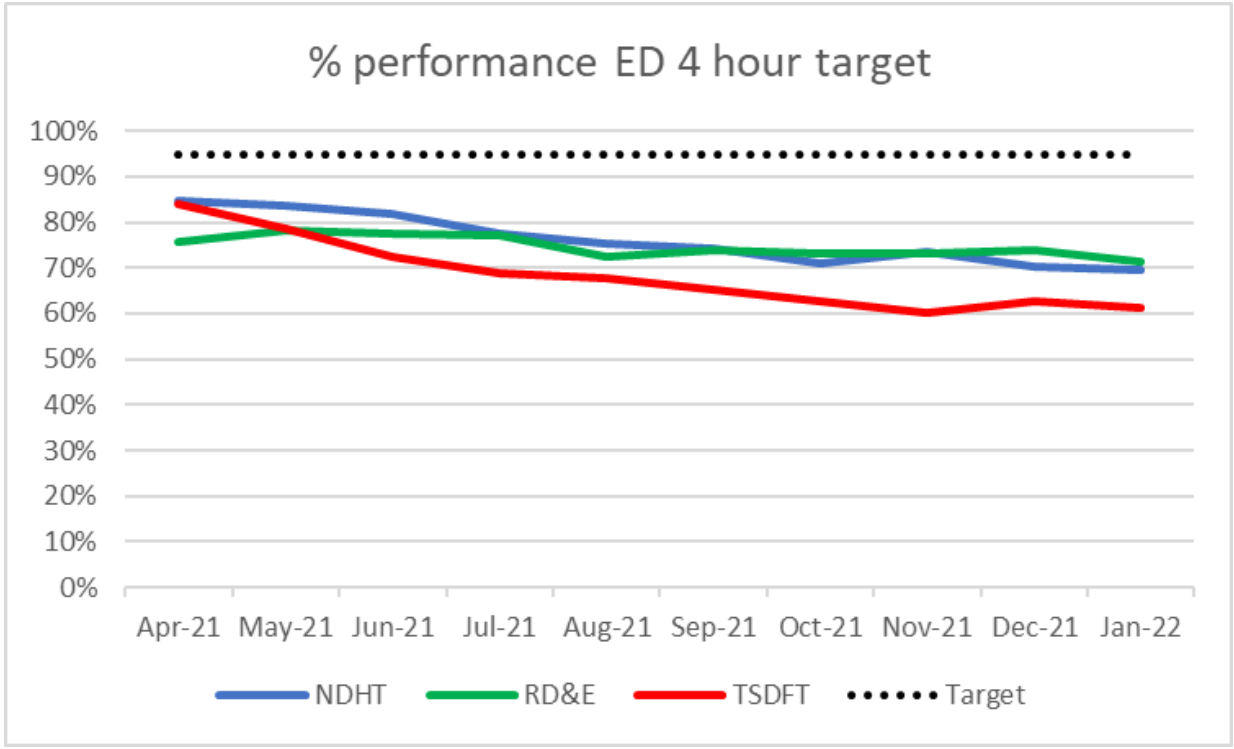
Actions undertaken in last month	Impact
CCG have continued to fund pay incentives to improve shift fill.	Rota fill improved.
Continued delivery of Devon Doctors 'Clinical Resourcing Strategy' which includes plan to increase Advanced Care Practitioner (ACP) workforce.	Recruitment of ACPs has been below trajectory.

Actions for next month/s	Intended impact	Date impact will be realised
Assurance required from Devon Doctors on continuation of Doctors 'Clinical Resourcing Strategy' given the change of provider in 7 months.	Ensure continued rota improvement through mobilisation period.	To be confirmed.

Emergency Department 4 hour waits

ThemeThe operational standard is that at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours. No provider in Devon is meeting this target. Current Devon wide performance is 67%
(Note: UHP does not report on 4 hour waits as it is part of a national pilot of new metrics)

Underlying cause: Delays caused by flow through the hospital being compromised due to delays to discharge. ED performance has also been impacted by winter and covid pressures and staffing challenges.



Emergency Department 4 hour waits

Quality
As well as safety and experience being affected for patients and carers whilst in EDs, impact of delays are also felt across other areas of the urgent care pathway. These include ambulance handover delays, where patients remain in ambulances for many hours, plus patients waiting in the community are left at risk due to reduce crews available.

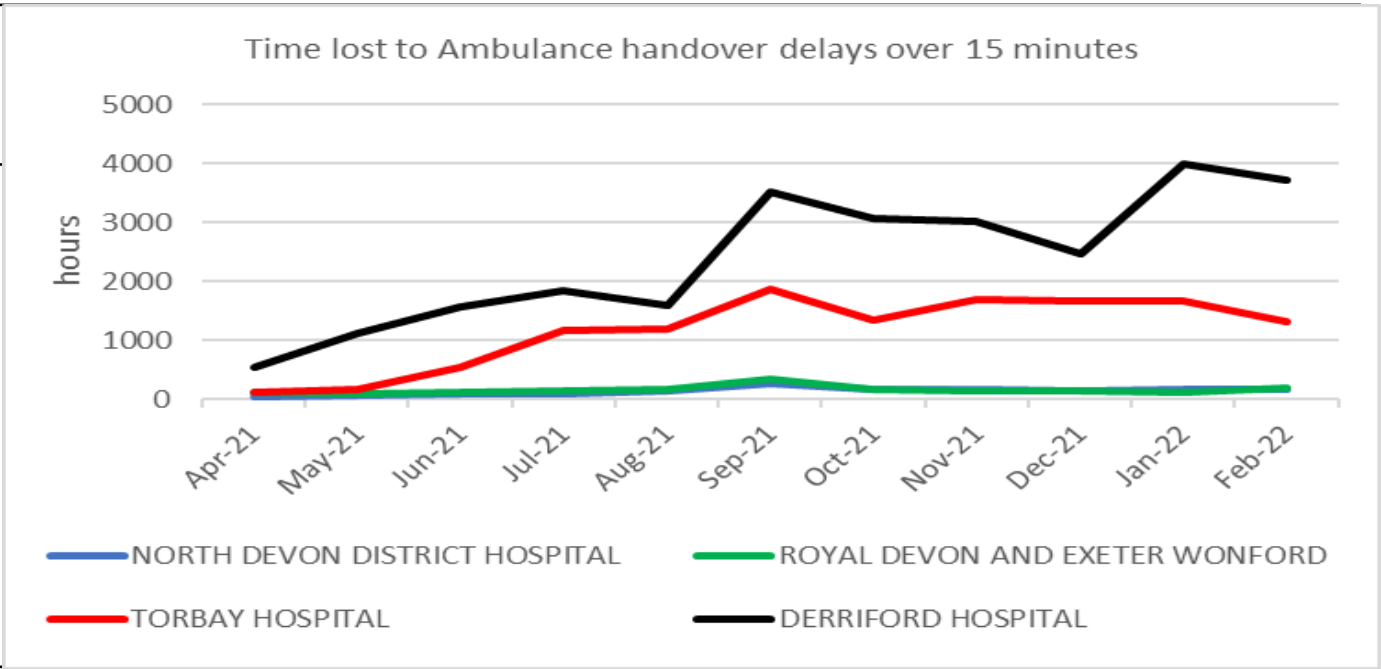
Actions undertaken in last month	Impact
See actions in relation to Ambulance Handover delays and hospital discharge which will also have an impact on 4 hour waits	
Ongoing role of winter room on scrutinising delays and looking for system solutions	Agreement of mutual aid on a number of occasions when there has been significant demand pressure

Actions for next month/s	Intended impact	Date impact will be realised
New plan to be developed for urgent care in Torbay and South Devon NHS Foundation Trust (TSDFT) – focus on potential for redesign of ED to improve performance	Trajectories to be agreed as part of the plan	

Ambulance Handover delays

Theme: Increasing ambulance handover delays

Underlying cause: Delays caused by flow through the hospital being compromised due to delays to discharge. Performance has also been impacted by winter and covid pressures and staffing challenges.



Quality

Delays to crews impacts on safety for patients waiting within ambulances outside EDs; although being cared for by paramedics and often seen by ED staff, onward patient care is delayed. Additionally, impact extends into the community; As well as safety and experience being affected for patients and carers whilst in EDs, impact of delays are also felt across other areas of the urgent care pathway. These include ambulance handover delays, where patients remain in ambulances for many hours, plus patients waiting in the community are left at risk due to reduce crews available.

Ambulance Handover delays

Actions undertaken in last month –see also hospital discharge	**Impact**
Implementation of reverse queuing at University Hospitals Plymouth NHS Trust (UHP)	Enables additional 8 patients to be cared for in the hospital rather than in an ambulance
Implementation of Cumberland Centre improvement Plan	Early data indicates increase in ambulance hand overs at Cumberland instead of UHP - target 30 per month (previous average was 6)
Ambulance Hand over Action Plan in place for T&SDFT	Reduction in time lost to ambulance handover delays in February
CCG funded SWASFT posts to support work in UHP and T&SDFT	Working flexibly to help improve relationships and patient flow

Actions for next months	**Intended impact**	**Date impact will be realised**
Increased use of Same Day Emergency Care (SDEC) at UHP	Create capacity in ED by increasing number of ambulances taken straight to SDEC	June 2022
Ambulance handover plans to be put in place for RD&E and NDHT		
Impact assessment of handover action plans and agreement of trajectories for improvement.	Reduction in average handover times at Derriford and Torbay Hospital.	Impact expected July-September

Hospital Discharge

Theme: NHS England has nationally set a requirement for all systems to reduce the number of individuals with No Criteria to Reside (NCTR) by 30% by 31/1/22 and by 50% by 31/3/22. The Devon System did not meet the initial target and remains above the planned trajectory for the 50% target.

Underlying cause: Challenges in capacity to support individuals as a result of covid outbreaks, market resilience and sufficient staffing resource.

Providers	Number in NCTR beds not discharged 13/12	Target 30% reduction on number in NCTR beds discharged from 13/12 to end Jan	Target 50% reduction on number in NCTR beds discharged from 13/12 to end Mar	Actual 28th Feb	Trajectory 28th Feb	Target number NCTR beds not discharged by end Mar	latest position against baseline	latest position against target	Diff to target (latest)
Northern Devon Healthcare NHS Trust	63	19	32	64	42	32	101.6%	200%	32
Royal Devon and Exeter NHS Foundation Trust	86	26	43	79	62	43	91.9%	184%	36
Torbay and South Devon NHS Foundation Trust	54	16	27	49	41	27	90.7%	181%	22
University Hospitals Plymouth NHS Trust	138	41	69	182	134	69	131.9%	264%	113
Devon	**341**	**102**	**171**	**374**	**279**	**171**	**109.7%**	**219%**	**203**

Quality

Delayed discharges impact the patient experience whilst remaining in an acute setting unnecessarily. Additionally, the patient is potentially exposed to other risks, including infection and deconditioning.

With patients remaining in acute beds, others are blocked in EDs as a result; the impact on these patients includes potential delay of further care and poor experience.

As patients then remain for long periods in EDs, ambulances are unable to hand over their cases and attend patients waiting in the community. This leads to significant risk, which is reflected in serious incidents.

Hospital Discharge

Actions undertaken in last month	Impact
Additional capacity has continued to mobilise (in line with existing plans).	Total of 83 additional beds have been mobilised along with peripatetic staffing teams focussed on enabling hospital discharges. Delivery of locality investment plans focused on increases in VCSE capacity/initiatives to support hospital discharge
Pathway 0 & 1 workshops with a focus on maximising timely discharges	Development of clear improvement action plans

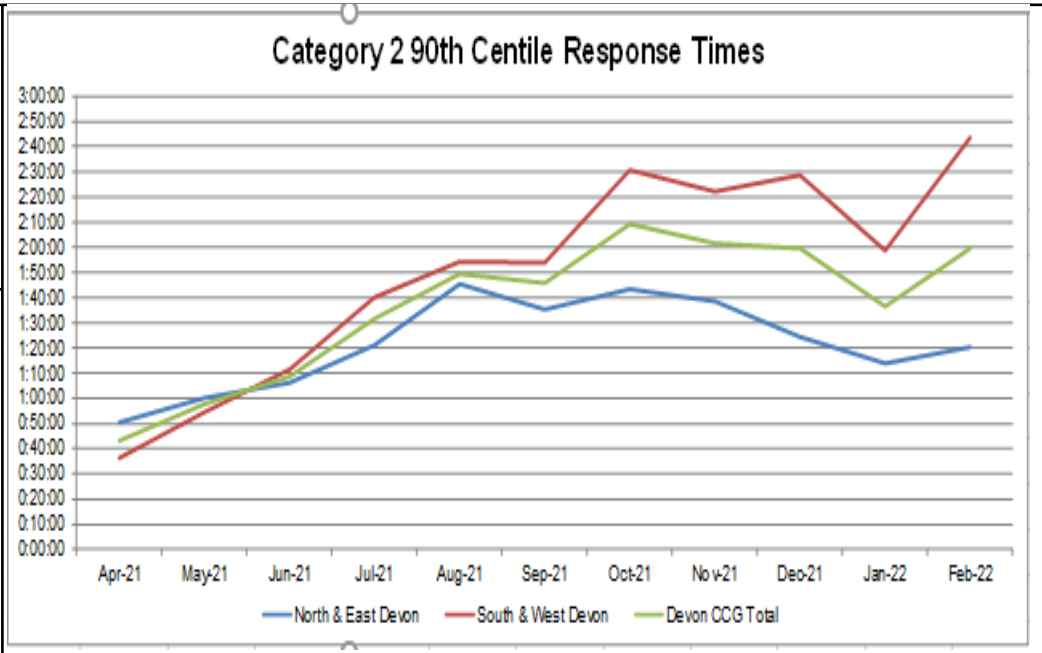
Actions for next month/s	Intended impact	Date impact will be realised
Continued focus on maximising utilisation and throughput of additional capacity preciously created	Maximum throughput will ensure flow is maintained to support system delivery of NCTR targets	A clear trajectory at a local trust level has been set up to the 31/3/22 deadline
Continued system oversight of Local Action plans developed as part of data audits of individuals with NCTR and as part of 'perfect weekend' activity focused on 7 day discharges	Ensure delivery of local pathway improvement plans to reduce individuals with NCTR	As above
Oversight of agreed action plan focused on maximising timely discharge of P0 discharges	Timely discharge of P0 patients	As above

Ambulance Service Response

Theme: Delays to delivery of emergency care: 999 call answering, ambulance response (particularly category 2) and hospital handover delays. SWASFT call response, ambulance response and resources lost to handover delays are the worst in England.

Underlying cause: Delays in call answering times relate to attrition and abstractions of emergency medical dispatchers (EMDs). Through February, 41% of calls were answered in 60 seconds (target 95%) a reduction on January.

Ambulance response delays have a positive correlation with hospital handover delays, particularly in south and west Devon. Through February, approximately 150 hours a week are lost to handover delays at UHP, and 50 hours week at T&SDFT. S&W Devon response times for cat 2 90th centile were 2 hours 24 minutes. In comparison, the cat 2 90th centile response in N&E Devon was 1 hour 20 minutes; handover delays account for no more than c10 hours per week at in NDHT and at RD&E.



2 hour 90th centile response in February across Devon (target is 40 minutes).

Ambulance Service Response

Quality
Poor response times continue to place patients at risk of harm. The CCG is looking at a pathway approach to reviewing the patients end to end journey, including all aspects of patient care. It is hoped a structured judgement tool developed by NHS Kernow CCG can be utilised. SWASFT are continuing to work on the system SI for delayed attendances. The report itself will be delayed due to organisational pressure. Progress on the SI is reported monthly via the CCG and SWASFT exception meetings.

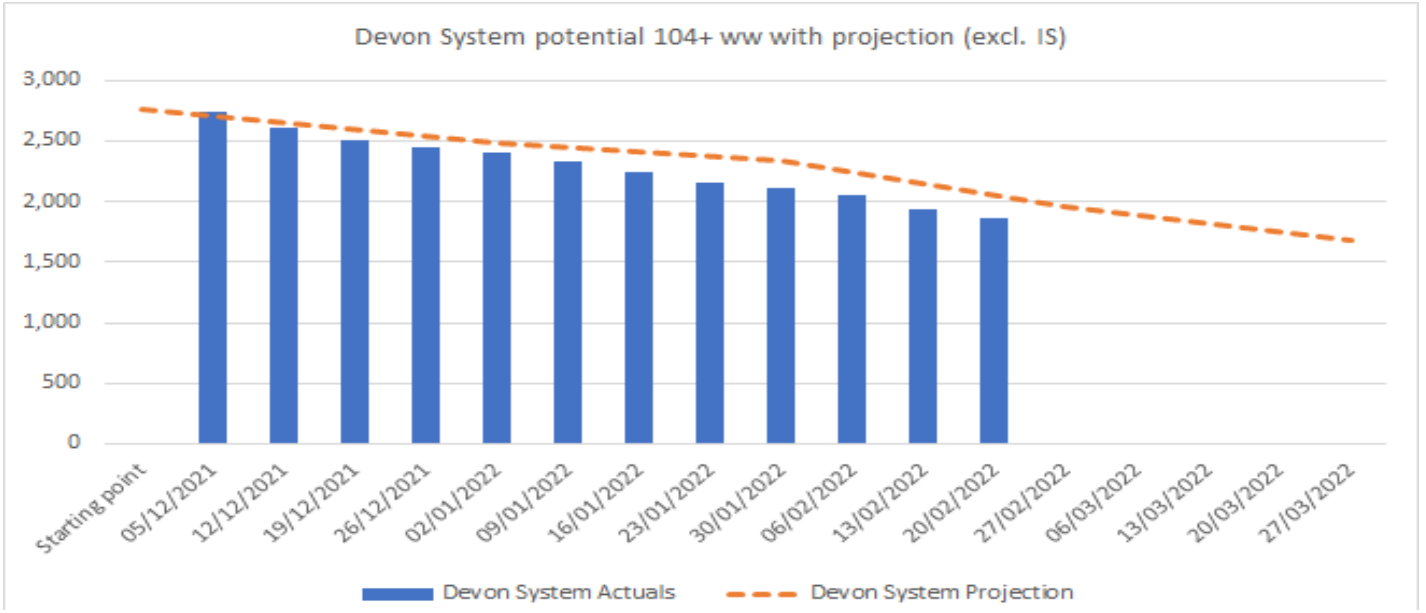
Actions undertaken in last month14	Impact
Recruitment and training of EMDs (+50 WTE by year end).	Improving performance for calls answered in 5 seconds (32% Dec, 64% Jan)
Additional resourcing in hub to improve hear and treat rates and additional crew resources to improve response times.	No Impact seen as yet as ambulance response times in south and west Devon continue to increase, as handover delays worsen.
Handover improvement plans in place for Torbay and Derriford hospitals, monitored at fortnightly improvement meetings with NHS England.	No impact seen as handover delays are continuing to increase at UHP (2 hours average); T&SDFT delays have stabilised at 1 hour average

Actions for next month/s	Intended impact	Date impact will be realised
Continued recruitment and training of Emergency Medical Dispatchers (EMDs)	212 WTE achieved. Compliance with 95% calls answered in 5 seconds.	Expected March 2022
Impact assessment of handover action plans and agreement of trajectories for improvement.	Reduction in average handover times at UHP and T&SDFT.	Impact expected July-September
Conclusion of SWASFT contract negotiation	Contract agreed which recognises resources lost to handover and resources required to improve response times	Impact expected July-September

Planned Care: 104 week waits

Theme:
The number of patients waiting over 104 weeks for elective procedures and number of patients on waiting lists for surgery

Underlying cause:
Backlog in treatment of patients due to impact of pandemic and urgent and emergency care pressures on elective care capacity



104+ week wait patients

This data is as at 13/02/22

Total 104+ ww patients

Local_Acute_Prc	Admitted PTL	Non admitted PTL	Grand Total
NDHT	6	6	12
RDEFT	628	38	666
TSDFT	187	14	201
UHP	514	4	518
Grand Total	1,335	62	1,397

Admitted 104+ ww patients

Local_Acute_Prc	With TCI	Without TCI	Grand Total
NDHT	2	4	6
RDEFT	54	574	628
TSDFT	6	181	187
UHP	31	483	514
Grand Total	93	1,242	1,335

Non-admitted 104+ ww patients

Local_Acute_Prc	Booked	Not Booked	Grand Total
NDHT	2	4	6
RDEFT	29	9	38
TSDFT	4	10	14
UHP		4	4
Grand Total	35	27	62

Planned Care: 104 week waits

Quality
The Devon System is making progress in meeting the requirements of NHS Enlgand's Elective Recovery Plan, for tackling the backlog of elective care (Feb 2022): · That the waits of longer than a year for elective care are eliminated by March 2025 · By July 2022, no one will wait longer than two years · Eliminate waits of over 18 months by April 2023, and of over 65 weeks by March 2024 · Long-waiting patients will be offered further choice about their care'. In order to achieve this, multiple actions are in place to maximise efficiencies, capacity and ensure safe and high quality care. With the Nightingale Hospital Exeter (NHE) and other estates aimed to increase elective capacity.

Actions undertaken in last month	Impact
All Trusts continue to focus on reducing their 104 week waiters	All Trusts are currently on track to meet their revised trajectory for 104 week waiters at end March of 1458
Capacity has been identified for complex orthopaedic surgery at the South West London Orthopaedic Surgery Centre (SWLEOC). Each Trust has identified patients who have been waiting over 104 weeks who are being offered their surgery at the SWLEOC	As at Friday 4/3/22, 41 patients had agreed to transfer their care to SWLEOC, this will impact on the 104 ww position in April 2022.

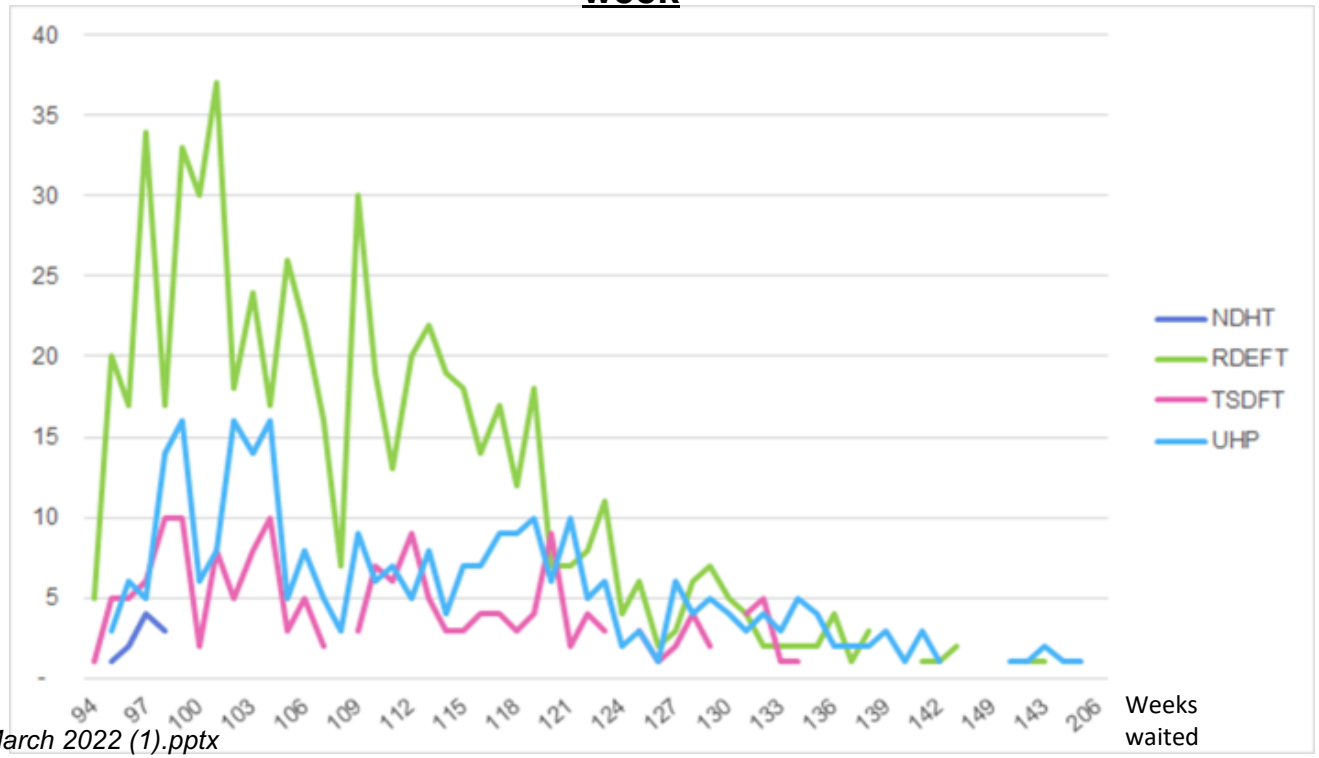
Actions for next month/s	Intended impact	Date impact will be realised
Continue to offer patients waiting over 104 weeks for complex orthopaedic procedures at SWLEOC	SWLEOC have offered 30 procedures a month starting in April which will impact on reducing our 104 week position	This capacity will start to impact from April 2022
Trust continue to focus on reducing 104 week waiters	Reduction of patients waiting over 104 weeks for treatment	Impact each month
Review the opportunities identified through GIRFT/HVLC (High Volume Low Complexity) and Model hospital data to agree priorities for 22/23	Focus on opportunities for increased productivity in 22/23	Impact by end of March 2023

Planned Care

Theme:
Lack of protected elective capacity for complex orthopaedic surgery in acute trusts.

Underlying cause:
Backlog in treatment of patients due to impact of pandemic and urgent and emergency care pressures on elective care capacity.

T&O 104 week waiters at at end of January 2022 by week



NB – this includes patient choice which includes majority of patients to the right of the chart

Planned Care

Quality
Protected Elective Care (PEC) is a case for change planned for public consultation in the Spring. The principle of PEC is to ensure elective care is safely, sustainably and reliably provided to deliver waiting list standards as a system.

Actions undertaken in last month	Impact
Meeting with key stakeholders to agree potential protected elective capacity for complex orthopaedics in each Trust and principles to protect the beds agreed at chief executives meeting	Phased roll out of 95 protected orthopaedic beds across the 4 trusts
Each Trust have developed plans to protect beds for complex elective surgery and RDE have gone live with their 26 protected beds on 28th February	

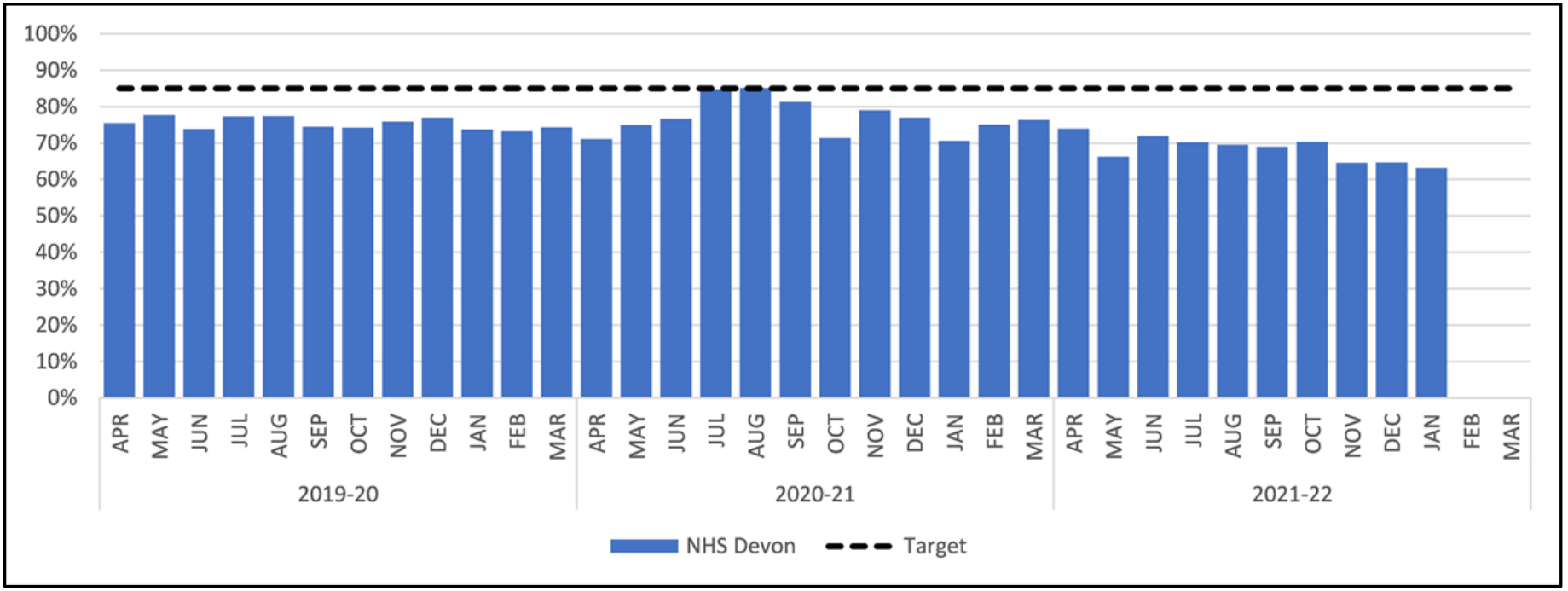
RDE	NHE	NDHT	TSDFT	UHP	Total
26	22	10	11 *plus 2 high care*	4-6 *increasing to 24*	**75-77** *increasing to 95, including high care*

Actions for next month/s	Intended impact	Date impact will be realised
Establish Complex orthopaedics workstream & project delivery plan	Robust plans for delivery of protected elective capacity for complex orthopaedics across Devon	Complete by end of March
Trusts to implement plans to open protected orthopaedic beds	Increased capacity for P2/P3 and long waiting complex orthopaedic surgery – approximately 90 per week across Trusts	All Trusts expect to have rolled out some protected beds by end of April, but full impact over following months
Modelling of the impact of the protected beds to be undertaken	Understanding of the impact of the protected beds to support planning	Complete by end of March

Cancer Performance 62 Day Standard

Theme:
Failure to achieve a statutory performance standard. Performance in December 21 was 63.8% against an 85% standard

Underlying cause:
Existing problems relating to staff and physical resources exacerbated by impacts of covid. Increased 2ww demand.



Cancer Performance 62 Day Standard

Quality
Delays to cancer care, including the 62 day standard, impact on both safety and experience for patients, although the long- term impact of delays is not yet fully understood. Additionally, multiple pathways interact for patients undertaking cancer care, so delays in diagnostics, for example, influence cancer standards being met. Additionally, providers variation in compliance has created inequity across the system. This remains, despite providers working together to mitigate risk through the Cancer Alliance.

Actions undertaken in last month	Impact
Actions due within Trusts Cancer Recovery Plans did not have the intended impacts due to the operational issues resulting from the impact of Omicron variant alongside the seasonal December emergency pressures.	Validated performance position deteriorated. Actual against planned for 62 day breaches in H2 operational planning trajectory was below target.

Actions for next month/s	Intended impact	Date impact will be realised
UHP breast mega clinics taking place	Will bring 2ww performance back within target	Q4 2021/22
T&SDFT dermatology WLI initiatives	Will bring 2ww performance back within target and reduce 62 day breaches	March 22
Preparing operating plan to deliver performance in 2022/23 and new ‘28 Faster Diagnosis standard’	TBC	2022/23

Planned Care - Diagnostics

Theme:
Statutory performance target for Diagnostics not met. December 21 performance was 39.4% against a 1% target.

Underlying cause:
Impacts of covid increasing inpatient and urgent care activity infection prevention measures constraints reducing capacity.

April	May	June	July	August	September	October	November	December
17434	17324	18712	22032	25006	24008	23810	22332	25090
53840	57454	55758	61522	62756	62678	63202	62402	63752
32.4%	30.2%	33.6%	35.8%	39.8%	38.3%	37.7%	35.8%	39.4% *
1%	1%	1%	1%	1%	1%	1%	1%	1%

* Acute providers only

Recovery trajectory in development as part of 2022/23 operational planning process

Planned Care - Diagnostics

Quality
The impact of delays to the diagnostic element of a patient's pathway lead to subsequent delays in treatment. Additionally, the risk of delayed diagnostics is potentially high risk, due to the nature of a diagnostic; the 'not knowing' the cause of the problem and potential prognosis for example.

Actions undertaken in last month	Impact
CT and MRI reinstated and Exeter Community Diagnostic Centre (CDC) and Nightingale.	Additional scanning capacity available.
TIF funding for CCG AQP Non-Obstetric Ultrasound contract variation approved.	Additional 1950 ultrasound scans .

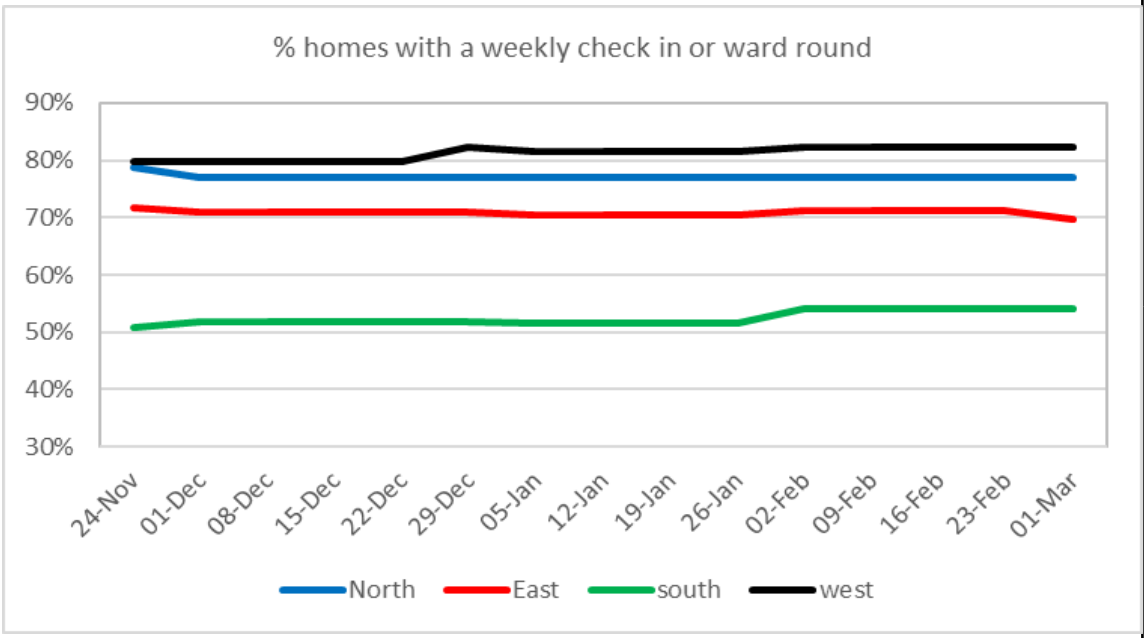
Actions for next month/s	Intended impact	Date impact will be realised
TIF funding for urology biopsies and cystoscopies approved. Working with IS provider to utilise a mobile facility at T&SDFT and NDHT.	Will reduce the waiting lists and support cancer performance.	March for T&SDFT and April for NDHT
Allocation of scanning time at Exeter CDC across all four Trusts	Support reduction of waiting lists across the ICS	March 22.
Insourcing sessions at UHP	Reduction of waiting lists	March 22.

Community Services: Support to Care Homes

Theme:
Delivery of the Enhanced Health in Care Homes:

- Residents to receive weekly clinical reviews
- Early identification of deteriorating residents (RESTORE2 implementation)

Underlying cause:
Need to ensure local clinicians/primary are providing clinical support to care homes and residents to optimise care at home. Care homes self report using the national capacity tracker and frequency of updating this is variable.



Quality

Delivery of Enhanced Health in care homes reduces the risk of no- recognition of the deteriorating patient; it equips staff with tools to keep residents safe, both in the long term through regular reviews and/ or when there is sudden deterioration.

Community Services: Support to Care Homes

Actions undertaken in last month	Impact
Review of capacity tracker reporting	Monitoring of increase in care homes receiving weekly ward round/clinical check ins.

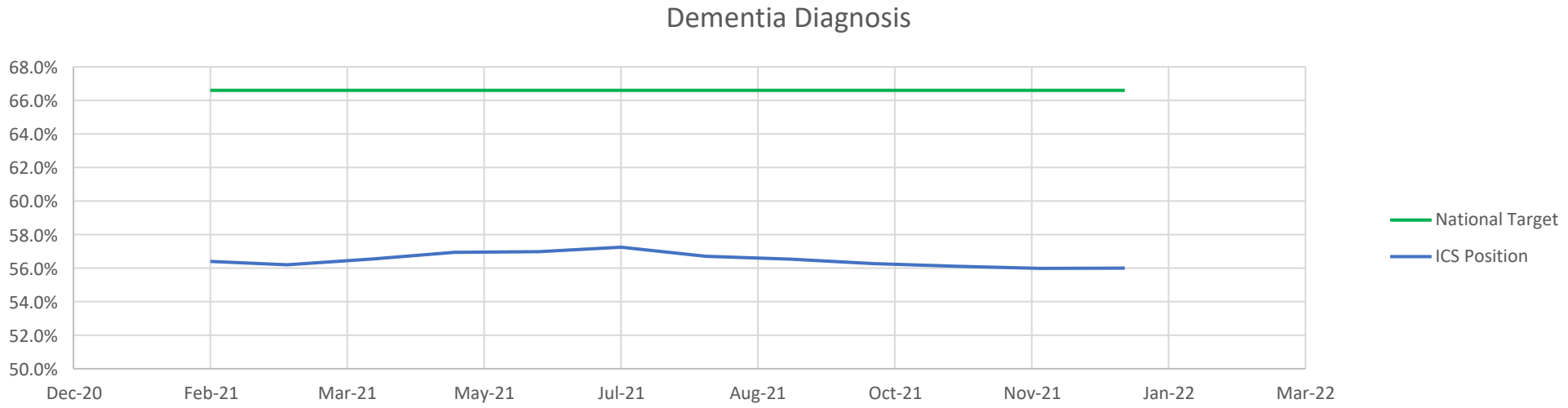
Actions for next month/s	Intended impact	Date impact will be realised
Prompt cards & key rings will be provided for care home staff and practice staff.	Easy reminder and prompt to encourage use	Q1 2022/23
Training for GP practice staff in RESTORE2 taking place.	Practice staff have awareness and can respond effectively when care homes report a deteriorating resident using RESTORE2 information.	Q1 2022/23

Mental Health – Dementia Diagnosis

Theme: Dementia Diagnosis Rate
The diagnosis rate for people aged 65 and over, as a percentage of the estimated prevalence based on GP registered populations is monitored nationally as a Long-Term Plan deliverable.

Underlying cause: Diagnosis rate has been at this level for most of the year and this is in line with national experience. Cause is not fully determined. Variation is currently being examined. Plus, triangulation of practice rates with known aspects of vascular and other relevant health as far as possible.

Data: National Target: 66.6%. Current ICSD performance: 56.0%. Trend: Consistent performance maintained



Mental Health – Dementia Diagnosis

Quality
The impact of this is delays to treatments and care, that if timely, can improve both safety and experience for patients and their carers.

Actions undertaken in last month	Impact
In this period, as part of the winter response, some teams have been diverted to support admission avoidance for older people with mental health problems, thus reducing diagnostic capacity.	This is likely to have had an adverse impact on the ability to increase diagnosis rates in some areas.

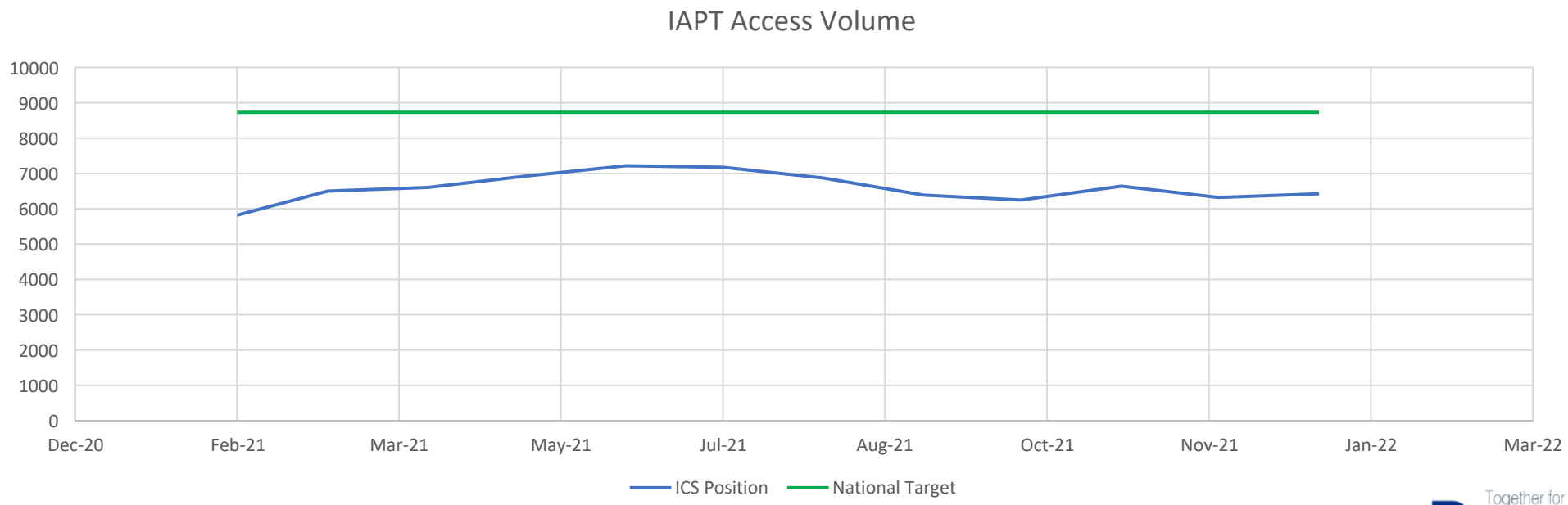
Actions for next month/s	Intended impact	Date impact will be realised
Discussion of potential underlying causes and solutions to take place with Primary Care Operational Group, 15th March.	i) Fuller understanding of cause and effect. ii) Targeted interventions for remedial actions and sustainable change.	TBC

Mental Health – IAPT Access Volumes

Theme: Improving Access to Psychological Therapies (IAPT) Access Volumes
This indicator tracks the national ambition to expand Improving Access to Psychological Therapies (IAPT) services and counts the number of people who receive IAPT in the quarter. This is compared to the ICS Devon requirements set by NHS England and Improvement.

Underlying cause: Access is lower than expected, due to decreased referrals (also observed regionally and nationally).

Data:
National Target for ICS Devon: 8,731 patients in Q3
Performance in ICS Devon: 6,321 patients in Q3



Mental Health – IAPT Access Volumes

Quality:
The impact of these services not being fully utilised, nor in a timely way, reduces patient opportunity to benefit from IAPT services. This in turn impacts on other parts of the system, including primary care, but also adds risk to safety, due to lack of therapy and potential for further clinical deterioration.

Actions undertaken in last month	***Impact***
In ICS Devon we continue to: - Augment the national promotion of IAPT through additional local communications and marketing efforts - Maintain prioritised access for key workers - Target promotion of the service to job sectors impacted by COVID and other major incidents and events - Work with primary care and local care partnerships to further understand the reasons and solutions for lower referral rates - Offer support into long covid pathways	The impact of local and national promotion activities should be to increase access to the IAPT service.

Actions for next month/s	**Intended impact**	**Date impact will be realised**
Continued collaborative working across IAPT teams, understanding challenges and promoting effective access improvement approaches.	Fuller understanding of 'what works' to aide increased uptake of IAPT, enabling a move to more specific actions taking place.	TBC

Mental Health – CYP Eating Disorders

Theme: Urgent and Routine Referral to Treatment Waiting Times for children and young people (CYP) with an Eating Disorder These indicators demonstrate performance against the national standards for these services which are part of the Long-Term Plan. The focus is on improved access and on effective treatment at the earliest opportunity in order to improve outcomes, reduce rates of relapse and need for admission.	**Data: Urgent Access RTT** National Target: 95% Current Performance: 78.79% Trend: Variable. Improvement against rolling 12 month national target will be gradual, current trajectory for achievement is October 22/23. **Data: Routine Access RTT** National Target: 95.0% Current Performance: 52.04% Trend: Deterioration, resource prioritised to respond to urgent referrals. Improvement against the rolling 12 month national target will be gradual, current trajectory for achievement is May 23/24.
Underlying cause: There has been increased longitudinal demand (prior to and due to COVID) and average acuity of need at the time of referral has increased. These are also nationally observed trends.	

Quality:
The impacts of this delay include patient safety as a result of delayed assessment, treatment and on-going support. This is also reflected indirectly within families and carers. Also, primary care work load shift is impacted, as this sector picks up the care and treatment for those not yet able to access this service.

Mental Health – CYP Eating Disorders

Actions undertaken in last month	Impact
Additional capacity is being recruited and trained.	To increase service capacity to enable achievement of the wait time standards.
Mutual support to maximise capacity across the system continues to be explored.	To increase the resilience of service capacity across the system.
Teams are working with families to ensuring that preparatory work is undertaken, and support is provided whilst people wait.	To ensure that CYP and their families are supported to be safe whilst waiting to access support and are ready to engage.

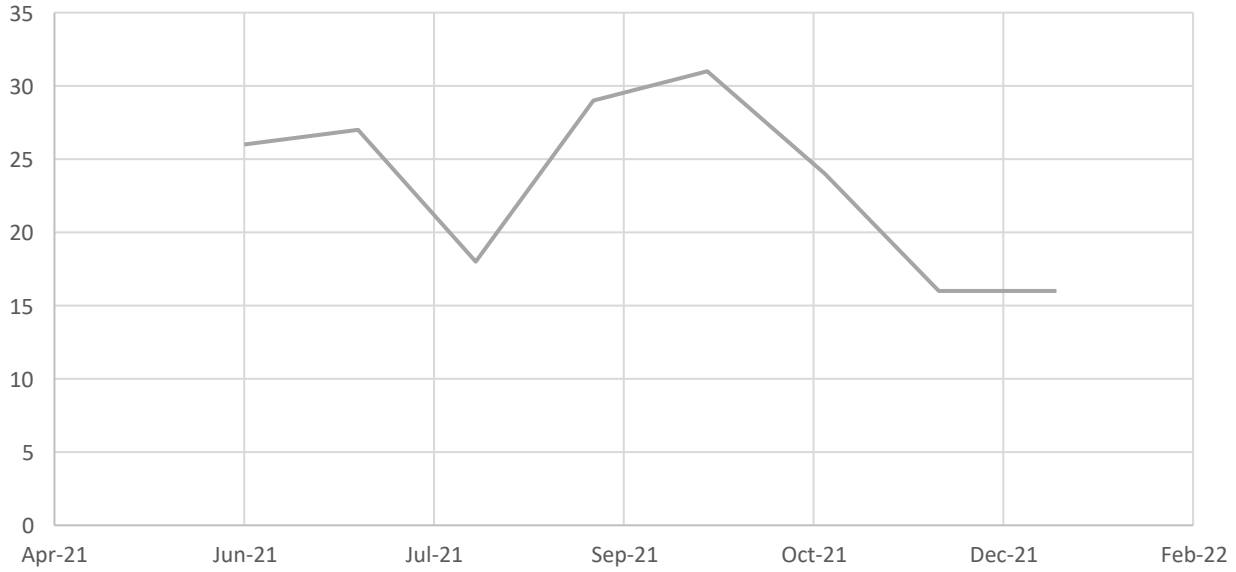
Actions for next month/s	Intended impact	Date impact will be realised
Continuation of the above actions.	Continuous increase in performance	Ongoing

Mental Health – Out of Area Placements

Theme: Number of inappropriate out of area placements
The number of people placed out of area inappropriately for acute mental health inpatient care at the end of each month.

Underlying cause: ICS Devon has a historical challenge in relation to performance against this metric, being the worst national performer in July 2021. This was in part because the bed-base for acute mental health provision in Devon was below the national average. Additionally, occupancy rates for inpatient mental health care remain high.

Data:
National Target: 0
Trajectory for end of Q4 21/22:
Current Performance: 16 Patients placed out of area at end Dec 21
Trend: Reduction, improvement



Mental Health – Out of Area Placements

Quality
Being placed out of area impacts on patients contact with family and others. In turn, this can affect care and treatment effectiveness. Additionally, commissioners are not as sighted on out of area placements; the relationships are not as developed to fully assure the ICS of safety and quality.

Actions undertaken in last month	Impact
Maintaining utilisation of external provision (Elysium) to increase bed based capacity.	Continue planned reduction in inappropriate out of area placements.

Actions for next month/s	Intended impact	Date impact will be realised
Increased capacity becoming available: Salus Ward (16 beds) and Sycamore Ward (26 beds).	Reduce inappropriate out of area placements to '0' in ICSD.	June 2022

Women, Children & Young People

Ockenden Report – System Update

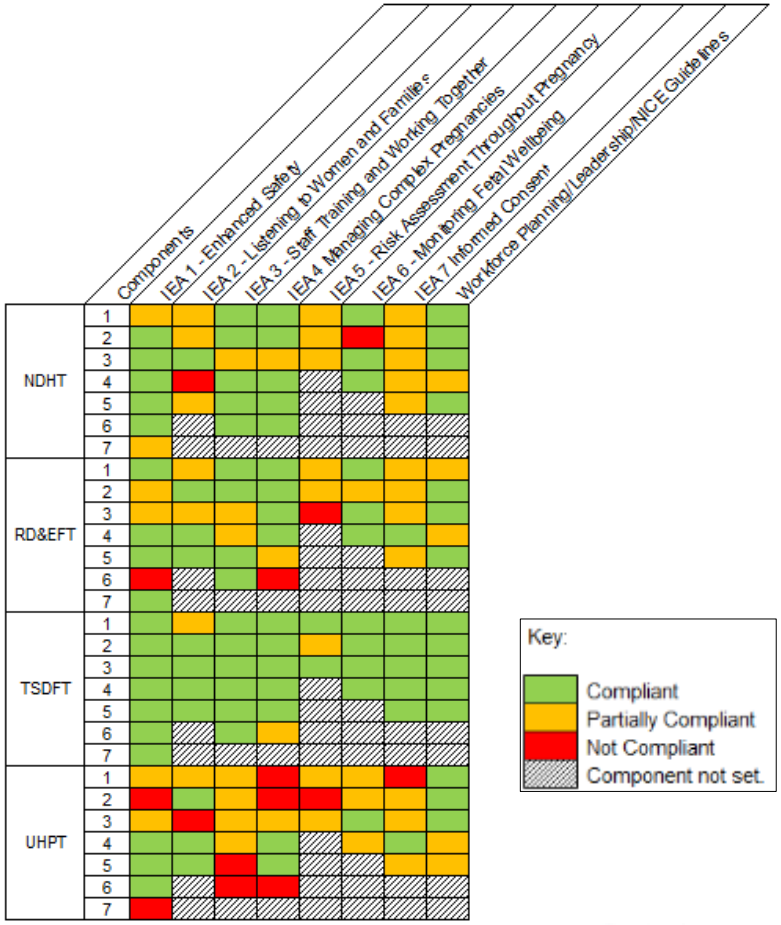
Background:

The Ockenden report was an independent review of maternity services commissioned due to significant concerns raised at the Shrewsbury and Telford NHS Trust. In December 2020, the report was published identifying seven immediate and essential actions (IEAs) for all maternity services to evaluate. Last year, each Trust submitted their evidence, assessing themselves against the IEAs. Following submission the Commissioning Support Units (CSU) provided a RAG rating comparing the evidence with the standards set in the Ockenden report.

Next Steps:

- Each Trust have their respective action plan to improve ratings; assurance and progress is monitored through the Local Maternity and Neonatal System (LMNS) Safety and Governance Workstream.
- National investment is supporting the recruitment and retention of obstetricians, midwives and maternity support workers.
- In March 2022, the Ockenden Report Part 2 is due for release and will involve a similar self-assessment process reviewed by the Commissioning Support Unit (CSU).
- Site visits are planned with each Trust. These visits will combine a regional and LMNS approach applying a clear framework.
- A Devon system approach is underway to create a dashboard to monitor forthcoming improvements.

Current CSU Assessment:



Children & Young People: Autism Diagnosis

Theme: Children in Devon are having to wait longer than the 18 week assessment target to receive an autism diagnosis.
Underlying cause: The system has previously been unable to recruit and retain sufficient staff to reduce the waiting list. Impact of present high numbers of COVID cases in Devon has impacted on school observations- schools cancelling due to low staffing numbers Additionally, the wait list recovery plan will not achieve the target of clearing the waiting by April 2022.

Quality:
Whilst mitigation is in place, to support children and carers who are experiencing long waits, such as contact telephone numbers, impact in delays to assessment lead to delays to treatment and support, both within health and education. Levels of anxiety this may cause children, young people and their carers may not be easily quantifiable, but remain an impact.

Children & Young People
Autism Diagnosis

Actions undertaken in last month	Impact
Contract with Babcock signed and in place for them to provide school observations contributing to the assessment. Recruitment processes to fill core staff vacancies as well as agency staff for the virtual team. Analysis of data referral confirms that self referrals remain high. Data Quality of process and assessments completed continues to be undertaken. Babcock continue to arrange meetings with school SEND staff to support the assessment process.	1799 children have been taken off the wait list since April 2021 (either assessment started, completed) as part of the Devon Autism waitlist recovery plan.

Actions for next month/s	Intended impact	Date impact will be realised
Revised recovery plan.	Provide guidance and direction to reduce waiting list times.	New proposed trajectory November 2022
Increase staff recruitment.	Increase existing staff base by a further 20 full time positions.	New proposed trajectory November 2022

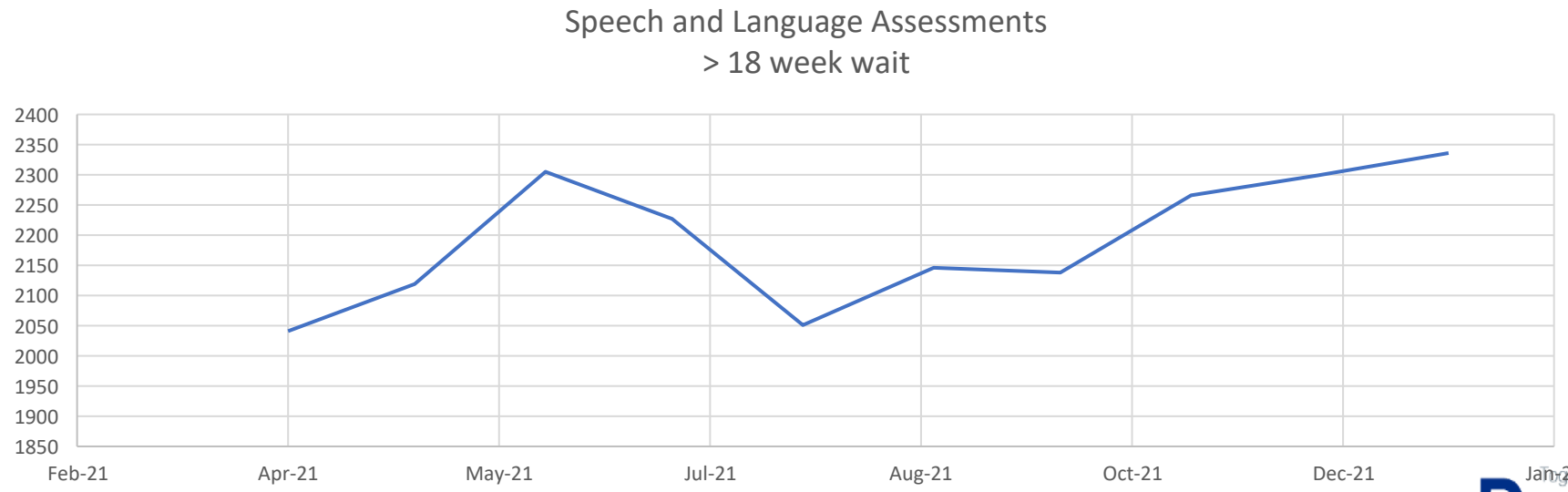
Children & Young People: Speech & Language

Theme: Speech and Language
Currently there are 2,336 children in Devon waiting for more than 18 weeks for a Speech and Language assessment.

Underlying cause:
High numbers of referrals are continuing to be received, whilst staffing vacancies have compounded the problem. Service was originally stood down at start of pandemic. Changes are needed to the environment and clinic space impacted, also moving to online and wearing of masks is not appropriate for SALT (Speech and Language Therapy).

Quality:

Delays to assessment lead to delays to treatment and support, both within health and education. This can impact on long term, as well as short term, outcomes.



Children & Young People: Speech & Language

Actions undertaken since last report	Impact
Children and Family Health Devon (CFHD) service efficiency has been improved by reviewing caseloads, streamlining the referral and documentation process; and triaging cases.	WTE staff are completing on average 66 appointments per month, an increase from 37, thus assisting with the reduction of awaiting referrals.
Livewell have introduced a new process. That following assessment a 12 week intervention course will commence. Upon completion the child's case will be reviewed to determine if any further treatment is needed.	Following the 12 week intervention, it is assessed that this process will support the reduction of children on the wait list.

Actions for next month/s	Intended impact	Date impact will be realised
Staff efficiencies are expected to continue. Implementation of assessment and 12 week offer of intervention.	More appointments will be completed by the same amount of staff (compared with previous performance). Therefore reducing the amount of children awaiting an assessment.	March 2023 – waiting list to achieve a zero/acceptable level.

Safeguarding – Adult Enquiries

Theme: Data inconsistencies Due to data inconsistencies within the system, improved processes are required to ensure the system has complete oversight of Safeguarding Adult Enquiries (Section 42.2) and learning is shared to drive improvement across the health community. Section 42.2 Enquiries are undertaken when concerns about abuse and neglect within health care settings are raised.
Underlying cause: Concerns vary with each enquiry but themes include poor discharge, action of individuals and falls.

Actions undertaken in last month	**Impact**
Since starting the Integrated Quality and Performance Reports (IQPR) returns in November, the team have built data cleansing into their work so the data is more accurate.	Identification and sharing of learning from enquiries to enable improvements in service delivery.

Actions for next month/s	**Intended impact**	**Date impact will be realised**
Work with local authority and provider colleagues to ensure accurate data collection and identification of themes.	Accurate data reporting.	Ongoing.

Safeguarding – Children in Care (CIC)

Theme: Health Assessment – Time Breach Children in care are not receiving a health assessment within 20 days of coming into care (statutory time scale). Data shows that only approximately 40% of children are seen in a timely way. There are inconsistencies in data reporting across the system.		
Underlying cause: Health providers not informed by local authority of child coming into care, late or incomplete return of consent and required documents, insufficient clinic capacity to meet peaks in demand and rising number of children coming into care.		
Actions undertaken in last month:	**Impact**	
Children's Transformation money has been allocated to health providers to improve clinic capacity and create a flexible resource to meet fluctuations in demand. Work is ongoing with the local authorities to improve the notification process. A new data return has been created to improve accuracy of data.	Improvement in number of CIC receiving initial health assessments within 20 days. Timely identification of health needs.	
Actions for next month/s	**Intended impact**	**Date impact will be realised**
Increase in CIC clinic capacity and a flexible resource to meet demands. Implementation of data collection process.	Identification of health needs of CIC	September 2022

Serious Incidents & Patient Experience

- There have been no new never events reported since the February 2022 report.
- Open serious incidents by provider and status

	In date	In date report reciceved	Report received past B/F date	Report due & overdue	Overdue RCA report, being re-reviewed	Extension agreed	Pending external report	Report reviewed, further information required	Total
NHS Devon CCG	1	1	0	1	0	0	0	0	3
Providers without Access to STEIS	8	0	0	4	0	0	0	5	17
TSDFT	20	4	4	0	0	0	2	2	32
RDEFT	5	0	0	12	0	0	4	2	23
NDHT	7	0	0	5	0	0	1	0	13
SWASFT	2	0	0	4	0	0	7	0	13
LWSW	4	0	0	13	0	4	0	1	22
UHPNT	23	4	0	2	1	0	0	7	37
DPT	30	0	4	37	1	2	1	18	93
DDOC	5	0	0	2	0	0	0	1	8
Out of area - Our Patient	1	0	0	0	0	0	0	1	2
Total	106	9	8	80	2	6	15	37	263

Serious Incidents & Patient Experience

- The CCG continues to be actively involved in supporting the system with complex multi-agency investigations involving different hospitals, mental health providers, our urgent and emergency care system providers and primary care. Working collaboratively leads to a joined-up approach, improved relationships and shared learning across the system. This is in line with ICS working, including the Patient Safety Incident Response Framework (PSIRF).
- Being involved from the start of any investigation that is identified as multi-agency, the CCG can ensure the scope and terms of reference are robust. This ensures the investigation covers all appropriate areas across organisational providers, including handover points from the start, and not just when reports are reviewed. The process involves a round table format, allowing providers to communicate openly.
- There are currently 14 multi-agency investigations taking place, which are being monitored by the use of round table meetings and reviews of cases.
- SWASFT system investigation SI continues to progress, with the final report due beginning of April.

Workforce

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

Vacancies

- Currently there are 87 consultant vacancies across the system. We have reviewed long standing consultant vacancies, and these will form the focus of a system medical recruit campaign in April 2022 which aims to attract medical colleagues from outside of the system to work in Devon.

- High rates of vacancies (154 posts, 16.74% of substantive workforce) for nursing in Devon Partnership NHS Trust (DPT) remain compared to the rest of the system. The International pipeline remains healthy, and we are now seeking to recruit overseas nurses into mental health and social care settings on behalf of these providers.

- A Livewell /Social care recruitment pilot commenced in December with 130 applicants in the first 3 weeks. Aim is to fill 100 vacancies across 10 providers during Q4. 12 care colleagues are now in post and the pipeline continues to build from soft launch alone working through DWP. Public facing advertising going live March 2022.

- The Trusts are currently attempting to over recruit into rapid response teams to aid discharge . The aim is to fill circa 80 vacancies , however at present we have only filled 15 to date due to a very competitive jobs market.

Workforce

Bank and agency spend

- Agency spend remains high although there has been a small decrease this month. Staffing continues to be challenging across the whole healthcare sector. A task and finish group has just been established in order to assess how to reduce off framework agency bookings and general agency usage. A plan for this is expected during Q4 for implementation in 2022/23.

Workforce Strategy

- Engagement has taken place across the health and social care arena in the last couple of months. A new Workforce Strategy Steering Group has been established which has a System-wide oversight role to guide the Workforce Strategy work as it develops. This group will meet again early March to review the summary themes and emerging principles. They will also review the data around the projected demand growth across the System and the ability to meet this need in terms of people and their skills. Following this meeting, a closing workshop will be held that will provide delegates with the opportunity to review the outline principles and data prior to this going to approval stage and sign off in May.

Other

- Turnover has remained the same as the last report (11.8%) and is higher than this time last year. (9.3%)
- At 01 March absence in Devon is 6.2% (COVID related 1.9%). TSDFT, RDE and UHP are in the stages of completing deep dives on sickness absence data to understand where the hot spots are in order to develop further supportive measures to assist staff back to work, where possible.
- Staffing hub set up to agree methods of increasing availability of staff to respond to pandemic – meeting twice weekly.

Workforce

		ICS	NDHT	RD&E	TSDFT	UHP	DPT
Consultant	Substantive Workforce	1277.7	112.5	389.1	238.9	454.9	82.3
	Vacancies	87.0	12.8	4.7	10.4	39.8	19.2
	Vacancy rate	6.54%	10.43%	1.17%	4.34%	8.52%	19.85%
Nursing	Substantive Workforce	7196.9	774.8	2144.0	1287.7	2194.7	795.7
	Vacancies	562.0	93.4	66.8	135.7	112.3	153.7
	Vacancy rate	7.66%	10.80%	3.16%	10.26%	5.31%	16.74%
HCA	Substantive Workforce	3706.657	308.05	1071.76	551.4951	1258.08	517.272
	Vacancies	388.8746	46.44	72.80718	89.58451	163.3129	16.73
	Vacancy rate	9.50%	13%	6.36%	13.97%	11.49%	3.13%
AHP	Substantive Workforce	2041.471	235.35	626.27	524.6353	445.7161	209.5
	Vacancies	142.5156	60.11	33.8317	31.8	26.60393	-9.83
	Vacancy rate	7.26%	20.20%	6.14%	6.48%	6.18%	-5.12%

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

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Performance Deep Dive: Children and Young People's

Challenges

- The impact of Covid 19 on our children, young people and families is an emerging picture - recognising that social, economic and health inequalities are increasing
- Children's health services are still trying to recover from being diverted to support adult care and from not having access to some children through education
- Schooling has been significantly disrupted with children remaining at home, not all in situations conducive to health, wellbeing and learning. Increase in anxiety, mood disorder and eating disorders. Increase in safeguarding concerns.
- For children with disabilities, especially those with neurodiverse needs the disruption to their lives has meant an increased risk of family and placement breakdown.
- Pre-existing limitations in the system have been exacerbated – e.g. waiting times for therapies and diagnosis. Fragmentation in pathways and multidisciplinary (MDT) working
- Data flow - understating children's population health and wellbeing constrained by varied and unstandardised provider reporting
- Delivering change in service pathways. Some services are already oversubscribed and have long waiting lists, staff have limited capacity to therefore deliver change whilst reducing wait times
- Workforce – recruitment of specific clinical roles is challenging due to national vacancies in these positions, with supply unable to meet demand. Impact of covid – staff sickness and absence have reduced service delivery and capacity thus increasing waiting times.

Devon ICS Long Term Plan

- **Children and Young People –** investing more in children and young people to have the best start in life, be ready for school, be physical and emotionally well and develop resilience throughout childhood and on into adulthood

Children and Young People; improving Speech Language and Communication

Focus on prevention and early intervention to offer the best start and improve life chances for children and young people

Children and Young People; Neurodiversity (including ASD and LD) delivering an integrated approach to avoid emotional distress and crisis**.**

Focus on integrated emotional and behavioural support to prevent escalation and crisis and support transition to adulthood. Where crisis does occur keep children with their communities and facilitate recovery.

Children and Young People: Emotional Health and Mental Wellbeing.

Managed within the mental health programme and feeding onto the CYP LTP programme board

Local maternity & Neonatal Transitional Care

Improving the services offered to women and Neonates to reduce inequalities and improve choice consistently improve clinical outcomes.

Acute Surgery in Children Services

Align to Southwest SiC ODN assessment and implementation of the National SiC Model. Proposal for UHP to be the interim

Acute and Community-based Paediatric Services

Supporting improved acute hospital and community-based paediatric services through integration and enhancing the overall offer

CYP Long Term Plan Programme Board:

- Complex governance
- Strengthening partnerships
- Aligning priorities
- Embedding co-production
- Improving integration

Strengthening Joint Commissioning

- Partnership approach to SEND:
  - Torbay SEND inspection 8 areas for of significant concern.
  - Report to be presented to the informal Governing Body meeting on the 7th April .
- Opportunities for joint commissioning into the family hubs model :
  - Reduce inequalities.
  - Improve access to early help for key pathways and prevention.
- Recognition that for children with more complex needs – a more integrated MDT approach is critical.
- Opportunities to work together to strengthen confidence and capability in settings and communities which are struggling to respond to the emotional wellbeing needs of children and young people.
- Undertaking a review of community services to inform **strategy** and investment priorities.

Moving forward together

- There has never been such an important time for the health, education and care systems for children to come together and align priorities.
  - In a way that will improve the health and life chances for our children and young people.
  - By listening to our children and families and putting them at the centre of our work.
- To be successful we need to focus our already stretched resources on agreed and shared change programmes. By working together and pooling our expertise we can make the critical difference that is needed for today's children and young people and our future population.

Support from the regional team and local system

- Transformation resourcing - opportunity for joint posts funded through CYP transformation funds, clinical leadership - confirmation of transformation funding allocation
- Clarity about which programmes are being delivered at a regional level – reducing duplication in transformation activity
- Population health approached for children and young people. How can we use our data better
  - Understating local data- business intelligence and analytics support
- Lobbying up - improved national visibility for children –
  - Latest NHS operating guidance has no specific requirement for children's care or recovery of services
  - Children's Social Care excluded from new White Paper
- Focus on children in local care partnerships
- Thinking 'all age' in systems developments. i.e. diagnostic hubs

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ICS Performance & Quality Outcomes

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Strategic Outcomes

Devon ICS Strategic Outcomes Framework

	Domain		latest period	England Latest	England trend	STP latest	STP Trend	SW Region Latest	SW region trend	Devon County Council Latest	Devon County Council Trend	Plymouth County council Latest	Plymouth County Council Trend	Torbay County council Latest	Torbay County Council Trend
Health of the Population	Early Years	Breast feeding prevalence at 6-8 weeks after birth	2020/21 Q4	49.5%						56.0%		41.0%		40.0%	
	Young people	Admission episodes for alcohol-specific conditions - Under 18s (Crude rate per 100,000 population) Rolling 12 month position	January			69.4				58.8		68.3		68.8	
	Older Adults	Admission episodes for alcohol-specific conditions - Over 65s (Crude rate per 100,000 population) Rolling 12 month position	January			1504.8				1245.1		1353.7		1584.2	
Health of the ICS Are people being appropriately and equitably support by the	Early Years	Take-up of health visitor checks Proportion of new birth visits completed within 14 days	2021/22 Q2	82.9%				73.1%		12.5%		83.3%		87.5%	
	Younger people	Children and young people accessing mental health services. Rolling 12 Months	January	41%		35%									
		Service users with crisis plans % of people in contact with mental health services	2019/20 Q2	12%		3%									
		Hospital admissions as a result of self harm (10-24 years) Directly standardised rate per 100,000	2020/21	422		519.8		624.9		494.7		668.8		700.7	
	Working Age	Out of area placement bed days (inappropriate only)	December			5041				4476		565			
		Proportion of eligible adults with a learning disability having a health check (%) (target 75%)	January			61.9%									
		Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiet/depression	January			1.6%				1.7%		1.3%			
		Admission episodes for alcohol-specific conditions (Crude rate per 100,000)	January			1216.7				996.4		945.6		1680.2	
	Older Adults	Bed Occupancy Rates (Acute Hospitals excludes covid beds)	2122 Q3	86%		86%				83%		89%		86%	
		Dementia: Recorded prevalence (aged 65 years and over)	January			56%									
		Emergency admissions aged 65 and over (rate per 1000 population) <1	2122 Q3			5619.9				5075.2		3970.6		5896.1	

Quality Outcomes*

*Data collection in development for new metrics

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS/CCG		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
Individuals in receipt of funding from the NHS/CCG due to a statutory responsibility	Continuing Healthcare assessment are completed within 28 days	Number of referrals concluded within 28 Days	80%	Q3 2021/22	76%													
	Continuing Healthcare assessments take place within an acute hospital	Less than 15% of Continuing Healthcare assessments take place within an acute hospital	15%	Q3 2021/22	0%													
	Assessment for Continuing Healthcare determination over 12 weeks	Number of assessment for Continuing Healthcare determination over 12 weeks	0	February	3													
Primary care	Asthma RCP assessment	Proportion of GP assesment including Asthma RCP assessment	Higher is Better	2018/19			0.778		0.785		0.729		0.768					
	Mental Health comprehensive care plan	Annual Proportion of GP assesment including Mental health care plan	Higher is Better	2020			0.688		0.656		0.664		0.683					
	Diabetes BP reading 140/80 mmHg or less	Annual Type 1 Proportion of GP assesment including Diabetes BP reading	Higher is Better	2019			0.771		0.761		0.718		0.775					
		Annual Type 2 Proportion of GP assesment including Diabetes BP reading					0.717		0.717		0.709		0.738					
	Needs met at last GP appointment	Annual Proportion of GP assesment including Needs met	Higher is Better	2020			0.964		0.972		0.947		0.955					
	Cancer review within 6 months of diagnosis	Annual Proportion of GP assesment including Cancer reviews	Higher is Better	2020			0.918		0.937		0.882		0.905					
	Females, 25-64, attending cervical screening within target period	Proportion of GP assesment including Cervical screening 25 - 49	Higher is Better	Q4 2020/21			0.742		0.761		0.727		0.752					
		Proportion of GP assesment including Cervical screening 50 - 64					0.775		0.764		0.763		0.764					
	Persons, 60-69, screened for bowel cancer in last 30 months	Annual Proportion of GP assesment including bowl cancer	Higher is Better	2020			0.691		0.676		0.686		0.680					
	Child Imms DTaP/IPV/Hib/HepB (age 1 year)	Proportion of GP assesment including immunisations	Higher is Better	2020			0.944		0.955		0.960		0.952					
	CQC rating	Latest Care Quality Commission rating	Higher is Better					Good (Apr 2019)		Requires improvement (Nov 21)		Requires improvement (Jan 22)		Good (Jul 2020)		Good (Sep 2021)		Good (Jan 2020)
ICS	C-Diff	Healthcare onset – healthcare associated	Lower is Better	February	7		2		0		5		1					
		Community onset – healthcare associated	Lower is Better	February	1		1		0		1		0					
		Community onset- indeterminate association	Lower is Better	February	3		3		0		1		0					
		Community onset-community association	Lower is Better	February	4		0		1		2		3					
	MRSA	Community onset – healthcare associated	Lower is Better	February	0		0		0		0		0					
		Community onset-community associated	Lower is Better	February	0		0		0		0		0					
	MSSA	Healthcare Associated	Lower is Better	February	4		1		1		4		0					
		Community onset-community associated	Lower is Better	February	11		3		2		6		4					

Quality Outcomes

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS/CCG		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
ICS	E.coli	Healthcare associated	Lower is Better	February	11		3		5		5		1					
		Community onset-community associated	Lower is Better	February	28		9		9		11		6					
	Klebsiella	Healthcare associated	Lower is Better	February	2		1		0		1		0					
		Community onset-community associated	Lower is Better	February	6		1		0		2		3					
	Pseudomonas	Healthcare associated	Lower is Better	February	1		0		0		1		0					
		Community onset-community associated	Lower is Better	February	1		0		0		2		0					
	Hospital COVID 19 outbreaks	Snap shot of Definite Hospital acquired cases Transferred from another ward on the 1st on the month	Lower is Better	January			3		0		1		0					
		Staff cases snapshot as at 1st of the month	Lower is Better	March			30.3%		33.1%		30.5%		28.9%					
		Council Snap shot of Care Homes Reporting COVID Cases	Lower is Better	March							9		7		40			
Mental Health	Out of area placement bed days (inappropriate only)	Number of inappropriate Out of Area placements across specialities (Adults) (numbers of patients requiring adult acute mental health inpatient care	Lower is Better	December	5041										4476		565	
	Annual Physical Health Checks for those with SMI	% of completed comprehensive annual Physical Health Checks for those with SMI	Higher is Better	January	30%													
	Dementia Diagnosis rate	Proportion of patients with dementia, ages 65+	66.70%	January	55.7%													
	% of people discharged from in-patient units who receive follow up at 48hrs	% of people discharged from in-patient units who receive follow up at 72hrs	Higher is Better	October	27.0%										75%		19%	
	% of people discharged from in-patient units who receive follow up within 7 days	% of people discharged from in-patient units who receive follow up within 7 days	Higher is Better	January													100%	
Childrens	Autism Ax	Mean wait from referral to assessment Childerns number of Weeks data from Children and family Health Devon	Lower is Better	December	78.7													
	Eating Disorders:- routine	Children and Young people Eating disorders waiting times (routine 4 weeks)	Lower is Better	Q3 2021/22	44%								SWA		46%		38%	
	Eating Disorders:- urgent	Children and Young people Eating disorders waiting times (urgent 1 week)	Lower is Better	Q3 2021/22	61%								SWA		76%		38%	
	CAMHS: - Routine	CAMHS DPT waiting over 18 weeks Livewell within 18 weeks	Lower is Better	November											713		296	
	CAMHS: - Urgent	Urgent CAMHS referrals seen within 1 week DPT (local target) Livwell 24hr	Lower is Better	November											89%		96%	
	Mean wait for SALT	Mean wait from referral to assessment	Lower is Better	January													29	
Community	End of Life measure Death in place of choice	Proportion of deaths in usual residence	Higher is Better	2021/22 Q2	58.31													

Quality Outcomes

Quality indicators

Domain		Definition	Target/Direction	latest period	ICS/CCG		RDEFT/Eastern		NDHT/Nothern		UHP/Western		TSDFT/Southern		DPT		Livewell	
Safety systems	Number of open Serious Incidents	Total number of Open Incidents	Lower is Better	February			23		13		37		35		94		22	
	Number of Serious Incidents that are overdue	Total number of Serious Incidents that are overdue	Lower is Better	February			12		8		3		2		39		13	
	Number of Never events in last twelve months	Total number of Never events withina rolling 12 month period	Lower is Better	February			0		0		0		0		0		0	
	PALS: Number of open complaints	Total number of open complaints	Lower is Better	February			0		0		0		0		0		0	
Safeguarding	Number of children receiving CP medicals	Torbay, Devon and Plymouth CC		January							329		149		639			
	Domestic abuse and sexual violence victims and perpetrators referred to specialist services.			January			8		13		30							
	Percentage of CIC receiving RHA's within timescales (this is 6 monthly for U5s and annually for Over 5s)			January											44%		13%	
	Percentage of CIC receiving IHA's within 20 working days of coming into care.			Q3 2021/22			0%		57%		26%		50%					
	Number of safeguarding adult enquiries (S42) regarding the service			January			18		9		4		2		11		0	
Maternity	Breast feeding rates	Proportion First feed breast milk	Higher is Better	November			56%		75%		70%		77%					
	Homebirth rate	Proportion of home births	Higher is Better	November					5%				3%					
	Midwife to Birth ratio		Higher is Better	January					61%		62%		69%					
	Still births/ Neonatal deaths	Number of still Births	Lower is Better	January					0		0		0					
	C/S rates	Proportion of Elective and emergency Caesarean section births	Lower is Better	November			30%		35.0%		27.8%		32.3%					
People	Sickness rate	Average sickness absence rate	Lower is Better	January			4.9%		4.2%		5.7%		4.7%		6.6%			
	Turnover rate	Average staff turnover rate rate	Lower is Better	January			12%		13%		11%		13%		13%			
	Bank as share of temporary workforce		Lower is Better	January			67%		85%		99%		59%		74%			
	Consultant vacancies	Total number of vacancies	Lower is Better	January			4.7		12.8		39.8		10.4		19.2			
	Nursing vacancies	Total number of vacancies	Lower is Better	January			66.8		93.4		112.3		135.7		153.7			
	HCA vacancies	Total number of vacancies	Lower is Better	January			72.8		46.4		163.3		89.6					
	AHP vacancies	Total number of vacancies	Lower is Better	January			33.8		60.1		26.6		31.8					

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Recovery & Activity

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Performance Key Targets

Performance Key Targets																		
			ICS			RDEFT			NDHT			UHP			TSDFT		
Indicator	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
Accident & Emergency type 1&2	FEBRUARY 2021-22	95%	57%	55%	θ	64%	60%	θ	70%	71%	π	#VALUE!	#VALUE!	######	43%	42%	θ
Accident & Emergency All	FEBRUARY 2021-22	95%	71%	69%	π	71%	68%	θ	70%	71%	π	#VALUE!	#VALUE!	######	61%	61%	θ
Accident & Emergency 12 hour	FEBRUARY 2021-22	0	142	197	π	6	65	π	4	9	π				132	123	θ
Referral To Treatment - Incompletes	JANUARY 2021-22	92%	55%	55%	θ	51%	52%	π	60%	59%	θ	62%	62%	θ	56%	55%	θ
Referral To Treatment 52+ week waiter	JANUARY 2021-22	0	12578	12974	π	6128	0	π	1316	0	π	2980	0	π	2383	0	π
Diagnostics	JANUARY 2021-22	99%	61%	58%	θ	62.7%	58.5%	θ	46.4%	39.2%	θ	67.9%	70.8%	π	62.1%	58.7%	θ
Cancer 2 Weeks	JANUARY 2021-22	93%	68%	66%	θ	70%	67%	θ	78%	#DIV/0!	########	81%	83%	π	44%	46%	π
Cancer breast symptomatic	JANUARY 2021-22	93%	19%	32%	π	8%	16%	π	4%	2%	θ	3%	37%	π	85%	39%	θ
Cancer 31 Day First	JANUARY 2021-22	96%	94%	93%	θ	93%	92%	θ	83%	87%	π	93%	94%	π	98%	95%	θ
Cancer 31 Day Follow-up Drug	JANUARY 2021-22	98%	99%	99%	θ	99%	97%	θ	97%	96%	θ	100%	99%	θ	100%	100%	θ π
Cancer 31 Day Follow-up Surgery	JANUARY 2021-22	94%	84%	85%	π	72%	76%	π	92%	56%	θ	84%	84%	θ	100%	97%	θ
Cancer 31 Day Follow-up Radiotherapy	JANUARY 2021-22	94%	98%	97%	θ	100%	98%	θ	#DIV/0!	100%	########	95%	99%	π	100%	97%	θ
Cancer 62 Day Urgent	JANUARY 2021-22	85%	65%	63%	θ	67%	64%	θ	55%	0%	θ	62%	66%	π	67%	58%	θ
Cancer 62 Day screening	JANUARY 2021-22	90%	69%	68%	θ	14%	33%	π	88%	#DIV/0!	########	85%	70%	θ	78%	80%	π
Cancer 62 Day upgrade	JANUARY 2021-22	85%	82%	82%	θ	86%	81%	θ	82%	100%	π	58%	72%	π	100%	100%	θ π

Performance Key Targets

			Devon Partnership trust			Livewell Southwest			STP		
	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
People with severe mental illness receiving a full annual physical health check	January	41%							29.8%	30.1%	π
Children and Young people ED waiting times (urgent)	Q3 2021/22	95%	79%	76%	0	33%	38%	π	65%	44%	0
Children and Young people ED waiting times (Routine)	Q3 2021/22	95%	58%	46%	0	38%	38%	π	55%	44%	0
Perinatal Mental Health (women accessing services)	January	7%							8.2%	8.3%	π
Improving Access to Psychological Therapies Roll out (access)	January	7.1% (quarter)	4.8%	4.9%	π	3.9%	4.0%	π	4.6%	4.7%	π
Out of area placements bed days (inappopriate only)	December	0	4,654	4,476	0	590	565	0	5,244	5,041	0
Percentage of people on CPA who were followed up with in 7 days of discharge	January	95%	89%	100%	π	100%	100%	0 π	100%	100%	0 π
Proportion of adults in settled accommodation in contact with secondary mental health services	January	60%	69.0%	69.6%	π						
Proportion of adults in contact with secondary mental health services in paid employment	January	10%	6.4%	6.8%	π						
Adults Care Programme Approach review within 12 months	January	95%	85.8%	87.0%	π	93.8%	94.6%	π	87.3%	88.5%	π
Percentage of discharges followed up within 48 hours	January	95%	84.1%	84.1%	0 π	100.0%	87.5%	θ	86.3%	84.6%	θ
Improving Access to Psychological Therapies - The percentage of people who are "moving to recovery"	December	50%	50.6%	51.0%	π	51.8%	47.4%	θ	50.8%	49.8%	θ
% of Improving Access to Psychological Therapies clients who started treatment within 6 weeks of referral	January	75%	98.7%	98.0%	θ	93.1%	85.9%	θ	97.2%	94.7%	θ
Dementia diagnostic rate	January	67%							56.0%	55.7%	θ

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ICS: Finance Report Month 10

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Financial Framework

- The NHS financial framework has provided a fixed settlement for the first half (H1) of financial year 2021/22 which is very much in line with the temporary financial framework in place through 20/21. This funding is assumed to deliver the published elective activity trajectories of 70% (April), 75% (May), 80% (June), 85% (July onwards) of 19/20 activity.
- A fixed settlement for the second half of the financial year (H2) was agreed in line with H1 values but with an additional efficiency requirement and a 5% reduction to COVID in envelope funding.
- Elective Recovery Fund (ERF) income can be earned by each system, for H1 this was by delivering elective activity above the following percentages of 19/20 activity 70% April, 75% May, 80% June, 95% July – September.
- In H2 ERF can be earned if the activity is greater than 89% of 19/20 levels in terms of completed patient pathways both admitted and non admitted weighted by specialty.
- Some COVID funding will be reimbursed on top of the system envelope, this includes spend on testing, vaccinations and hospital discharge.

System surplus / deficit position

Organisation	Measure £'m	Year to date			Forecast		
		Plan	Actual	Variance fav / (adv)	Plan	Actual	Variance fav / (adv)
Devon CCG	Surplus/(Deficit)	3.5	3.5	(0.0)	5.3	5.3	0.0
Royal Devon & Exeter NHS FT	Surplus/(Deficit)	(4.1)	(1.7)	2.3	(8.7)	(6.3)	2.3
University Hospitals Plymouth Trust	Surplus/(Deficit)	(0.8)	4.1	4.9	2.1	2.3	0.2
Northern Devon Healthcare NHS Trust	Surplus/(Deficit)	(2.2)	(2.0)	0.2	(2.7)	(2.7)	(0.0)
Torbay and South Devon NHS FT	Surplus/(Deficit)	0.7	0.9	0.2	1.8	1.8	(0.0)
Devon Partnership Trust	Surplus/(Deficit)	0.0	0.0	(0.0)	(0.0)	0.0	0.0
Livewell South West	Surplus/(Deficit)	0.0	0.0	0.0	0.0	0.0	0.0
Total	**Surplus/(Deficit)**	**(2.9)**	**4.7**	**7.7**	**(2.2)**	**0.3**	**2.5**

- As at month 10 the Devon ICS had a surplus of £4.7m which is £7.7m favourable variance to plan. (M9 £5m)
- The forecast to the year end is £0.3m surplus (M9 £0.1m) which is £2.5m favourable against the £2.2m planned deficit. (M9 £2.3m)

Elective Recovery Fund (ERF)

Organisation	£'000		
	H1	H2 YTD	H2 Forecast
Devon CCG	44	-	-
Royal Devon & Exeter NHS FT	8,229	2,624	4,457
University Hospitals Plymouth Trust	10,315	4,637	7,775
Northern Devon Healthcare NHS Trust	3,207	583	900
Torbay and South Devon NHS FT	2,808	427	936
To allocate	797		
Total	**25,400**	**8,271**	**14,068**

- As at month 6 the Devon ICS has received £25.4m for the first half of the year ERF income into the system.
- The distribution is based on the agreed financial principles for ERF in the Devon system.
- As at month 10 the system has estimated to have earned a further £8.3m (M9 7.2m) and forecast to earn £14.1m. (M9 £18m)

In envelope COVID spend M1-10

COVID spend category	Royal Devon & Exeter NHS FT	University Hospitals Plymouth Trust	Northern Devon Healthcare NHS Trust	Torbay and South Devon NHS FT	Devon Partnership Trust	Total
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	493	42	446	-	1,441	2,422
Additional Sick pay at full pay for all staff policy - full pay for COVID-related staff absence (for those not normally entitled to sick pay)	-	-	154	-	-	154
Existing workforce additional shifts to meet increased demand	4,039	312	763	922	148	6,184
Backfill for higher sickness absence	323	1,843	364	1,613	424	4,567
Total Testing - In Envelope	644	322	444	-	-	1,410
PPE associated costs	228	314	34	-	24	600
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	1,559	-	19	418	-	1,996
Remote management of patients	-	97	21	-	808	926
Support for stay at home models	-	159	-	-	-	159
Segregation of patient pathways	1,022	4,897	45	5,297	380	11,641
Decontamination	253	937	1,240	1,364	20	3,814
Ambulance Capacity	-	-	-	993	-	993
Additional PTS costs	-	-	-	50	-	50
After care and support costs (community, mental health, primary care)	-	-	-	-	120	120
Remote working for non-patient activities	34	435	31	-	210	710
Long COVID	100	-	71	-	-	171
Total	**8,695**	**9,358**	**3,632**	**10,657**	**3,575**	**35,917**

- As at month 10 the Devon ICS had spent £35.9m on in envelope COVID areas. (M9 £31.1m)

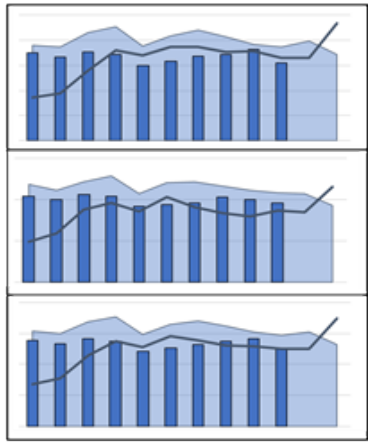
Together for Devon

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

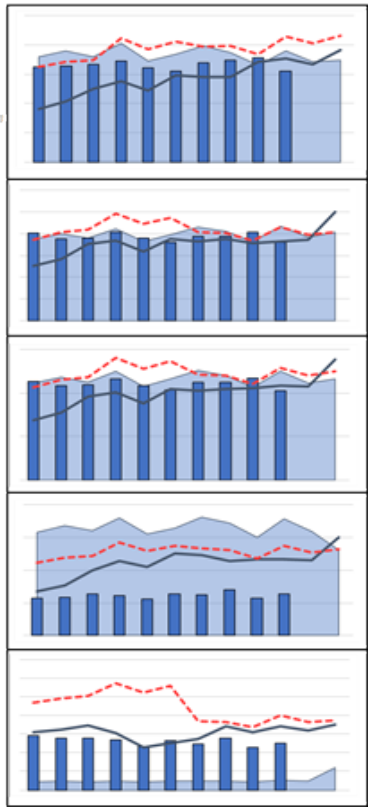
Activity vs Plan

#TogetherForDevon

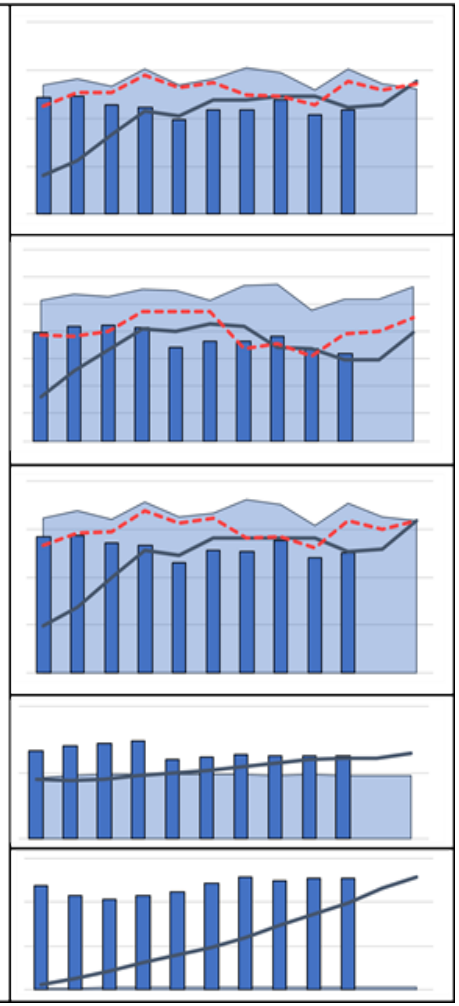
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DEMAND	GP REFERRALS	2019/20	18,912	18,664	21,395	22,588	18,834	20,849	21,945	20,686	19,160	18,555	19,719	17,129
		2020/21	8,601	9,461	13,879	17,890	16,960	18,685	18,689	17,602	17,731	16,405	16,512	23,269
		2021/22	17,396	16,536	17,690	17,035	14,930	15,782	16,813	17,147	18,163	15,480		
		Growth vs 19/20	-8%	-11%	-17%	-25%	-21%	-24%	-23%	-17%	-5%	-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	10,402	9,171	9,420	9,651	10,298	10,067	9,633		
		Growth vs 19/20	-12%	-10%	-13%	-19%	-15%	-22%	-21%	-12%	-10%	-11%		
	TOTAL REFERRALS	2019/20	30,763	29,836	33,573	35,432	29,614	32,908	34,096	32,329	30,308	29,374	30,472	26,462
		2020/21	13,521	15,412	22,722	27,534	25,552	28,983	27,793	25,954	25,678	25,101	24,968	34,777
		2021/22	27,817	26,562	28,313	27,437	24,101	25,202	26,464	27,445	28,230	25,113		
		Growth vs 19/20	-10%	-11%	-16%	-23%	-19%	-23%	-22%	-15%	-7%	-15%		



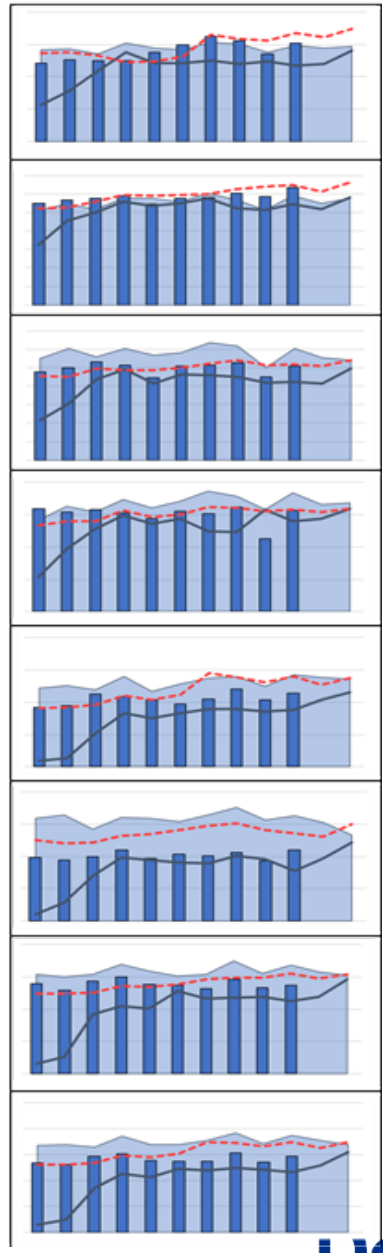
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OUTPATIENTS	Consultant led first outpatient attendances	2019/20	36,047	37,903	35,832	40,596	34,665	36,709	39,826	37,519	33,033	38,045	34,127	34,791
		2020/21	17,965	20,544	25,081	27,533	24,492	29,621	29,107	29,134	34,145	35,346	33,318	38,322
		Plan	32,569	34,175	34,903	42,460	38,601	41,152	39,554	39,802	36,903	42,921	40,577	43,303
		2021/22	32,560	32,787	33,288	34,492	32,176	31,210	34,072	34,709	35,552	30,942		
		Plan vs 19/20	90%	90%	97%	105%	111%	112%	99%	106%	112%	113%		
		Actual vs 19/20	90%	87%	93%	85%	93%	85%	86%	93%	108%	81%		
	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	81,297	80,385	73,553	85,840	78,979	81,599
		2021/22	80,538	75,427	75,838	81,234	75,897	72,216	77,778	77,420	81,362	71,704		
		Plan vs 19/20	99%	102%	109%	116%	122%	120%	94%	98%	101%	99%		
		Actual vs 19/20	108%	95%	99%	96%	104%	91%	90%	94%	111%	82%		
	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	120,851	120,187	110,456	128,760	119,556	124,902
		2021/22	113,098	108,214	109,126	115,726	108,073	103,426	111,850	112,129	116,914	102,646		
		Plan vs 19/20	96%	98%	106%	112%	118%	117%	96%	100%	104%	103%		
		Actual vs 19/20	102%	92%	97%	92%	100%	89%	89%	94%	110%	82%		
	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	133,623	130,511	117,994	137,721	127,374	132,726
		2021/22	57,047	58,750	64,114	60,978	56,087	64,153	62,402	69,688	57,642	64,231		
		Plan vs 19/20	70%	71%	76%	79%	83%	83%	74%	76%	78%	77%		
		Actual vs 19/20	36%	35%	40%	34%	36%	39%	35%	41%	38%	36%		
	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	36,773	36,530	33,703	40,145	36,501	37,259
		2021/22	28,998	27,789	27,780	26,985	23,402	26,634	24,878	28,049	22,838	25,131		
		Plan vs 19/20	1053%	1005%	1136%	1137%	1164%	1217%	735%	748%	759%	751%		
		Actual vs 19/20	649%	569%	624%	537%	521%	581%	498%	575%	514%	470%		



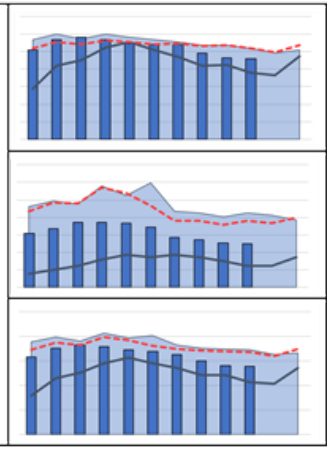
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ELECTIVES	Total Elective Admissions - Day Case	2019/20	13,510	14,183	13,382	15,103	13,542	14,106	15,270	14,716	12,966	15,130	13,647	13,031
		2020/21	4,124	5,595	8,287	10,711	10,264	11,933	11,970	12,349	12,330	11,117	11,449	13,928
		Plan	11,343	12,681	12,746	14,571	13,208	13,769	12,439	12,382	11,443	13,897	12,920	13,608
		2021/22	12,252	12,278	11,453	11,179	9,816	10,928	10,886	11,910	10,359	10,916	#N/A	#N/A
		Plan vs 19/20	84%	89%	95%	96%	98%	98%	81%	84%	88%	92%		
		Actual vs 19/20	91%	87%	86%	74%	72%	77%	71%	81%	80%	72%		
	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	1,989
		Plan	1,927	1,907	2,002	2,369	2,373	2,369	1,683	1,786	1,544	1,963	1,997	2,242
		2021/22	1,989	2,088	2,110	2,072	1,711	1,810	1,811	1,921	1,679	1,596	#N/A	#N/A
		Plan vs 19/20	75%	71%	76%	85%	86%	92%	59%	62%	65%	76%		
		Actual vs 19/20	77%	78%	80%	75%	62%	70%	64%	67%	71%	62%		
	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	15,917
		Plan	13,270	14,588	14,748	16,940	15,581	16,138	14,122	14,168	12,987	15,860	14,917	15,850
		2021/22	14,241	14,366	13,563	13,251	11,527	12,738	12,697	13,831	12,038	12,512	#N/A	#N/A
		Plan vs 19/20	83%	86%	92%	95%	96%	97%	78%	81%	85%	90%		
		Actual vs 19/20	89%	85%	85%	74%	71%	76%	70%	79%	78%	71%		
	RTT Incomplete pathways	2019/20	92,215	95,238	96,319	96,979	98,176	97,636	97,368	96,283	96,899	95,777	96,157	94,760
		2020/21	90,579	88,030	90,090	94,617	99,428	103,521	108,999	114,168	120,683	121,377	122,332	128,734
		2021/22	133,890	139,801	143,499	147,480	120,377	122,741	126,570	125,991	125,063	125,232		
		Growth vs 19/20	45%	47%	49%	52%	23%	26%	30%	31%	29%	31%		
	RTT 52 Week wait	2019/20	203	188	234	268	361	356	338	328	286	294	237	293
		2020/21	618	1,228	2,166	3,124	3,942	4,796	5,972	7,413	8,626	9,856	11,665	12,916
		2021/22	11,918	10,809	10,378	10,705	11,256	12,140	12,829	12,524	12,807	12,808		
		Growth vs 19/20	5771%	5642%	4329%	3894%	3018%	3310%	3695%	3718%	4385%	4263%		

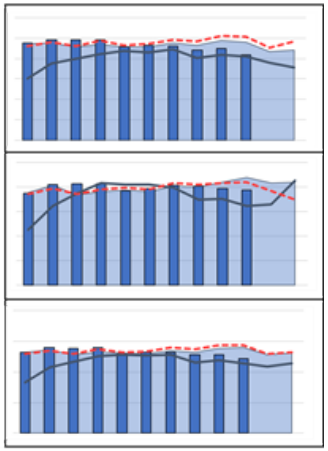


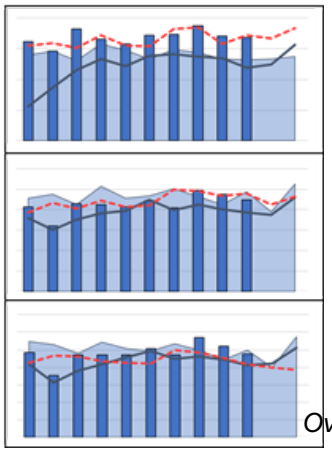
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	2019/20	5,655	5,705	5,423	6,099	5,773	5,682	6,128	6,040	5,517	5,939	5,755	5,887
		2020/21	2,281	3,112	4,389	5,491	4,864	4,848	4,982	4,784	4,947	4,701	4,794	5,607
		Plan	5,481	5,524	5,304	4,866	4,948	5,271	6,604	6,358	6,242	6,678	6,447	6,968
		2021/22	4,856	5,069	5,006	5,010	5,498	5,959	6,475	6,232	5,424	6,103	BN/A	BN/A
		Plan vs 19/20	97%	97%	98%	80%	86%	93%	108%	105%	113%	112%		
		Actual vs 19/20	86%	89%	92%	82%	95%	105%	106%	103%	98%	103%		
	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	11,986	12,550	12,801	13,028	12,296	13,290
		2021/22	10,996	11,366	11,526	11,794	10,868	11,528	11,667	12,074	11,721	12,754	BN/A	BN/A
		Plan vs 19/20	101%	97%	108%	103%	102%	106%	99%	110%	125%	111%		
		Actual vs 19/20	107%	105%	111%	102%	94%	103%	97%	106%	114%	108%		
	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	10,454	10,788	10,251	10,369	10,149	10,862
		2021/22	9,521	10,006	10,662	10,274	8,883	10,196	10,279	10,592	9,053	10,230	BN/A	BN/A
		Plan vs 19/20	83%	75%	89%	81%	86%	85%	82%	87%	102%	86%		
		Actual vs 19/20	86%	83%	96%	85%	78%	87%	81%	86%	90%	85%		
	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	3,237	3,208	3,112	3,157	3,074	3,197
		2021/22	3,181	3,090	3,156	3,057	2,884	3,116	3,025	3,226	2,259	3,148	BN/A	BN/A
		Plan vs 19/20	94%	86%	91%	90%	91%	88%	87%	90%	99%	86%		
		Actual vs 19/20	113%	95%	103%	88%	90%	91%	81%	91%	72%	86%		
	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	1,448	1,384	1,304	1,401	1,265	1,372
		2021/22	917	945	1,128	1,093	1,037	975	1,047	1,200	1,035	1,137	BN/A	BN/A
		Plan vs 19/20	74%	73%	81%	79%	89%	88%	106%	99%	105%	98%		
		Actual vs 19/20	75%	75%	95%	78%	88%	76%	76%	86%	83%	80%		
	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	588	604	561	543	523	597
		2021/22	395	377	396	439	386	413	402	423	374	439	BN/A	BN/A
		Plan vs 19/20	79%	73%	85%	82%	85%	91%	90%	86%	90%	83%		
		Actual vs 19/20	62%	57%	69%	68%	61%	67%	61%	60%	60%	67%		
	GASTROSCOPY	2019/20	1,534	1,503	1,536	1,688	1,588	1,507	1,539	1,746	1,555	1,680	1,583	1,519
		2020/21	156	257	915	1,044	1,010	1,277	1,166	1,178	1,185	1,129	1,188	1,465
		Plan	1,240	1,243	1,258	1,359	1,339	1,379	1,462	1,483	1,481	1,550	1,472	1,541
		2021/22	1,394	1,298	1,436	1,503	1,383	1,376	1,322	1,465	1,326	1,376	BN/A	BN/A
		Plan vs 19/20	81%	83%	82%	81%	84%	92%	95%	85%	95%	92%		
		Actual vs 19/20	91%	86%	93%	89%	87%	91%	86%	84%	85%	82%		
	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	3,498	3,471	3,345	3,493	3,259	3,510
		2021/22	2,706	2,620	2,960	3,035	2,806	2,764	2,771	3,088	2,735	2,952	BN/A	BN/A
		Plan vs 19/20	78%	77%	82%	80%	86%	90%	98%	90%	98%	93%		
		Actual vs 19/20	80%	77%	90%	81%	83%	81%	78%	80%	80%	79%		



			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	27,219	26,699	26,787	25,966	24,867	26,819
		2021/22	25,595	28,446	29,126	28,446	27,354	27,182	27,045	24,621	23,133	22,937	BN/A	BN/A
		Plan vs 19/20	91%	92%	95%	94%	95%	95%	98%	99%	99%	100%		
		Actual vs 19/20	90%	95%	102%	95%	94%	96%	97%	92%	86%	88%		
	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	7,659	7,594	7,173	7,598	7,334	7,992
		2021/22	6,184	6,686	7,448	7,461	7,330	6,864	5,766	5,451	5,047	5,035	BN/A	BN/A
		Plan vs 19/20	94%	99%	100%	98%	103%	78%	88%	89%	89%	89%		
		Actual vs 19/20	67%	68%	78%	64%	70%	57%	66%	64%	63%	59%		
	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	34,878	34,293	33,960	33,564	32,201	34,811
		2021/22	31,779	35,132	36,574	35,907	34,684	34,046	32,811	30,072	28,180	27,972	BN/A	BN/A
		Plan vs 19/20	92%	94%	96%	95%	97%	90%	95%	97%	97%	97%		
		Actual vs 19/20	84%	88%	96%	86%	88%	84%	90%	85%	81%	81%		
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	9,816	9,675	10,190	10,148	9,066	9,679
		2021/22	9,521	9,861	9,794	9,843	9,093	9,258	9,211	8,857	8,963	8,366	BN/A	BN/A
		Plan vs 19/20	97%	101%	101%	104%	102%	103%	104%	104%	105%	106%		
		Actual vs 19/20	101%	103%	107%	105%	99%	102%	97%	96%	92%	87%		
	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	4,150	4,086	4,179	4,183	3,847	3,487
		2021/22	3,731	4,106	4,137	4,126	3,849	3,942	4,061	4,022	3,926	3,880	BN/A	BN/A
		Plan vs 19/20	99%	97%	101%	103%	102%	102%	102%	102%	100%	95%		
		Actual vs 19/20	99%	101%	112%	108%	99%	103%	100%	100%	94%	88%		
	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	13,966	13,761	14,369	14,331	12,913	13,166
		2021/22	13,252	13,967	13,931	13,969	12,942	13,200	13,272	12,879	12,889	12,246	BN/A	BN/A
		Plan vs 19/20	98%	99%	101%	104%	102%	103%	103%	104%	103%	102%		
		Actual vs 19/20	100%	103%	109%	106%	99%	102%	98%	97%	93%	87%		
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	7,281	7,395	6,330	6,868	6,658	7,359
		2021/22	6,483	5,835	7,280	6,646	6,322	6,894	6,959	7,506	6,861	6,754	BN/A	BN/A
		Plan vs 19/20	112%	110%	115%	109%	105%	116%	122%	128%	118%	129%		
		Actual vs 19/20	116%	100%	139%	105%	107%	129%	117%	130%	128%	127%		
	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	771	869	810	892	824	840	996	981	935	957	852	930
		2021/22	828	638	859	849	830	885	818	989	947	895	BN/A	BN/A
		Plan vs 19/20	85%	91%	95%	87%	90%	90%	99%	105%	110%	98%		
		Actual vs 19/20	91%	67%	101%	83%	91%	95%	82%	106%	112%	92%		
	PATIENTS WAITING 63+DAYS AFTER CONSULTANT DECISION TO TREAT (URGENT)	2019/20	548	529	480	544	507	494	533	498	442	496	400	575
		2020/21	416	315	382	416	460	492	450	462	443	414	421	514
		Plan	428	467	461	436	426	421	499	483	452	415	400	384
		2021/22	484	353	470	472	472	508	471	572	520	474	BN/A	BN/A
		Plan vs 19/20	78%	88%	96%	80%	84%	85%	94%	97%	102%	84%		
		Actual vs 19/20	88%	67%	98%	87%	93%	103%	88%	115%	118%	96%		







NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: FINANCIAL PERFORMANCE REPORT				
Date of committee: 31st March 2022 **Date report produced: 21st March 2022**				
Author (s) Name and Title: Kevin Wheller, Associate Director of Finance (Northern and Eastern), Mark Adamson, Senior Accountant (Accounting and Reporting) **Contact Details:**		**Supporting Executive:** John Dowell **Name and Title:** John Dowell, Director of Finance **Contact Details:** **Report Approved by:** John Dowell **Name and Title:** John Dowell, Director of Finance **Date:** 21st March 2022		
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 period ending 28 February 2022, as well as the forecast outturn (FOT) for the year ending 31 March 2022. It includes the impact of the COVID-19 pandemic and the financial consequences for the CCG during 2021/22.

The Devon Integrated Care System funding envelope, for the first half of the year (H1), 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 CCG received notification of the funding for the period H2 (October 2021 to March 2022). H2 system funding envelopes, including system top-up and Covid-19 fixed allocation, have been calculated based on the H1 2021/22 envelopes adjusted for inflation, efficiency requirements and policy priorities, including the 3% pay uplift for system providers.

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

On the above basis the CCG has received an allocation of £2,523.8m, including £39.1m for elective recovery and £140.8m for COVID, for the period to 31 March 2022 together with an expectation that budgets are set within the parameters stipulated by the NHS England Model. The system submitted a plan that delivers a breakeven position for H2 and consequently the whole year.

Within the system plan the CCG is expected to deliver a £5.3m surplus. Whilst systems are expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.

Included in the £140.8m COVID allocation is a £20.2m HDP reimbursement relating to the period 1 April to 31 December 2021.

With the expectation that the CCG will be reimbursed fully for HDP costs, the Winter Access Fund (WAF) costs and the Additional Roles Reimbursement Scheme (ARRS), we are reporting a forecast surplus of £5.3m for the year ending 31 March 2022 in line with the plan.

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 11 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 11 – 2021/22

Contents

1 Executive Summary
2 Financial Assurance Dashboard
3 Detailed Financial Performance
- 3.1 Acute Services
- 3.2 Mental Health Services
- 3.3 Community Health Services
- 3.4 Placements
- 3.5 All Other Healthcare
- 3.6 Primary Care Services
- 3.7 Running Costs
- 3.8 Resource Allocation
- 3.9 Delivering Financial Balance

4 COVID-19 Specific Costs
5 Savings and Efficiency Plans
6 Risks
7 Other Financial Information
- 7.1 Statement of Financial Position
- 7.2 Capital
- 7.3 Better Payment Practice Code
- 7.4 Cash

8 Recommendations

Appendices

Appendix 1 Statement of Financial Position
Appendix 2 Cash
Appendix 3 Operating Expenditure

1. Executive Summary

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

The report details the financial position for the period ending 28 February 2022, as well as the forecast outturn (FOT) for the year ending 31 March 2022. It includes the impact of the COVID-19 pandemic and the financial consequences for the CCG during 2021/22.

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

On the above basis the CCG has received an allocation of £2,523.8m, including £39.1m for elective recovery and £140.8m for COVID, for the period to 31 March 2022 together with an expectation that budgets are set within the parameters stipulated by the NHSE Model. The system submitted a plan that delivers a breakeven position for H2 and consequently the whole year.

Within the system plan the CCG is expected to deliver a £5.3m surplus. Whilst systems are expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.

Included in the £140.8m COVID allocation is a £20.2m HDP reimbursement relating to the period 1 April to 31 December 2021.

With the expectation that the CCG will be reimbursed fully for HDP costs, the Winter Access Fund (WAF) costs and the Additional Roles Reimbursement Scheme (ARRS), we are reporting a forecast surplus of £5.3m for the year ending 31 March 2022 in line with the plan.

Financial Position

The following detailed report reflects the budget set by the NHSE model compared with our expectations of commitments against that budget for the period to 28 February 2022 and year ending 31 March 2022.

	Budget £'000	Actual £'000	Variance £'000	Additional HDP etc adjustments £000	Revised Variance £'000
Year to date position	2,317,170	2,319,549	2,379	6,775	4,396
Year end forecast	2,523,839	2,532,543	8,704	13,979	5,275

Overall, subject to the CCG receiving the expected reimbursement from NHS England for the HDP costs, the Winter Access Fund (WAF) costs and the Additional Roles Reimbursement Scheme (ARRS), we are reporting a forecast surplus of £5.3m for the year ending 31 March 2022.

The year-to-date variances mainly arises due to additional costs linked to the COVID pandemic and Additional Roles Reimbursement Scheme (ARRS). COVID costs are detailed in section 4.

The remaining variances are detailed in the sections below.

Savings and Efficiency Plans

The CCG's first 6-months (H1) savings requirement of £0.8m was met predominantly through prescribing. Now that the CCG has been informed of its funding for the second half (H2) of the year the H2 plan requires savings of £14.4m which the CCG is on track to deliver.

Risk

At the H2 planning stage we identified financial risks of £15.5m due to a number of factors. A reminder of these risks is set out in section 6 of the report.

Our assessment on 28 February 2022 is that there is a high level of confidence that these risks will not now materialise.

Integrated Care System (ICS)

As at month 10 the Devon ICS had a surplus of £4.7m which is £7.7m favourable variance to plan. The forecast is a £0.3m surplus against a £2.2m deficit plan. This includes £25.4m confirmed ERF funding in H1 and a forecast of £14.1m in H2.

Within the system plan the CCG is expected to deliver a £5.3m surplus. Whilst systems are 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 2021/22 plan and the oversight framework.

NO.	INDICATOR	Devon CCG
Financial Plan Ratings detail		RAG
1	Planned £5.3m surplus	GREEN

NO.	INDICATOR	Devon CCG		%	RAG
		Plan/Target	Actual/Forecast		
In Year Financial Performance		£'m	£'m		
2	Year to Date position (including the expected reimbursements from NHSE e.g. for HDP costs)	4.396	4.396	0.0%	GREEN
3	Forecast Outturn (including the expected reimbursement from NHSE e.g. for HDP costs)	5.275	5.275	0.0%	GREEN
4	Running Costs	23.7	22.1	93.2%	GREEN
5	Risk adjustment to deficit (% of allocation)	0.0	0.0	0.0%	GREEN
6	Cash Position (% drawn down)	91.7%	91.9%	100.2%	AMBER
7	BPPC (% paid - value)	95.0%	98.8%	104.0%	GREEN

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

3. Detailed Financial Performance

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

2021/22 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2021 TO 28 FEB 2022 Month 11 February	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	1,136,695	1,131,231	3	1,131,234	5,461	1,233,566	1,227,875	34	1,227,909	5,657
Mental Health Services	234,228	232,741	-	232,741	1,487	255,681	254,031	-	254,031	1,650
Community Health Services	360,593	339,748	26,550	366,298	(5,705)	386,243	365,677	29,334	395,011	(8,768)
Placements	121,543	121,615	344	121,958	(415)	133,110	133,247	363	133,610	(500)
All Other Healthcare	45,113	42,929	(468)	42,461	2,652	48,290	46,812	(438)	46,374	1,916
Primary Care Services										
Prescribing	190,220	189,256	-	189,256	964	207,923	206,462	-	206,462	1,461
Delegated Commissioning	170,866	172,467	-	172,467	(1,600)	186,426	190,577	-	190,577	(4,152)
Other Primary Care	44,630	39,010	3,203	42,213	2,416	48,434	44,619	3,279	47,898	536
Primary Care Subtotal	405,716	400,733	3,203	403,936	1,780	442,783	441,659	3,279	444,938	(2,155)
Commissioned Services Subtotal	2,303,888	2,268,997	29,631	2,298,629	5,259	2,499,672	2,469,300	32,572	2,501,872	(2,201)
CORPORATE										
Running Costs	21,842	20,876	44	20,921	922	23,710	22,044	49	22,093	1,617
EARMARKED RESERVES AND CONTINGENCIES										
Other Reserves	(12,956)	-	-	-	(12,956)	(4,818)	8,578	-	8,578	(13,396)
TOTAL COMMISSIONED SERVICES	2,312,774	2,289,874	29,675	2,319,549	(6,775)	2,518,564	2,499,922	32,621	2,532,543	(13,979)
Resource Allocation	2,317,170	2,293,067	24,103	2,317,170	-	2,523,839	2,499,570	24,269	2,523,839	-
Expected Additional Allocations		1,203	5,572	6,775	(6,775)		5,627	8,352	13,979	(13,979)
2021/22 Surplus/(Deficit)	4,396	4,396	-	4,396	(0)	5,275	5,275	-	5,275	(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.

At month 11 there is an overall YTD underspend of £5.5m and a FOT underspend of £5.7m. The majority of the underspend is driven by a lower level of independent sector activity compared to budget, where COVID has had an impact on staffing levels. See appendix 3 for details.

Elective Recovery Fund

The Elective Recovery Fund has been extended into H2 to continue to incentivise the delivery of additional elective activity (over and above normal levels). For H2 this will be focussed on completed referral to treatment (RTT) pathway activity rather than total cost weighted activity which was used in H1. The thresholds for the scheme have been recalculated so that they are on a comparable basis to the 95% threshold for the ERF in Q2.

In addition to the main ERF the system has received £39.1m to de-risk some of the elective recovery plans, provide additional diagnostic capacity and support other plans that aid recovery.

Details of delivery and distribution of the H2 ERF will be detailed once activity information has been confirmed.

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 11 there is a YTD and FOT underspend of £1.5m and £1.7m respectively. The FOT is a result of an £1.1m overspend in Section 117 cases which is offset largely by an expected £2.6m underspend in individual patient placements.

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.

At month 11 there is a year-to-date (YTD) and FOT overspend of £5.7m and £8.8m respectively. The overspend predominantly relates to COVID costs which are eligible for reimbursement under the hospital discharge programme.

3.4 Placements

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

The Placements position shows a month 11 forecast overspend of £0.5m which is a result of Torbay and South Devon CHC spend but partially offset by lower than anticipated CHC numbers in North, East & West. The latter also mitigates the cost pressures in HDP breaches, a high-cost child and some continued COVID costs.

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

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

Some examples include:

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

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

3.5 All Other Healthcare

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

At month 11 there is a YTD underspend of £2.7m and a £1.9m FOT underspend. Although there are additional costs relating to the NHS111 service there are underspends in Patient Transport Services, Safeguarding and Other Commissioned Services.

3.6 Primary Care Services

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

Prescribing

Based on December's Prescribing Monitoring Document (PMD), produced by NHS Business Services Authority, the CCG is currently forecasting an underspend of £1.5m. This was reported as £3.1m under in M10 but has worsened due to a technical realignment of the budget this month, relating to priory year transactions. The underlying PMD forecast actually improved by £0.1m.

There is currently some No Cheaper Stock Obtainable (NCSO) risk included in the forecast, in total £0.3m. There is currently no additional risk around category M drugs and the Medicines Optimisation team are helping us to monitor this.

Delegated Commissioning

As at month 11, due mainly to the Additional Roles Reimbursement Scheme the YTD and FOT are currently overspending by £1.6m and £4.2m respectively. The CCG will receive additional funding that should cover the cost of these scheme in due course.

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 11 there is forecast underspend of £0.5m. This is due to overspends in out of hours GP services, home oxygen services and other primary care costs, which are offset by an underspend in enhanced services. See annex 3 for further details.

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 running costs allocation for 2021-22 is £23.7m (including £1.3m for employer pension contributions) and the CCG is reporting an expected FOT of £22.1m resulting in an underspend of £1.6m.

3.8 Resource Allocation

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

Planned revenue resources 1 Apr - 31 Mar 22	£'000
Core allocation	1,870,265
Primary care commissioning	183,624
Running costs	22,412
Total recurrent revenue resources	**2,076,301**
Top-up allocation	132,856
COVID allocation	120,570
Growth allocation	16,932
Primary care commissioning	4,168
Running costs adjustments	1,308
Programme adjustments	112,411
Elective recovery fund	39,066
Out of system COVID reimbursement (Inc. HDP)	20,227
Total non-recurrent revenue resources	**447,538**
Total revenue resources confirmed	**2,523,839**

3.9 Delivering Financial Balance

The CCG is currently reporting delivery of its planned surplus for the financial year of £5.3m. The current forecast shows that a number of projected underspends are emerging and likely to remain for the remainder of the as a result lower than anticipiated costs in the following areas:

- Acute activity provided by the independent sector
- Mental health placements
- GP prescribing
- Management Costs
- Non-reimbursable COVID expenditiure

Additionally our assessment of the financial risks that were identified at the H2 planning stage are unlikley to materialise.

A number of additional allocations have been made during H2 of this financial year, to support elective recovery, seasonal pressures and discharge and the ongoing impact of the pandemic. As part of our operational and financial management, we have been working closely with our local authority partners with a view to targeting investment within health and social care that deliver further integration that delivers benefits to the Devon system. These investments are likely to take the form of grants under the provisions of s256 of the Health and Social Care Act 2006. A separate report on this was included on last month's agenda.

4. COVID-19 Specific Costs

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

As at month 11 the CCG has incurred COVID costs of £29.7m with a FOT expected of £32.6m. These costs can be summarised as follows:

COVID 19 Commitment Analysis	YTD £'m	FOT £'m
Primary Care, PPE, Staffing and Other Costs	3.9	4.1
	3.9	4.1
Hospital Discharge		
Devon CCG	6.1	6.7
Torbay Council	2.7	3.0
Devon County Council	13.5	14.7
Plymouth City Council	3.0	3.6
Livewell Southwest (Social Care)	0.5	0.5
	25.8	28.5
Total	29.7	32.6

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 NHS England and Local Authority's regulators agreed a hospital discharge programme supported by £1.3bn of NHS England funding. It allows Local Authorities

to reclaim the cost of discharge packages and enhanced costs of care to prevent hospital admissions to be reclaimed via the CCG.

5. Savings and Efficiency Plans

The CCG's first 6-months (H1) savings requirement of £0.8m was met predominantly through prescribing. Now that the CCG has been informed of its funding for the second half (H2) of the year the H2 plan requires savings of £14.4m which the CCG is on track to deliver.

6. Risks

The assessment of financial risk (and mitigations) for the year ended 31 March 2022, as at the H2 planning stage and 28 February 2022, is as follows.

Devon CCG		**Plan**	**Month 11**
Risk	**Description**	**£'000**	**£'000**
Elective Recovery Funding/Accelerator Site Schemes	There is a risk that funding for the elective recovery and accelerator site schemes is inadequate to cover the costs incurred.	5,000	0
Savings and Efficiencies	Potential risk of shortfall in delivery of savings and efficiencies.	5,500	0
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.	2,000	0
Prescribing	Risk that the costs outweigh the growth funding provided within the H2 allocation.	3,000	0
Total Risk		**15,500**	**0**
Mitigations	**Description**	**£'000**	**£'000**
Cancel Activity/Investment	Potential sources of funding to mitigate opening plan risk being agreed with system partners.	-5,000	0
Local Authority Negotiations	Look for opportunities with Local Authority to provide financial flexibility.	-2,000	0
Other Programme Services	Initial reassessment of opening plan risks and potential mitigating solutions.	-8,500	0
Total Mitigations		**-15,500**	**0**
Total Unmitigated Risk		**0**	**0**

Currently there is a high level of confidence that the risks identified are unlikely to materialise.

7. Other Financial Information

7.1 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 28 February 2022 is shown in appendix 1.

7.2 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.

7.3 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	99.28%	96.17%
NHS Creditors - % of bills paid within target	97.26%	99.72%

7.4 Cash

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

8 Recommendations

The Governing Body is requested to:

Consider, review and discuss the month 11 year to date performance position including the current risks.

Appendices

Appendix 1: Statement of Financial Position

AS AT 28 FEBRUARY 2022 — DEVON CCG

STATEMENT OF FINANCIAL POSITION	ACTUAL
	£000's
NON CURRENT ASSETS	
Property Plant Equipment	1,017
Intangible Assets	0
Investment Properties	-
Trade & Other Receivables	0
Other Financial Assets	-
Total Non Current Assets	1,017
CURRENT ASSETS	
Inventories	748
Trade & Other Receivables - NHS	2,866
Trade & Other Receivables - Non NHS	7,445
Other Current Assets	-
Cash & Cash Equivalents	63,596
Non-current Assets held for Sale	-
Total Current Assets	74,654
Total Assets	75,671
CURRENT LIABILITIES	
Trade & Other Payables - NHS	- 8,797
Trade & Other Payables - Non NHS	- 194,097
Other Liabilities	- 1,047
Borrowings / Cash in Transit	- 4,352
Provisions	-
Total Current Liabilities	- 208,294
Total Assets less Current Liabilities	- 132,623
NON-CURRENT LIABILITIES	
Trade & Other Payables	-
Other Financial Liabilities	- 85
Total Non Current Liaibilities	-
Total Assets Employed	- 132,708
FINANCED BY TAXPAYERS EQUITY	
General Fund	132,708
Total Taxpayers' Equity	132,708

Appendix 2: Cash

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

Measure	Month 11
CCGs must operate within their Cash Drawdown Requirement *The Cash Drawdown Requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £2,529.063m for Devon CCG the year.*	91.9% of the Cash Drawdown Requirement has been utilised as at month 11 (91.7% is expected based on a straight-line trajectory at month 11).
CCGs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against CCGs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the CCG has not yet been confirmed.	Notional charges amount to £23,533 for February.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown	The CCG has not met the requirement to manage their cash balances at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month.

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

Appendix 3: Operating Expenditure

2021/22 FINANCE BOARD REPORT FOR THE PERIOD FROM 01 APRIL 2021 TO 28 FEB 2022 Month 11 February	DEVON CLINICAL COMMISSIONING GROUP									
	Year To Date					Current Year Forecast				
	Budget	Non Covid Actual	Covid Actual	Total Actual	Variance (Adv) / Fav	Budget	Non Covid Forecast	Covid Forecast	Total Forecast	Variance (Adv) / Fav
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE										
NHS Royal Devon & Exeter Foundatior	325,068	325,068	-	325,068	(0)	352,750	352,750	-	352,750	0
NHS University Hospitals Plymouth NH	316,813	316,368	-	316,368	446	342,718	342,069	-	342,069	649
NHS Northern Devon Healthcare Trust	147,056	147,056	-	147,056	0	159,502	159,502	-	159,502	0
NHS South Devon Healthcare Foundati	244,436	244,555	-	244,555	(119)	265,645	265,745	-	265,745	(100)
NHS Taunton and Somerset	9,023	9,023	-	9,023	(0)	9,841	9,841	-	9,841	0
NHS South Western Ambulance Trust	48,113	48,420	-	48,420	(307)	52,533	52,840	31	52,871	(338)
Independent Sector	29,855	24,515	-	24,515	5,340	32,573	27,477	-	27,477	5,096
Other Acute	16,329	16,225	3	16,228	101	18,004	17,651	3	17,654	350
Subtotal	1,136,695	1,131,231	3	1,131,234	5,461	1,233,566	1,227,875	34	1,227,909	5,657
PLACEMENTS										
Continuing Healthcare	109,148	109,341	344	109,684	(536)	119,553	119,823	363	120,185	(632)
Funded Nursing Care	12,396	12,274	-	12,274	122	13,557	13,424	-	13,424	133
Subtotal	121,543	121,615	344	121,958	(415)	133,110	133,247	363	133,610	(500)
COMMUNITY & NON ACUTE										
Livewell Southwest	12,209	11,584	1,200	12,784	(575)	12,143	11,471	1,277	12,748	(606)
Royal Devon and Exeter Community	55,593	55,593	-	55,593	-	60,725	60,725	-	60,725	-
Northern Devon Healthcare Communit	28,765	28,765	-	28,765	(0)	31,421	31,421	-	31,421	(0)
South Devon Healthcare Community	67,237	65,193	2,702	67,895	(658)	72,910	70,887	3,048	73,935	(1,025)
University Hospitals Plymouth Commu	37,151	37,151	-	37,151	-	41,764	41,764	-	41,764	-
Children and Families Health Devon	11,524	11,524	-	11,524	(0)	12,596	12,596	-	12,596	(0)
Individual Patient Placements	780	920	-	920	(140)	902	1,023	-	1,023	(121)
Integrated Urgent Care Service	46	32	-	32	14	50	34	-	34	16
Hospices	7,677	7,610	17	7,627	51	8,354	8,295	17	8,312	42
MIU Contracts	751	712	-	712	39	820	779	-	779	41
Plymouth Integrated Fund	15,405	9,928	2,977	12,906	2,500	16,315	10,838	3,624	14,462	1,853
Better Care Fund_Devon CC	43,257	32,694	13,497	46,191	(2,934)	46,254	35,691	14,685	50,376	(4,122)
VCSE S256	55,719	55,719	-	55,719	0	56,284	56,284	-	56,284	-
Other Community Services	24,478	22,322	6,157	28,479	(4,001)	25,705	23,868	6,682	30,550	(4,845)
Subtotal	360,593	339,748	26,550	366,298	(5,705)	386,243	365,677	29,334	395,011	(8,768)
MENTAL HEALTH SERVICES										
Devon Partnership NHS Trust	145,421	145,421	-	145,421	1	158,323	158,323	-	158,323	0
Livewell MH Services	15,023	15,023	-	15,023	(0)	15,574	15,574	-	15,574	-
University Hospitals Plymouth MH	25,784	25,784	-	25,784	-	29,037	29,037	-	29,037	-
Children and Families Health Devon	13,654	13,654	-	13,654	0	14,983	14,983	-	14,983	(0)
Individual Patient Placements	11,578	9,289	-	9,289	2,290	12,707	10,109	-	10,109	2,598
Section 117	16,720	17,661	-	17,661	(941)	18,486	19,591	-	19,591	(1,105)
Other Mental Health	6,047	5,910	-	5,910	137	6,570	6,414	-	6,414	156
Subtotal	234,228	232,741	-	232,741	1,487	255,681	254,031	-	254,031	1,650

2021/22 FINANCE BOARD REPORT	DEVON CLINICAL COMMISSIONING GROUP									
FOR THE PERIOD FROM 01 APRIL 2021 TO 28 FEB 2022	Year To Date					Current Year Forecast				
Month 11 February	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	6,060	6,178	-	6,178	(118)	6,617	6,753	-	6,753	(136)
Better Care Fund Torbay	3,180	3,180	-	3,180	-	3,469	3,469	-	3,469	-
Patient Transport Services	9,395	8,578	406	8,984	411	10,259	9,360	428	9,788	471
All Other Commisionned Services	26,478	24,993	(874)	24,119	2,359	27,945	27,230	(866)	26,364	1,581
Subtotal	45,113	42,929	(468)	42,461	2,652	48,290	46,812	(438)	46,374	1,916
PRIMARY CARE										
Prescribing	190,220	189,256	-	189,256	964	207,923	206,462	-	206,462	1,461
Enhanced Services	15,724	11,884	2,527	14,410	1,314	16,934	12,974	2,527	15,501	1,433
Delegated Commissioning	170,866	172,467	-	172,467	(1,600)	186,426	190,577	-	190,577	(4,152)
GP Out Of Hours	12,633	12,512	673	13,186	(553)	13,776	13,655	749	14,404	(628)
Other Primary Care	16,272	14,614	3	14,617	1,655	17,724	17,990	3	17,993	(269)
Subtotal	405,716	400,733	3,203	403,936	1,780	442,783	441,659	3,279	444,938	(2,155)
TOTAL COMMISSIONED SERVICES	2,303,888	2,268,997	29,631	2,298,629	5,259	2,499,672	2,469,300	32,572	2,501,872	(2,201)
RUNNING COSTS										
Pay	19,227	15,883	34	15,917	3,309	20,856	17,108	34	17,142	3,714
Non Pay	2,616	5,110	10	5,121	(2,505)	2,854	5,052	15	5,067	(2,214)
Income	-	(117)	-	(117)	117	-	(117)	-	(117)	117
Subtotal	21,842	20,876	44	20,921	922	23,710	22,044	49	22,093	1,617
EARMARKED RESERVES AND CONTINGENCIES										
Earmarked Reserves										
Contingency										
Other Reserves	(12,956)	-	-	-	(12,956)	(4,818)	8,578	-	8,578	(13,396)
Subtotal	(12,956)	-	-	-	(12,956)	(4,818)	8,578	-	8,578	(13,396)
NET TOTAL OPERATING COSTS	2,312,774	2,289,874	29,675	2,319,549	(6,775)	2,518,564	2,499,922	32,621	2,532,543	(13,979)
CCG Control Total	2,317,170	2,293,067	24,103	2,317,170	-	2,523,839	2,499,570	24,269	2,523,839	-
Expected Adiitional Allocations		1,203	5,572	6,775	(6,775)		5,627	8,352	13,979	(13,979)
2021/22 Surplus/(Deficit)	4,396	4,396	-	4,396	(0)	5,275	5,275	-	5,275	(0)

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Award of the New Integrated Urgent Care Service (IUCS) Contract				
Date of committee: 31 March 2022 **Date report produced:** 10th March 2022				
Author (s) Name and Title: Helen Bailey Associate Director – Urgent Care		**Supporting Executive:** **Name and Title:** Jo Turl, Director of Commissioning – Out of Hospital **Contact Details:** jo.turl@nhs.net		
		Report Approved by: Jo Turl **Name and Title:** Jo Turl, Director of Commissioning – Out of Hospital **Date**		
Public or Private (Governing Body only):	**Public**	Yes	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

The purpose of this paper is fourfold.

1. To inform Governing Body members of the outcome of the competitive procurement process

2. To assure Governing Body members that the Integrated Urgent Care Service (IUCS) procurement has been conducted robustly and effectively, taking into full consideration issues that are of legal, procedural and local importance in relation to:
   - Why the procurement was undertaken in the first place
   - Compliance with procurement legislation and due process
   - The ongoing presence of effective leadership and oversight of the programme throughout supported by high levels of subject matter expertise
   - Full engagement with the IUCS market
   - Significant patient, public and clinical involvement in the process

3. Provide explanation as to why decisions in relation to the IUCS re-procurement have had to be made in private

4. To provide a high-level overview of next steps

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 – However the Governing Body and Finance and Performance Committee have received a number of related papers during the course of the procurement.

Key recommendations and actions requested:

The Governing Body is asked to:

- Acknowledge the successful completion of the IUCS procurement process
- Support the resulting appointment of Practice Plus Group (PPG)
- Note the next steps that will be undertaken to ensure the transition of the service from the existing provider (Devon Doctors Ltd.) to PPG by the 1st October 2022

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

Reference to other documents or accompanying papers:

None identified

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

	If Yes, please give details	**No**
Quality of Services	Yes- Re-procurement of the IUCS service and the associated service specification, quality and performance schedules are intended to secure a quality service for Devon patients.	
Health Inequalities		
Equality (staff or public)	Yes- Re-procurement of the IUCS service is intended to secure a equitable service for Devon patients.	

Resource and Finance	Yes- Re-procurement of the IUCS service is intended to secure a service that delivers value for money both within the service and for the Devon system.	
Legal		
Engagement and Consultation	Yes – The paper is intended to demonstrate that patients have been engaged within the IUCS procurement process in both at the design and evaluation stages.	
Risk	Yes – The paper is intended to demonstrate that risk have been well managed within the IUCS procurement process.	

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.

Award of the New Integrated Urgent Care Service (IUCS) Contract

March 2022

Helen Bailey – Associate Director of Urgent Care

1. Table of Contents

1. Table of Contents 2
1. Procurement Outcome 3
2. Purpose of this Paper 3
3. Background 3
3.1 What is the Integrated Urgent Care Service? 3
4. Rationale for Proceeding to Procurement 3
4.1 Procurement Regulations 3
4.2 Performance and Quality Concerns 4
5. Assurance on Key Areas of the Procurement 4
5.1 Programme Oversight 4
5.2 Programme Leadership and Expertise 4
5.3 Adherence to Appropriate Governance Processes 5
5.3.1 Decision Making 5
5.3.2 Management of Conflicts of Interest 5
5.4 Proactive Provider Engagement to Maximise Access to the IUCS Market 5
5.5 Comprehensive Focus on Finance and Quality 5
5.6 Building Patient and Public Feedback into the Procurement Process 5
5.7 Ensuring Sufficient Clinical Engagement 6
5.8 Ensuring a Stronger Service Going Forward 6
6. Sign Off of the Outcome of the Competitive Procurement 6
7. Communications 7
8. Next Steps 7
8.1 Contractually 7
8.2 Mobilisation 8
9. Conclusion 8

1. Procurement Outcome

The IUCS Procurement was undertaken in two stages. Five bidders responded to the Selection Questionnaire, with all five passing this initial gateway and all were invited to respond to the invitation to tender. Invitation to tender (ITT) responses were received from four providers. Following a comprehensive competitive procurement process, the preferred provider for the service was Practice Plus Group Urgent Care Limited (PPG).

As part of the service mobilisation process the contract was signed with PPG on Friday, 18 February, 2022. The new service will start on 1 October 2022.

2. Purpose of this Paper

The purpose of this paper is fourfold.

1. To inform Governing Body members of the outcome of the competitive procurement process

2. To assure Governing Body members that the IUCS procurement has been conducted robustly and effectively, taking into full consideration issues that are of legal, procedural and local importance in relation to:
    - Why the procurement was undertaken in the first place
    - Compliance with procurement legislation and due process
    - The ongoing presence of effective leadership and oversight of the programme throughout supported by high levels of subject matter expertise
    - Full engagement with the IUCS market
    - Significant patient, public and clinical involvement in the process

3. Provide explanation as to why decisions in relation to the IUCS re-procurement have had to be made in private

4. To provide a high-level overview of next steps

3. Background

3.1 What is the Integrated Urgent Care Service?

Devon CCG currently has a contract in place for the provision of integrated urgent care services with Devon Doctors Ltd. This is a single contract for the provision of:

- 111 call handling services (NHS 111)
- Clinical Assessment of 111 calls through the Clinical Assessment Service (CAS)
- Out of Hours GP provision (OOH)

The contract is for services across the whole of Devon CCG's footprint (Devon, Plymouth and Torbay).

4. Rationale for Proceeding to Procurement

4.1 Procurement Regulations

The IUCS contract was let on 1st October 2016 for a period of five years (three years initial term and a two-year optional extension), the initial term of the contract concluded on 30th September 2019 but was extended for the further two years. Under Public Contracts Regulations, the contract could not be extended further following this period; however, on deciding to re-procure the service for the longer term, Devon CCG Governing Body agreed to direct award a contract to Devon Doctors for a period of eleven months (from 1st October 2021), with the option to extend for a further month. This was to:

"Allow sufficient time for a variety of factors, including ensuring a robust, safe and effective competitive procurement process and to allow potential bidders time to embed Think 111 First and respond to the pandemic."

The Public Contracts Regulations require contracting authorities, such as CCGs, to follow specific set procedures in order to meet legal obligations for public sector procurement. Above specific thresholds, there is a requirement to advertise contract opportunities to the market.

By undertaking competitive procurement, commissioners have complied with procurement legislation. Competitive procurement has provided the opportunity to put in place a new contract, financial envelope, and performance framework for an IUC service that looks very different to the service that was procured in 2016. By undertaking this procurement, the CCG has had the best opportunity to test the market and select a provider that offers value for money, quality delivery, sustainability and innovation.

4.2 Performance and Quality Concerns

There have been identified areas where performance has needed to improve over the life of the current IUCS contract. The inspection undertaken by CQC during July 2020 identified significant concerns with regards to the delivery of the service and made recommendations that the current provider has had to respond to. These concerns resulted in a rating of "inadequate" and specific conditions being placed upon the current provider by the CQC. An inspection from the CQC in December 2020 concluded that concerns still stood and resulted in additional conditions being placed on Devon Doctors by the CQC.

A CQC inspection report for an inspection undertaken in May 2021 was published on the 9th August 2021. It was not a full inspection, it followed up on the conditions imposed; therefore, the overall rating of 'inadequate' remained the same.

A further CQC inspection was undertaken in November 2021. As a result of this inspection, the service has been taken out of special measures as the provider has made sufficient progress in complying with the regulations. The overall rating given to the service is one of "Requires Improvement".

The CCG issued a Contract Performance Notice (CPN) to the current provider on 15th March 2021. The CPN remains in place to date as the provider has yet to fully address all the issues outlined within the CPN.

5. Assurance on Key Areas of the Procurement

The intention in this section is to demonstrate that the process was well thought out and incorporates lessons learned from previous contracts and procurement processes.

5.1 Programme Oversight

The IUCS Procurement Oversight Group was established to seek assurance in relation to the IUCS procurement on behalf of the wider CCG executive and the Governing Body. The members of the group are as follows:

Judy Hargadon (Chair)	Non-executive lay member (primary care and prevention)
Graham Turner	Non-executive lay member with a lead role in overseeing key elements of finance and remuneration
John Womersley	Governing body clinical representative for Northern Locality
John Dowell	Chief Finance Officer
Darryn Allcorn	Chief Nursing Officer
Jo Turl	Director of Commissioning – Out of hospital

5.2 Programme Leadership and Expertise

The Programme has been driven forward by the IUCS Procurement Programme Group whose members and attendees are subject matter experts in each of the following areas:

- Commissioning and service transformation
- Finance
- Contracting
- Procurement
- Human Resources
- Patient and Public Engagement
- Business Intelligence

In selecting the successful bidder, the CCG utilised a wide range of bid evaluators drawn from different specialisms and experiences to evaluate each of the submitted bids, using 32 individuals to evaluate in total. Multiple evaluators were used to score each question to ensure a thorough and robust process and to ensure that a wide range of skills, experiences and insights were gathered during the evaluation process. Evaluators

carried out initial scoring independently of one another, thereby forming their own provisional view on the correct score supported by documented reasoning. Following conclusion of initial evaluation, evaluators were brought together to participate in group moderation. The purpose of this was for the evaluators to discuss any differences in scores and to reach consensus scores for each question.

5.3 Adherence to Appropriate Governance Processes

5.3.1 Decision Making

At each step of the procurement process, appropriate governance has been adhered to with the original decision to proceed to procurement agreed by the Commissioning Committee and Governing Body in January 2021 and February 2021 respectively. The direct award contract was agreed by Governing Body in March 2021. Decisions on proceeding to the Selection Questionnaire and ITT stages of the procurement were made via the Finance and Performance Committee and the Director of Finance on behalf of the Finance and Performance Committee in July 2021 and September 2021. Due process has been followed at each stage of the programme.

5.3.2 Management of Conflicts of Interest

Conflicts of Interest have been managed appropriately throughout the procurement with those with unmitigated conflicts being excluded from the IUCS procurement programme.

5.4 Proactive Provider Engagement to Maximise Access to the IUCS Market

Effective market engagement was undertaken to ensure that providers viewed Devon IUCS as an attractive opportunity and encourage a good number of good quality bids each meeting Devon's exact requirements.

This was achieved across a number of activities:

- A market engagement questionnaire
- Three market engagement events
- Sharing of draft ITT questions ahead of the issue of the invitation to tender to ensure that organisations were confident that they would be amply able to demonstrate their methodologies and technologies and identify any additional/alternative areas that commissioner should consider evaluating. There was a consensus from the market that the questions set would allow suppliers to effectively demonstrate their capabilities

Commissioners are therefore confident that all providers with a potential interest in providing the IUC service in Devon:

- Were encouraged to engage in the procurement process
- Had access to sufficient information about Devon and commissioners' requirements
- Were provided with an opportunity to fully demonstrate their understanding of local requirements and their expertise in IUCS provision

5.5 Comprehensive Focus on Finance and Quality

During the first (Selection Questionnaire) phase of the procurement process, commissioners' gathered information on bidders' financial and quality credentials. Commissioners included within this first stage a number of quality questions relating to:

- Experience of delivering similar services elsewhere
- Experience of service transformation
- Governance and quality approaches

All bidders were able to demonstrate their financial credibility and a comprehensive approach to delivering a quality service were able to bid at the ITT stage.

5.6 Building Patient and Public Feedback into the Procurement Process

The IUCS procurement was underpinned by the feedback received from the Devon Think 111 First Insight Report published in November 2020. The report included intelligence from a number of sources:

- The Quality Improvement Partner Panel (QuIPP), a group of lay members who are trained in process methodology and who provided early insight into the Think 111 First programme
- The Devon Virtual Voices Panel, an online panel of volunteer members, fully representative of the Devon population, who provided feedback about their experience of 111 through an online survey

- The NHS England Help Us Help You survey launched across the South West to gauge opinion on service changes due to the coronavirus pandemic. Feedback included experience of using 111
- The Patient Advice and Complaints Team who compiled all data relating to patient feedback on the 111 service dating back to 2016
- The Academic Health Science Network (AHSN) who undertook a behavioural science review as part of learning and evaluation of communications during the height of the pandemic
- Learning gathered from the experiences of Portsmouth and Cornwall during 2020, including key messaging and communications strategies.

The intelligence from the Think 111 First Engagement Report was:

- Used to inform and localise the IUC Service Specification
- Discussed with providers at one of the three provider engagement events held prior to the start of the procurement process
- Shared in full with providers as part of the Invitation to Tender pack
- Used to shape evaluation questions to ensure that providers could demonstrate that they are able to respond to patients' requirements

Care has had to be taken to select patient evaluators who do not or who could not be perceived to have any bias towards or against any of the bidders including the incumbent. A total of three patient evaluators were involved in the evaluation of procurement responses. Each evaluator evaluated four questions covering areas on which they are considered to be appropriately qualified. The questions covered the following areas:

- Delivery of a customer focused service
- Effective navigation of patients through the urgent care system
- A service that incorporates the feedback secured from patients to date
- Addressing inequalities

At all stages of the procurement, patient and public insight has been central to the procurement.

5.7 Ensuring Sufficient Clinical Engagement

The majority of primary care clinicians working within Devon Integrated Care System had unmitigated conflicts of interest in so much as they do or could work for Devon's current or future IUCS provider and as such have a professional / financial interest in the outcome of the procurement. Care has been taken to carefully secure appropriate clinical input to ensure that the clinical view remains a key part of the process. This has been achieved in three ways:

- The service specification has been influenced by ongoing work with the Strategic Clinical Lead for Urgent Care and the Clinical Governance Lead Integrated Urgent Care Services prior to the onset of the procurement programme
- Dr John Womersley sits on the IUCS Procurement Oversight Group as he has mitigated any conflict of interest
- For the tender evaluation we have undertaken a clinician swap with South West London CCG who were also at the time out to procure IUCS, whereby Devon clinical leads have undertaken evaluation for South West London CCG and their IUCS clinical leads

5.8 Ensuring a Stronger Service Going Forward

Several steps have been taken to ensure that the service can be effectively managed by commissioners going forward.

- ***Clearly defined local quality requirements*** in a stronger, more robust quality schedule
- ***Financial consequences*** have been applied to key elements of good and poor performance
- ***An appropriate financial envelope and stepped block payment structure*** has been put in place to ensure that the service can meet demand

6. Sign Off of the Outcome of the Competitive Procurement

Following completion of the evaluation process, a Contract Award Recommendation Report and covering overview report were taken through the programme and CCG governance processes. These papers were reviewed, discussed and agreed at:

- The IUCS Programme Oversight Group on 13th January 2022
- Devon CCG Finance and Performance Committee on 20th January 2022

- Devon CCG Governing Body (in private) on 27th January 2022

Following the decision to award the contract to Practice Plus Group Urgent Care Limited (PPG), each bidder was informed of the outcome of the procurement and provided with a debrief report.

This decision-making process was undertaken in private to ensure that people affected by the decision could be told about it in a co-ordinated and timely way. For example, the decision affects a significant number of staff, particularly those employed by the current provider, Devon Doctors Ltd, and measures needed to be put in place so that they could be informed of the news in an appropriate way.

7. Communications

A communications plan was prepared by Devon CCG's communications and engagement team to support the announcement of the outcome of the procurement process.

Among the objectives of the communications plan was to ensure that staff, GPs, partner organisations and stakeholders felt well informed in a timely way.

Once approval had been given from operational colleagues on 17 February further to the end of the standstill period and the sending of operational communications, a co-ordinated and comprehensive communications cascade was rolled out by communications colleagues from the CCG, Devon Doctors and PPG, starting with staff announcements at Devon Doctors.

Communications channels/methods used included:

- Verbal staff briefings and Q&A sessions
- Verbal stakeholder briefings
- Written stakeholder briefing
- Briefing for GPs and GP webinar
- FAQs for staff
- Media release

Using these channels, the following local partners were informed of the outcome:

- Staff – Devon Doctors, CCG and PPG
- CCG Governing Body and ICS leaders
- NHS England and NHS Improvement
- GPs in Devon
- Partner organisations (NHS and local authority) in the Integrated Care System for Devon (including staff via those organisations)
- Chairs and members of Overview and Scrutiny Committees at Devon County Council, Plymouth City Council and Torbay Council
- Devon LMC
- Healthwatch
- Trust governors (via the trusts)
- South Western Ambulance Service NHS Foundation Trust
- MPs
- Town/parish and district council leaders
- Patient Participation Groups (via Healthwatch)
- The county's three Health and Wellbeing Boards
- Key VCSE partners
- Quality Improvement Partner Panel
- Communications leads at other local systems
- Local and national media (resulting in widespread media coverage)

8. Next Steps

8.1 Contractually

The contract was signed with PPG on Friday 18th February 2022. Final agreed policies and procedures will now be added to the contract. The draft service development improvement plan, currently included in the contract will be worked up in full alongside the incoming provider. A national variation will be needed to move

the contract onto NHS 2022-23 conditions, this is true of all NHS contracts. It is the responsibility of the outgoing and incoming providers to agree on those employed who are eligible to TUPE from the old provider to the new provider in order to complete the TUPE.

8.2 Mobilisation

There are now seven months in which to mobilise the new service and demobilise the existing service, noting the importance of ensuring that the current service continues to deliver for patients during the transition process. Transition to the new service will be overseen by the Devon IUCS Transition Programme Group with identified, dedicated CCG senior level leadership.

Mobilisation will be structured into the following areas with identified leads lead from commissioner and each provider to ensure that all required activity is completed within the required timescales:

- IM&T
- Quality, Governance & CQC Registration
- Estates & Equipment
- Workforce
- Patient Pathways & Process
- Stakeholder Engagement & Communication
- Commercial, Contract & Commissioning
- Finance (Activity & Performance)
- Incumbent Contract Management & De-mobilisation

9. Conclusion

The Governing Body is asked to:

- Acknowledge the successful completion of the IUCS procurement process
- Support the resulting appointment of PPG
- Note the next steps that will be undertaken to ensure the transition of the service from the existing provider (Devon Doctors Ltd) to PPG by the 1 October 2022

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Locality update report

Locality:	South Locality
Period covered by update:	February 2022
Person completing template:	Derek Blackford – Locality Director (S&W)

Key achievements/progress

Local system:
The local health and care system in South Devon & Torbay has experienced some improvement and easing of demand from where it had been and the sustained period of pressure over the last 4 months. With attention turning to recovery planning there is still significant challenge but coupled with the expectation that things are swiftly reverting to 'business as usual'. With a rise in the last week or so of COVID-19 cases and the continued workforce pressures across all sectors still impacting, set against this backdrop it poses a challenge which teams are working hard to mitigate.

System flow:
The focus of the system flow improvement plan is directed toward the aspects of admission avoidance, internal hospital flow and discharge and out of hospital provision. This plan is being refined with local system partners and will be overseen through the South Urgent Care Board. The latest position on some of the key components is set out below:

- **Urgent Community Care:** work toward bringing the Newton Abbot Urgent Treatment Centre (UTC) in line with the national specifications; agreement of a clinical specification through the Local Medical Committee (LMC) and primary care has started to recommence. Work is underway to plan for the engagement process that will be part of the Long-term plan development approach.
- **Urgent Community Response (UCR):** the picture continues to develop and work to assess the utilisation and impact as an alternative to being directed to the Emergency Department. This is in addition to focus on the next stages in particular setting out a response to the latest planning guidance and what the next tranche of available funding can support.
- **Improved Discharge Support & Co-ordination** extending the current in-hospital discharge support worker arrangements with the voluntary sector through the Discharge Cell alongside other measures developed with local partners has bene implemented. The impact, including additional rapid response and home from hospital arrangements, an Admiral nurse to support people living with dementia and their families around transitions into and out of hospital-based care, will be monitored through the Local Care Partnership (LCP) Delivery Group. The funding was primarily intended to add resource, support and capacity to the voluntary, community, social enterprise and charity sectors to help relieve winter pressures in our health and care system.

Diabetes:
The allocation of funding to support delivery against diabetes transformation programme ambition includes:

- Recruitment to support access and increase awareness of foot conditions on wards, increasing referrals to the podiatry service.
- Pilot to support a 1-year service led by a Diabetes Specialist Nurse working with the adult multi-disciplinary team aiming to improve the outcomes of young patients with diabetes. The age range would include 18-26 years of age. Aims to reduce hospital admissions, retain engagement, and improve experience for those who transition from children's to adult services.
- Recruitment of 8 diabetes specialist legacy nurses. Primary Care Network (PCN) led roles which will promote and share best practice across Devon PCNs.
- Opportunity for our T1 population to share their views on several important aspects of local healthcare provision to shape future direction.

Vagal Nerve Stimulation service step up/repatriation:
Work to support step down/follow up care for our local epilepsy patients following a Vagal Nerve Stimulation procedure in Exeter is being finalised. This proves an efficient pathway, closer to home, for local patients whilst also preventing duplication of appointments. NHS England & Improvement are supportive of a change in pathway, with training for local Trust staff provided and is awaiting sign off.

Local Care Partnership (LCP) development:
We are working to support delivery and performance and improvement through an Executive Group, a Delivery Group, and a Performance Group. Work is also underway with partners in the system including through the Health & Wellbeing Boards to better align delivery and promote visibility of impact.

A weekly 'Delivery Huddle 'was put in place to support the development and implementation of the rapid improvement initiatives responding to the challenge over the winter period. Our work focusses on personalised care, workforce, urgent services, and health inequalities, and developing a set profiled and prioritised plans. Work is also underway to assess the organisational development and resource requirements at place to support the further development of our partnership arrangements and the infrastructure to support delivery.

A lack of data in some cases and intelligence more broadly in support of LCPs to understand and triangulate the quality/experience, outcomes for the population and service performance for the locality is an immediate priority.

Current Leadership arrangements

The LCP leadership arrangements are in place with a review underway at present as planned. 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 are:

1. Working with partners supporting recovery actions given the continued pressure. A focus on workforce, discharge and sufficient capacity with local providers and investment in the voluntary sector support this agenda.
2. Refocussing the South Urgent Care Board on our Urgent & Emergency Care Improvement Plan.
3. Delivery against the local priority ambitions, the Operating Plan and Long-term plan.
4. Integrate population health management into all programmes of work and increase stakeholder engagement in preparation for later launch of Devon wide programme.
5. Urgent Community Care - Newton Abbot Urgent Treatment Centre and enhanced minor injuries services.
6. Urgent Community Response capacity as alternative to admission.
7. Working with ICS system leads - prevention, planned care MH, learning disabilities and autism with locality level support prioritised and resourced appropriately.
8. Homeless Health Needs Assessment to take place in partnership with the Pathway Partnership Programme.

Issues of concern or risk

The main areas to consider are:

- Workforce capacity, recovery, and resilience - incident response, significant operational challenges, restoration of services, development of place-based arrangements and delivery against the long-term plan priority ambitions.
- The lack of data and intelligence at LCP level to ensure that outcomes, performance/quality, and experience is visible and better informs short and longer term workplan development.

Support required and/ or barriers to progress

- Support to access Strategic, Business and Public Health Intelligence resources to inform work planning and decision-making in localities.

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Locality update report

Locality:	Plymouth
Period covered by update:	February 2022
Person completing template:	Anna Coles

Risks

Key risks and performance issues

- Demand for urgent care, continued to reduce during January with average daily ED attendances down by 3%, ambulance handovers down by 9% and emergency admissions down by 3%. This is in line with normal seasonal variation, although the split between ambulance and walk in arrivals is different with a greater proportion of walk-in patients and a much lower proportion of ambulance arrivals than in previous years. GP out of hours cases rose by 3% and urgent treatment centre (UTC) attendances were up by 3% per day

- ED Performance is still challenged. While the number of ambulance handovers continued to reduce the % handed over within 15 minutes fell to 25.9% with the average daily number of hours lost increasing to 128. Time waiting for assessment in ED showed an improvement however, average total time spent in the department increased to 494 minutes and the number of 12 trolley waits increased to a total of 359 for the month of January.

- The percentage of patients with a length of stay (LOS) of over 14 and over 21 days rose again in January. However, data for February shows that the position has since improved.

- The average length of discharge delay, after worsening in January, has shown an improvement throughout February.

- Improvement in numbers of people waiting for Domiciliary Care in Plymouth from a high of 212 to 87 currently.

- There are still challenges with the discharge of patients with complex mental health needs which means some individuals are waiting a long time

- There has been an improvement in performance against cancer waiting time targets in January which is continuing into February.

- Waiting lists continue to increase particularly in Orthopaedics and Neurosurgery. At end of January, the number of patients waiting over 52 weeks was 2,994 which is 7.4% of the total number on waiting lists. This number is forecast to increase over the coming months. A series of schemes are being developed to reducing waiting times with a particular focus on 104 week waits.

- 31.1% of patients were waiting over 6 weeks for a diagnostic test in January. Modalities with the largest numbers of patient breaching 6 weeks are MRI, CT, and Echocardiography.

- There continue to be long waits for the following community services:

  - podiatry,
  - children's speech and language therapy
  - child and adolescent mental health services

- Actions relating to the CQC Inspection in 2021 and the conditions on registration under Section 28(3) of the Health and Social Care Act 2008 continue to be monitored through the CCG attendance at the Western Urgent Care board and agreed regular interface with the CQC lead for the trust.

Delivery Highlights

Priority 1- Building a Compassionate and Caring City

- Plymouth Octopus Project (POP) creating an events calendar on behalf of the sector – aim to establish post Covid events over the summer.
- Conference to tackle loneliness organised for April 23rd 2022
- Commitment to Carers governance continues to progress through Plymouth City Council (PCC) process.

Priority 2 - Developing a sustainable system of Primary Care

- Relaunch of Primary Care strategy and prospectus, which includes LCP engagement
- Investment into Primary Care from Winter Access Funding until March 2022
- Successful recruitment into Mental Health PCN roles (ARSS posts)

Priority 3 - Empowering Communities to help themselves and each other

- Next workshop scheduled for early March to discuss theory of change led by Plymouth University
- Local Government Association (LGA) peer review – informal feedback positive, awaiting formal report.
- Food Aid – report, initial feedback is that 20% of population requiring/will require food aid in next 6 months.

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

- Placement Sufficiency commissioning plan 2022/23 being considered by Cabinet on 8th March 2022.
- Family Hubs transformation fund – National funding decision due in late March 2022.

- Bidding on DfE funding for new models of respite care for disabled children (bid due 6th March 2022), Outcome due end March 2022.

Priority 5- Relentless focussing on Homelessness Prevention

- Homelessness Crisis Task Force meetings stood down and plan integrated into existing governance structures/systems.
- Homelessness Partnership Forum met and developed action plan from systemic inquiry work.
- Operational pressures persist – use of temporary accommodation still under significant pressure. Homelessness crisis action plan in place.

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

Urgent and Emergency Care

- Plans currently under review by Western Urgent Care Board (WUCB) following CQC review and feedback. The following areas below provide a brief update on priority areas agreed by WUCB.
- Supporting practice based primary care - primary care capacity in Plymouth is below national average. Refresh of strategy starting March 2022, on agenda for LCP exec.
- Community urgent and emergency care (UEC) improvement - Project board established to develop UEC centre at UHP. Site identified pending procurement. Links to workforce plan being developed.
- Unified focus on discharge flow - Creative approach to support discharge of very complex underway and impacting. Increased commissioning of novel and piecemeal capacity.
- Mental Health UEC - The Mental Health Board will provide data against key metrics to WUCB and LCP.

Integrated Care Partnership

- Transformation plans underway.

Ageing Well Programme

- MDT's underway working as part of implementation of iCOPE in 5 PCN's.
- Finalising enhance health in care homes (EHCH) investment plan including a focus on integrated care pharmacy

Community Mental Health Framework

- Multi-Agency Team meetings in development, planning to trial in once PCN. Service level agreement (SLA) for year 2 ARRS roles has been approved by the Local Medical Committee (LMC); liaising with primary care regarding year 2 roles. Identifying areas of focus for co-production.

Caring for Plymouth

- Working with Age UK and Improving Lives Plymouth (ILP) to establish Plymouth Independent Living Service. Proposal in development. Aim to be operational by April.

Population Health Management (PHM)

- Reviewing PHM/anticipatory care already underway and exploring opportunities for PHM use ahead of the availability of linked data set and programme.

Focus of "Together for Plymouth" – March 2022

Delivery Group

- Estates Blueprint & Update

- Cornwall County Council – introduction and discussion
- Health and Care Skills Prospectus
- LCP Vision

Executive Group

- Primary Care Strategy refresh
- Devon ICS development session

Key priorities for the next three months

Priorities for the next three months:

1. Review, implementation and monitoring of UEC delivery plans
2. Delivery of Fair Shares and Changing Futures schemes
3. Development of local Workforce (health and care skills) plan
4. Development of End of Life delivery plan
5. Address gaps in LCP plans
6. Continue delivery of post incident support to Keyham community with partners
7. Work with Primary Care on same day urgent care capacity and PHM roll out (when re-started)
8. Full business case sign off for West End Health and Wellbeing Hub

Support required and/ or barriers to progress

- Capacity to support the delivery of improvement programmes for which funding has been successfully achieved
- Development and delivery of plan to improve resilience of 111/Devon Doctors and primary care across the whole wider system.
- Delivery of workforce strategy and plan

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Locality Update Report

Locality:	Eastern Devon
Period covered by update:	February-March 2022
Locality Director:	Tim Golby

Issues of concern or risk

- Discharge & Flow – The Royal Devon and Exeter NHS Foundation Trust (RDEFT) will not meet the trajectory set by NHS England in the Level 4 performance instructions for numbers waiting to be discharged from acute hospital. The reasons for this are well understood, including very high patient numbers and acuity levels alongside high care home outbreak numbers. This is being managed with operational leads within the Trust and an action plan developed.
- Community Mental Health Framework – Ongoing issues regarding recruitment to mental health roles (particularly band 6 senior mental health practitioners). This is a local and national issue and support is being sought from the recruitment and HR teams at Devon Partnership Trust.

Key achievements/progress

Urgent and Emergency Care

- A task and finish group has been formed to look into low acuity attendances at the emergency department (ED) which could be dealt with in enhanced primary care same day settings. GPs from one Exeter Primary Care Network (PCN) will work with the secondary care clinicians to develop and pilot a new delivery model to reduce pressure at the ED from lower acuity attendances from their area. The aim is to trial a model for 3 months before reviewing, evaluating, and sharing findings and then developing a business case for a winter scheme that can be considered for Winter 2022.
- A second group is being formed to look into frequent attenders within health and social care, similarly, to develop a pilot model reflecting on the successes found in North Devon with their High Flow project.

Community Services and Flow

- Resource and capacity in line with the winter plan continue to be monitored via the system Patient Flow work programme. An audit, initiated by NHS England, of discharge and flow processes internally within Trusts has provided some valuable tests of the capacity available as well as the analysis and counting of patients. The action plan from this work is being led by the operational leads within Royal Devon & Exeter NHS Foundation Trust (RDEFT). Key actions include focused process mapping of internal processes for patients on P1-3 pathways to identify efficiency

gains, increasing community rehab to short-term care home placements, increasing in-reach from clusters to the acute for P2 and 3 patients to improve time to transfer.

Long Term Conditions

- Bids have been invited and received from professionals who work in diabetes care across the locality for an allocation of the 2022/2023 diabetes transformation budget.
- A project Pharmacist role funded by transformation funds has been advertised and will be employed by the CCG.
- Diabetes Foot Care and Root Cause Analysis task and finish groups have been established and met this month.

Prevention

- A Population Health Management coordinator has started in role this month.
- An LCP planning group has been established to take forward action from the LCP conference including task and finish group about the prevention priorities and planning the LCP next conference.
- An Eastern Locality voluntary, community and social enterprise (VSCE) reference group has met to support Eastern Local Care Partnership (LCP) moving forward.
- The Eastern Locality continue to support the coordination of health services for local Refugee cohorts placed in the locality. Most of the immediate health screening and provision for residents has been set up/delivered or planned across the three hotels.

Mental Health – Community Mental Health Framework (CMHF)

- 9 out of 11 Multi Agency Team (MAT) meetings have been established across the locality and the new care model is in practice across the Woodbury, Exmouth and Budleigh (WEB) PCN with a senior mental health practitioner working in the PCN. Recruitment action continues across the locality to fill band 6 vacancies and year 1 roles for the Additional Roles Reimbursements Scheme. The 2022/23 Scheme service level agreement has been circulated to PCNs. Physical health check data is being sense checked by PCN colleagues before circulation to all PCNs for subsequent action planning. Strong, visible, and positive engagement from colleagues across the locality (particularly primary care) for the Community Mental Health Framework (CMHF) continues.

Planned Care Recovery

- A Complex Orthopaedics meeting has been held to focus on plans to protect elective bed capacity and to agree a consensus for moving forward with short term plan agreed
- Proposal is that the beds identified by RDEFT as protected will be ‘untouchable’ and that whole system agreement will be required if standing down is required.
- Final proposal paper to be taken to Chief Executives for sign off on 24 February 2022 and working group to re-group on 25 February 2022.
- Regional team have identified potential capacity in South East / London for more complex patients and it was agreed to understand the offer and identify long waiting patient willing to travel.

Key priorities for the next three months

- To support focus on hospital flow and community discharge planning.
- To act within the Devon-wide Winter Response team, responding to escalation and pressure within Urgent and Emergency Care.
- To progress the overarching workplans of the Eastern LCP for the 5 thematic areas, including the CMHF and aligning to the ICS Strategic Outcomes Framework.
- To continue progress made by the Diabetes Transformation Programme and work across the local system.
- To continue progress of the locality prevention priorities and PHM programme.

Support required and/ or barriers to progress

- Barrier: Managing the demands of winter pressure response alongside the daily developmental work within the LCP

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Locality Update Report

Locality:	Northern Devon
Period covered by update:	February-March 2022
Locality Director:	Tim Golby

Issues of concern or risk

- Minor Injury Units (MIUs) remain closed with staff re-deployed in ED due to Covid streams management. This is currently in place until 1st April 2022 for planning purposes. ED Leader (consultant and Nurse) met with local stakeholders in Ilfracombe to discuss issues of footfall, local need, and clinical sustainability. There is no current plan for post April 1st.
- Population Health Management (PHM) - A new data extraction solution is being sought due to limitations and issues with the current offer. New information governance agreements will need to be written and signed by all organisations that feed into the One Devon Dataset, this is anticipated to be ready from April 2022 once testing has taken place.

Key achievements/progress

Urgent and Emergency Care

- Planning continues to develop the new model of community urgent care in Northern Devon, alongside the workstreams of the Our Future Hospital programme and the wider Devon urgent care planning agenda

Community Services and Flow

- Across February, enhanced levels of communication have been established between Devon and Cornwall commissioners, providers and councils to further support the discharge process for Cornwall patients leaving North Devon District Hospital (NDDH). These actions, which now include twice-weekly 'MDT' locality meetings with Cornwall, are already seeing a reduction in delayed out-of-area patients returning home or their local place of care.

Long Term Conditions

Diabetes:

- Bids have been invited and received from professionals who work in diabetes care across the Locality for consideration for allocation of the 2022/2023 diabetes transformation budget
- A project Pharmacist Primary Care Network Pharmacist role funded by transformation funds has been advertised and will be employed by the CCG
- Diabetes Foot Care and Root Cause Analysis task and finish groups have been established and met this month

Prevention

- One Northern Devon (OND) are working with Parkwood Leisure's regional management and sports development team as the new Barnstaple leisure centre opens in May (16.05.22). A

meeting in November 21 brought a range of community and health and social care stakeholders together on site to discuss future facilities that community groups can book, which has its own toilet and hand wash facilities, with discussions ongoing within the One Communities, VSCE and NHS.

- BeeZee Bodies and One Small Step are offering weight management programmes for men, with good uptake to weekly online sessions
- 'Live Longer Better' which forms part of One Northern Devon's approach to Healthy Ageing in North Devon (HAND) is delivering an online learning programme aimed to educate, inspire and support older adults drop a decade in their fitness and reset how we all think and talk about ageing. Both professional and citizen focused licenses are being distributed throughout our communities, VSCE leaders and health and social care professionals. The course was developed by Sir Muir Grey, former Chief Knowledge Officer for the NHD and an 'optimal ageing' advocate and campaigner. Active Cornwall, Ageing Well Torbay and HAND are supporting and learning from each other.

Mental Health – Community Mental Health Framework (CMHF)

- A Workplace Wellbeing programme to support local businesses is being developed with Southwest Business Council leaders and DWP using CRF funding. The evaluated and accredited scheme will engage with 20 local businesses initially to promote healthier lifestyles for the workforce, increase mental health awareness and creating a local workplace health champion network
- An innovative and collaborative educational programme – '*Serious Mental Illness and Physical activity – a knowledge and skills toolkit*' was delivered to health and social care professionals across the Devon ICS in January. Dr Brennan representing Devon NHS CCG and OND, Devon Partnership Trust, Active Devon, Vista Wellbeing (CIC) and OHID's 'Moving Healthcare Professional Clinical Champion', presented a 2-part module attracting 33 attendees, including those working in prison/forensic rehabilitation, social prescribing, health and wellbeing coaching, in-patient mental health rehabilitation, community mental health and community connectors. This was run within Devon Training Hub's 'Personalised Care' programme with plans to repeat the training across the system including to newly qualified GPs.
- ARRS year 2 SLA agreed with LMC. Active conversations with PCN's to consider appetite for year 2 and the role best suited to meet needs in the neighbourhood population
- ARRS year 1 secondary role (Specialist Clinical Practitioner) for North Devon Coastal and Barnstaple Alliance starts on Friday 4 March
- Ocean Rehab ward will open on Monday 7 March; the community facing Rehab & Recovery team is accepting referrals and will be live 21 March.
- Mental Health Multi-agency Teams are building alongside our PCN's and feedback from early meetings have been positive – reflection on the conversations have enabled individuals to get to the right place for their treatment needs directly.
- Scoping with our Communication Leads opportunities to raise the profile of mental health within our communities and particularly the implementation of CMHF during Mental Health Awareness Week (May 2022) and also attendance at local events such as North Devon Show (Aug 2022)
- Work progressing to consider the best way to meet the neighbourhood needs of individuals accessing Ruby County Practice which has bases in both Devon and Cornwall. Initial proposal with operational leads in Adult/OPMH service covering this service from Devon and Cornwall would be to provide services based on postcode rather than historic process of this be about surgery.

Planned Care Recovery

- A Complex Orthopaedics meeting has been held to focus on plans to protect elective bed capacity and to agree a consensus for moving forward with short term plan agreed. Proposal is that the beds identified by NDHT as protected will be 'untouchable' and that whole system agreement will be required if standing down is required.
- Regional team have identified potential capacity in South East / London for more complex patients NDHT will review if they have any long waiting patients that would be suitable for this offer.
- Patient-initiated follow up (PIFU) latest position - All specialties have facility to use short term PIFU. Long term PIFU now live in 10 specialties. 1186 patients now on long term PIFU.
- The modular ward has arrived on site due to go live within the next 4-6 weeks. Theatre 7 will be turned into ring fenced capacity with the modular ward.

Key priorities for the next three months

- To continue progress made by the Diabetes Transformation Programme and work across the local system.
- To continue progress of the locality prevention priorities and PHM programme.

Support required and/ or barriers to progress

- Barrier: Managing the demands of winter pressure response alongside the daily developmental work within the LCP

NHS Devon Clinical Commissioning Group

Locality update report

Locality:	Plymouth/West Devon
Period covered by update:	**MARCH 2022**
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 – Plymouth City Council (PCC) Planning Application in December 2021; communication and engagement approach being finalised.
- Plymouth LCP Executive maintaining focus on whole system pressures.
- City College staff being deployed to support Care Homes, and Volunteers supporting Care Homes to settle discharges from hospital.
- Continued pressure related to delayed discharges with a combination of workforce gaps and infection control in home care and care homes pathways but improving position.
- Woolwell Dementia Assessment Unit became operational, delivering 16 additional beds for step down.
- Implementation commenced for local voluntary sector capacity to support care navigation from hospital and community settings.
- The commencement of a dynamic decision group for partners to oversee system decision making and supporting the escalation process.
- 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.
- Planning and implementation of investment further to CCG Executive approval of recurrent investment into services for people with Complex Needs and a range of services to enhanced Wellbeing, Prevention and Community Empowerment.
- Supporting the mobilisation of the Mayflower GP Contract by Livewell

Plymouth & West Devon

- COVID vaccination programme continues to demonstrate positive examples of integrated working between PCNs, community and acute providers. COVID Booster programme underway
- Independent Sector (IS) providers working well with the NHS and supporting treatment of long wait patients.
- Planning started as a system for the 2021/22 operating plan and Phase 4 Recovery and Restoration.
- Continued working with the Integrated Care Partnership on Transformation programmes.
- System Pressures – continuation of work on same day urgent care, pathway transformation.
- Planning investment to prevent falls and fractures using Prevention Funding
- Planning investment to continue implementation the Enhanced Health in Care Homes programme as part of Ageing Well.
- Admiral nurses for Plymouth and West LCPs in partnership with Dementia UK

- Investment into additional VCSE services to support admission avoidance and discharge.

West LCP

- NHS England and Improvement Place Based development programme agreed to commence Week commencing 14/03/2022.'Discovery' phased of programme now complete
- West LCP Primary care Strategy refresh engagement session took place on 09/03/2022, good engagement and a strong message of wanting to ensure good collaboration with partners across the local system to improve outcomes for patients and build on good practice already happening in this way.
- Draft Communications and Engagement approach defined, shared with Executive group and delivery group for review
- Confirmation of funding for Ageing well funding for Enhanced Health in Care Homes for the West LCP, falls prevention funding and voluntary sector support for hospital discharge, teams now moving to implementation of schemes and understanding baseline position to ensure evidence can be gathered to support impact assessment:
- Admiral nurse for West LCP in partnership with Dementia UK
- Piloting a comprehensive Strength and balance offer to be used as part of frailty pathway providing access in West LCP locations
- Restore2 training in care homes and wider training for Care home staff under main Enhanced Care in Care Homes Framework
- X2 VCSE in hospital discharge support roles in Tavistock and Kingsbridge, ensuring full use of local VCSE offers to enhance ability and timeliness of discharge
- Livewell Southwest increased offer around community frailty and falls support, ensuring consistent approach in West Devon and South Hams, supporting PCNs and Care homes with frailty management and osteoporosis identification and support
- Carers support highlighted as area for focus: S&W commissioning team commencing carers support assessment in conjunction with ICS team to assess current position.
- Review of draft/proposed hypertension LES by LCP delivery group with recommendation to support for West LCP
- Agreement of Adult Social care dataset for regular review by LCP, and initial view of mental health, learning disability and autism (MHLDA) data to be provided by end March 2022

Key priorities for the next three months

Plymouth:

- Retaining social care workforce and managing significant unmet community demand through ongoing risk stratification.
- Community in-reach approach to discharges from UHP in partnership with increased voluntary sector capacity.
- Remodelling of older people's mental health (OPMH) offer to support admit avoidance and care home liaison for discharge maximisation
- Focus on system resilience through winter for patient safety, quality and experience, wellbeing of workforce and performance
- Completion of patient engagement of three surgeries linked to the Wellbeing Centre and quality and equality impact assessments (QEIAs).
- Mobilisation of any additional capacity including the short-term care centre (Feb 22), Woolwell House DE Step Down (Jan 22) and additional beds following capital works circa (15 DE late Dec/Jan).
- A review of needs, inequalities, outcomes, priorities, and opportunities to inform key areas of Equity Funding investments as agreed by LCP Delivery Group
- Continuing support for discharge planning including a visit from Local Government Association (LGA) national team in March to offer support and review progress.
- A review of continuing needs for capacity and resources to support the urgent care system.

West LCP:

- Continue to develop West LCP relevant dataset to enable review of performance/quality/position against emerging priorities and impact analysis of funded projects that are currently being implemented
- Ongoing development and implementation engagement plan to further develop year 1 and longer-term project plans to deliver against priorities
- Take forward NHSEI Place development programme, outputs from discovery session into tailored programme. Focus on developing shared vision and ambitions and strengthening governance and LCP development road map through this process
- Develop population health management (PHM) proposal to use exiting datasets to start to inform specific project plans, delivering conjunction with 'module C' of the NHSEI programme
- Implement proposals around known funding pots for schemes identified as described above
- Review of Operating plan and LTP Game Changers to ensure coverage in key delivery areas as part of LCP work plan

Plymouth/West Devon:

- Embedding the governance for the Integrated Care Partnership with system governance
- With UHP and Livewell and stakeholders, a stocktake of Year 1 of the Integrated Care Partnership, a review of priorities and setting priorities and trajectories for Year 2
- Engagement with Primary Care regarding proposed changes to the Community Podiatry pathway and thresholds, to improve quality and safety
- Delivery against Urgent Care Locality improvement plan with particularly focus on SDEC and Discharge.
- Further develop Performance and Improvement group for LCPs
- Implementation of initiatives funded using Fair Shares funding (Complex Needs, Wellbeing, iCOPE, Prevention and VCSE)
- Continuation and further development of work for Place based Population Health Management when appropriate for both LCPs (timetable for which has been amended given service pressures and operational priorities)
- Aiming to treat elective patients according to clinical need and secondly by priority. Additional capacity coming online over the next few months to include modular theatre provision and outsourcing support.
- Focus on reducing potential 104-week waiters for elective care.
- Locality involvement in Devon-wide Operational Planning
- LCP level information to provide baseline assessment against priorities and ongoing monitoring of progress against KPIs. There is no analytical support to provide this LCP level information for the West in particular and most data is not currently captured at a West footprint level.
- As part of the Devon Population Health Management Programme, aiming for sign-up of all organisations in order to achieve maximum benefit for the population

Issues of concern or risk

- Staffing capacity across the whole system
- Community capacity across all areas
- Levels of unmet need in community including significant levels of Domiciliary Care waiters
- Urgent and Emergency care demand impacting on the restoration of planned care services.
- Clinical workforce capacity at Mayflower Medical Group
- GP and Pharmacy capacity gaps impacting on flu immunisation.
- Lack of data and analytical support at LCP level to ensure full understanding of baseline position across priorities and to generate robust benefits realisation plans

Support CCG/system or barriers to progress

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Finance & Performance Committee

Date of Governing Body: 31 March 2022

Dates of Committees covered in this report: 17 March 2022

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

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

Contact Details: g.turner5@nhs.net

Reports discussed and assurances received

- **Risk Register Reports** – see Risk Register review below.
- **Quality & Performance Report** –This report provided a consolidated update on key measures of outcomes, performance, quality and activity, including escalation of key issues from LCPs and system groups, and highlighting any significant risks.
- The Committee noted that the Devon System is in a sustained position of increased risk, including delays in urgent care, delayed discharges due to poor community capacity and COVID related staff absences. This has led to pressures in Emergency Departments (EDs) due to poor patient flow resulting in a further stepping down of some planned procedures.
- The following areas were highlighted: -
    - Quality
        - Planned Care: risk to patients, due to long waits. Initial Getting it Right First Time (GIRFT) programme underway to review improvements in 4 months.
        - Urgent & Emergency Care: risk of long waits across whole pathway; 111, 999, ambulances through to EDs. System SI in progress by SWASFT.
        - Primary Care: impact on workforce and capacity, due to long waits within planned and urgent care.
        - Community Care: risk due to discharge delays and long waits for packages of care.
        - Infection prevention and control (IPC): Emerging variants of concern; Omicron
    - Performance
        - Planned Care: risk to RTT, diagnostic & cancer target delivery, due to urgent care pressures. Currently 104 week waits trajectory on track.
        - Urgent & Emergency Care: ED 4 hour under-performance and 60-minute handover delay breaches at all four acute providers.
        - Discharge: delays continue to impact on flow throughout the entire system, although a total of 83 additional beds have been mobilised.
        - Integrated Urgent Care Service (IUCS): 111 and Out of Hours service seeing continued capacity problems.
        - Children's & Mental Health: improvements in performance relating to urgent access to eating disorder services, although not in other services.
    - Workforce
        - Staffing continues to be challenging across the whole healthcare sector with the following

issues all impacting on each other.
- Sickness: Covid-related absences increased in December as Covid prevalence rose and are now levelling off.
- Turnover: has remained static in recent months (11.8%), although it is higher than this time last year (9.3%).
- Agency Spend: remains high compared to prior years.
- Vacancies: In many areas higher than previously seen.

Reports received and noted

- **Devon CCG Monthly Finance Report** – At the end of November the system had submitted a plan that delivers a breakeven position for H2 and, consequently, the whole year, within which the CCG is forecast to deliver a £5.3m surplus. The CCG is on track to deliver £14.4m savings, in line with the requirement.
- With the expectation that the CCG will be reimbursed fully for Hospital Discharge Programme (HDP) costs, the Winter Access Fund (WAF) costs and the Additional Roles Reimbursement Scheme (ARRS), a forecast surplus of £5.3m for the year ending 31 March 2022 was predicted, in line with the plan.
- **ICS Monthly Finance Report** – presented for information to the Committee, outlining the position at Month 10. The NHS financial framework has provided a fixed settlement for the second half of the financial year (H2) in line with H1 values but with an additional efficiency requirement and a 5% reduction to COVID in envelope funding. At month 10 the Devon ICS had a surplus of £4.7m, which is £7.7m favourable variance to plan (M9 £5.0m). The forecast to the year-end is £0.3m surplus, which is £2.5m favourable against the £2.2m planned deficit.
- As at month 10 the ICS had made efficiency savings of £25.9m (M9 £21.8m) of which £7.9m (M9 £6.2m) are recurrent. The system forecasts to achieve savings of £43.5m (M9 £43.5m) of which £11.4m (M9 £11.2m) is recurrent.
- As at month 10 the ICS was: -
  - underspent on substantive staff by £17.4m (M £13.1m). The forecast underspend at year end is £17.7m. (M9 £11.3m)
  - overspent on agency by £0.9m (M9 £0.5m underspend). There is a forecast overspend on agency of £2.0m. (M9 £1.7m). All trusts are in breach of the agency ceiling apart from University Hospitals Plymouth.
  - overspent on bank by £7.2m (M9 £5.6m). The forecast overspend at month 9 is £7.2m. (M9 £6.2m)
- **Financial Operating Plan 2022/23** – the Committee received the draft financial operating plan for the CCG and wider Devon System for 2022/23 financial year, and noted that the draft plan was being submitted to NHS England on the day of the Committee meeting, with a final submission to be made in April 2022**.**
- The Committee further noted:-
  - the assumptions on which the draft plan is built,
  - the level of efficiency requirements set out,
  - the provisional distribution of the system allocation
  - that the draft plan does not currently demonstrate that expenditure can be contained within the total resources available
  - that, accordingly, the draft plan is not compliant with the expectation set by NHSE that all systems should plan for a financial balance, and therefore,
  - that further action is required to identify opportunities to improve the position between draft and final submission.
- This is the subject of a separate report on this agenda

Risk Register Review (changes and areas of concern)

- There have been no new risks and no risks recommended for closure.
- The Committee considered Risk 160 - the risk that the operational plan for 2022/23 is not deliverable within the resources allocated to the system, and the potential for this to jeopardise the wider system plan and the exit from SOF level 4. In light of the discussion on the draft financial plan being submitted to NHS England, the Committee asked for this score to be re-evaluated.

Committee Decisions

- None.

Recommendations for Governing Body

- None.

Recommendations for other Committees

- None.

Terms of Reference or other committee effectiveness issues

- None.

Management of Conflict of interests:

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

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

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

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

Date of Governing Body: 31st March 2022

Date of Committee covered in this report: 3rd March 2022

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

Chair's Name and Title: Judy Hargadon

Contact Details: judy.hargadon@nhs.net

Recommendations brought to Committee for approval or agreement

None

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

The **Deputy Director's report** highlighted:

- Additional Roles Reimbursement Scheme (ARRS): Emerging problems of where to house new staff; this will grow as ARRS staffing numbers increase next year. CCG primary care estates have this under consideration. There are options for Primary Care Networks (PCNs) to work more flexibly.
- New GP Strategy: 1) Now that they have started, reference groups are demonstrating different views and emphases. One of the suggestions is to scale up but retain continuity. 2) Members of staff from the company 'Akumen' are adding capacity to this workstream to help meet the tight deadlines.

Finance Report detailed the financial position to 31st January 2022 (month 10).

Five areas were highlighted:

- The main focus of the finance team is on the overall CCG Integrated Care Board (ICB) plan
- Guidance on primary care is awaited – this is still being negotiated at national level
- Quality Outcomes Framework (QOF) spending is £0.5 million over plan due to practices being able to complete more QOF targets than would have been anticipated last year.
- Additional Roles Reimbursement Scheme spend matches draw down from NHS England. Close to end of financial year, this shows spending down from £15million to £12.8 million. This is still a good amount and is twice that of last year.
- CCG primary care are forecasting using £3.4million of the available £5.1 million Winter Access funding, which is much more than other CCGs in the region.

The **Risk Report was** discussed at the meeting, and it was noted that:

- The Next Steps letter from government regarding the arrangements for the Covid vaccination spring booster programme, has made it clear that the PCN model will not be the lead model – this will lower the general practice sustainability risk as, for any future vaccination scheme practices would have to demonstrate that this would not impinge upon their core work to take part.
- The continued success with the Winter Access Fund with regard to supporting the resilience and sustainability of primary care; an additional 37,000 appointments have been funded across Devon. Some local funding - The Devon Spring Access Fund (DSAF) will continue to support this work moving forward.

The General Practice Backlog paper was presented and closely inspected by the Committee members, it was noted that

- Urgent areas of work have a low backlog
- Important but less urgent work has the most backlog
- The next steps are to quantify the backlog during covid recovery and understand variation by area and practice in order to support practices and particular areas of need.

The Current **income protection** arrangements for practices during COVID pressures are due to come to a close on 31st March as all NHS services are expected to restore paused routine services.

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

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NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

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

Date of Governing Body: 31 March 2022

Dates of Committees covered in this report: 17 March 2022

Chair's Name and Title: Glynis Atherton Non-executive lay member for Assuring Quality of Services, NHS Devon CCG

Contact Details: **glynis.atherton@nhs.net**

Reports discussed and assurances received

The Committee received updated reports as detailed below

- **Quality and Safety Report**
  Areas highlighted included planned care 104 week wait risk position, and mitigating actions and work within primary care to develop incident reporting processes.
- **Falls Prevention**
  The focus on prevention was well received and supported.
- **End of life care (EOLC) Commissioning Review Update**
  The need to understand the reconfigure services was emphasized. Further information and plans will come to Committee for check and challenge.
- **Maternity Update: The Ockenden Report**
  Data challenges were discussed and how the whole System are planning to ensure consistent approaches to improve the position.

Reports received and noted

HCAI/IPC Report

Risk Register Review Updates

Quality Risk & Assurance Report including Risk Register:

This report provides assurance that the CCG has effective processes in place to identify, assess, manage and mitigate risk, and informs of any changes since the last meeting of the Quality Assurance Committee 02 February 2022. Data for this report was extracted on 01 March 2022.

Risk 148 Devon Doctors Service Provision score had been reduced from 16 to 12 (L = 3, I = 4). The decrease in score has been approved by the responsible director as improved clinical oversight and governance position. However, since this, the position has deteriorated, so the Committee agree the risk is 16.

Whilst the Commissioning Committee is not meeting, their risks are being reported through Quality Assurance Committee. The Committee has again asked risk 149 be reviewed/ re written (description).
Committee Decisions
• As above: risk 148
Items of concern to be escalated to the Governing Body
None
Recommendations for Governing Body
To note the reports received and positions of assurance by the Quality Assurance Committee.
Recommendations for other Committees
• None
Terms of Reference or other committee effectiveness issues
• None

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