NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
APPROVED minutes held in PUBLIC

Date: 29 July 2021 Time: 09:30 – 11:41 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 The chair welcomed everyone to the meeting and gave a warm welcome to the guest speaker Nina Parnell (NP), Head of Volunteering and Community Support, Westbank. It was agreed by the Governing Body for the agenda to be reordered to accommodate a guest attendee for item 8. **Patient experience** NP shared the success story of the Neighbourhood Friends which was set up during the pandemic and she described the journey to date and touched on the pilot action programme. This is a service available in the Exeter and Budleigh area which includes 2 streams of work including rapid response and she gave an example of the process. NP highlighted that there was longer term support in place to help reduce isolation and including befriending activities which links to home help services and practical housekeeping tasks. For the first six months of the Neighbourhood Friends the ambition was to recruit 120 volunteers which was a big ask. It was recognised there were people who wanted to volunteer but they had work and regular commitments. The home for hospital role was flexible and was created to fit around work patterns and volunteers include medical students, and retired people. The volunteer demographic exceeded 120 volunteers with a large percent of working age, younger people, and men. NP pointed out that generating referrals was difficult but good working relations were developed with colleagues at the Royal Devon and Exeter Hospital (RDE) and they remain firm today. The scale of the service sees around 2,200 referral per year including same day service telephone referrals, with 18% of then within a 1-hour timeframe. NP referred to the geographical split between Exeter, East and Mid Devon and the small, dedicated team of 3 who manage the volunteers. NP shared a case example which resulted in Westbank Neighbourhood Friends being nominated and awarded the Queens Award in June 2021 as a special recognition of volunteers. She added this success demonstrates partnership working at its best as we move toward the integrated care system. It has improved patient flows in hospital and generated extra time for staff on wards and has created volunteering opportunities as well as improving the patients journey.	

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

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

	DG felt uncomfortable with the financial sustainability rating. JD responded and described the rating, uncertainties, circumstances, and external factor. He advised the amber rating reflects that there is not a clear trajectory and explained the rationale for the rating given. JD added that there is additional work on the financial plan to ensure it aligns to changes in the system we are expected to make over the next period, and we are committed to do so.
	
	JF reminded the Governing Body the context of the H1 plan around restoration of services and objective 2 service performance and that restoring of services will go beyond the H1 plan thus the green rating.
	
	GT proposed for a further review of the objectives to check the actions in place are the right things to do and this was welcomed by the members.
	
	The Governing Body:
	• **Approved the amendments to the proposed delivery of objective dates, specifical in:**
	  ○ **Objective 1 – action 3, moving this from February 2021 to November 2021**
	  ○ **Objective 3 - action 2, moving this from June 2021 to April 2022**
	• **Noted the contents of the report and welcomed the proposal for a review of the objectives and actions**	

8	**Pre COVID-Performance comparison report** *Alison Wilkinson joined the meeting.* AW shared her screen and talked through a slide deck and noted information was based on published data for April and May 2021. This report is an appendix which forms part of the integrated performance report for the system which will include regular comparisons for both 2019/20 and planned numbers. AW explained the referral levels and the 2 week wait demand. She touched on outpatient activity linked to recovery which are above plan. AW informed the members that extra initiatives have been put in please to increase activity. AW drew attention to elective and follow up activity, which was over plan for April, but had since dropped back during the month of May. AW referred to the snapshot of diagnostic activity with CT above expected performance with obstetrics below expected levels. Endoscopes performance remains in a good position but still below 2019/20 levels and we continue to focus on the accelerator programme. Accident and Emergency overall volume below 2019/20 levels and AW noted that pressure was growing not relating to volumes but flows through the department and ambulance. Acuity in people coming into hospitals for non-elective for 19-20 above planned expected levels in the H1 plan. Current performance for the South West Ambulance Service Trust (SWAST) graph was like last months and pressures in the system have seen the biggest days of activity over the last few weeks.	

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

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

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

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

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

	This item was not discussed.	
15	**Any other business** None.	
16	**The meeting closed at 11:41**	

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

Alison Wilkinson ** **Item 8**		Deputy Chief Operating Officer, Devon CCG
Minutes approved	Date: 30 September 2021	Signed by chair: Nick Ball