

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

Date: 30 September 2021

Time: 09:30 – 11:33 Location: Via Microsoft Teams

| Item | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Action |
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| 1    | <p>These minutes are a precis of the meeting which was streamed live. If you would like to view the recording of this meeting please <a href="#">click here</a>.</p> <p>The chair welcomed everyone to the meeting and gave a warm welcome to the guest speaker Leila Manion (LM) who was going to talk to the governing body about her experience of accessing health services from her perspective.</p> <p><b>Patient experience – experiences.</b></p> <p>Leila described her medical conditions and the medication and support services that she needs to support her wellbeing. She explained that during the pandemic she struggled to get a confirmed diagnosis for one of her medical conditions.</p> <p>LM praised the staff at the RDE for their support and was pleased to report that the referrals process for <a href="#">Talkworks</a> who are a mental health and wellbeing support services was very efficient.</p> <p>GP access for LM during the pandemic had been satisfactory as well as her communication through e-consult and she did not need to have any face-to-face appointments. The challenges she had faced though were when she needed to speak to the appointment people to arrange face to face appointments for blood checks. LM also raised concerns about access occupational and physiotherapy, and the long waits for this service.</p> <p>LM mentioned the vaccination process which was simple and was accessed through her GP services, and she was glad that she did not have to attend vaccine centre as she was anxious about catching COVID-19 due to fatiguing conditions. She added that she wished for more people to continue with mask wearing and social distancing and that Freedom Day had not been so freeing for her, or for those that were vulnerable.</p> <p>LM felt that there was a chance for people who are living with long term conditions unless proactive may be forgotten in the system, as there are many NHS departments to interact with, and that services and departments to not appear to talk to each other.</p> <p>LM works as an engagement lead for <a href="#">Living Options Devon</a> who support disabled people to live their life how they choose, and she works with hard-to-reach people and vulnerable groups to hear and learn from their experiences during the pandemic and gave summary of some of those. Below is a list of areas for improvement:</p> <ul style="list-style-type: none"> <li>• The need to ensure communications are accessible</li> <li>• Digital – some users have struggled to use these tools due to no equipment or lack of skills</li> </ul> |        |

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|   | <ul style="list-style-type: none"> <li>• Hearing impairment – automated systems are difficult to use</li> <li>• Face to face services to be increased as easier to communicate. The lack of face-to-face appointments may have led to service users not talking about issues or hidden vulnerabilities and safeguarding issues being missed</li> <li>• Parking at needs at acute hospitals has been challenging and stressful when attending appointments</li> </ul> <p>NB thanked LM for sharing her concerns about services those that are not talking to each other, which remains a national issue.</p> <p>GT wondered if care navigators for people with complex needs to support other like LM to navigate and support them for the care they need. GA agreed and thanked LM for raising and suggested for a single point contact to access systems through patient pathways.</p> <p>MF mentioned that most GP and nursing staff do want to see patients face to face and that virtual appointments with clinicians can take place but recognised that there are some treatments do need to be carried out in a hospital environment.</p> <p>JT described the different arrangements in Devon around care management and the work that is being developed on the Home First Strategy that will be used to support people at home to enhance community services and asked if LM would be willing to work with the CCG on this and LM took up this offer.</p> <p><b>The Governing Body received and noted this update.</b></p> <p><i>Leila Manion and Darin Halifax left the meeting.</i></p> |  |
| 2 | <p><b>Welcome and Apologies</b></p> <p>NB welcomed everyone to the business section of the meeting, and the following apologies were recorded for:</p> <p>Simon Kerr<br/>Penny Harris<br/>David Greenwell<br/>Ruth Harrell – Sarah Lees deputising<br/>James Wooldridge<br/>Judy Hargadon</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 3 | <p><b>Register of Interest (ROI)</b></p> <p>There were no amendments or new declarations made.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 4 | <p><b>Minutes of the last meeting</b></p> <p>NB led a page-by-page review of the minutes of the last meeting held on 29 July 2021, and these were approved as a true and accurate record of the meeting.</p> <p><b>Action Log</b></p> <p><u>Children's review and waiting times update</u></p> <p>JT noted that there was a delay in this update report and GA raised concern and felt the Governing Body had already been waiting a long time to receive this report. JT gave assurance that work is actively underway, and that extra capacity had been put in place. The with contract recovery meetings had be stood back up which includes executive attendance and escalation to CEOs if required.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

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

## Accelerator Programme Update

JF asked the members to take the paper as read.

He did give a potted history of the journey to date and the delivery of targets and the funding received as part of capital bids. He was pleased to report that the Devon system has been energised in being part of the accelerator programme and he explained the governance arrangements that have been put in place.

He referred to the tables in the paper on page 3 and that we do not know the accelerator position for the end of July as the data was not yet available. Reporting requirements include regular data and reports submitted to NHS E as part of the accelerator programme.

JF referred to the Nightingale and UHP capital bids and touched on the individual site work and future plans to increase activity. He also described some pathways.

The accelerator programme has been extended to the end of November 2021 to support emergency pressured and we are expected to reach delivery of 120% against the 19/20 baseline by the end of October.

There are plans for the accelerator programme to continue with delivery of two capital bids and it is anticipated that the new Royal Eye Infirmary site will be built by the end of March 2022 and recruitment for both schemes is underway.

JF pointed out some of the key learning from this programme such as:

- Pathway working
- Joined up recruitment
- Change in culture – clinicians stopping at place working, and now working as a Devon wide system which is a real step change. Clinicians remained fully involved from the start of the programme to implementation and visited other hospitals to bring back best practice.

JF expressed his excitement working on this programme and that this was a fantastic blueprint of ICS working to take forward.

GATH asked how the change in practice and culture will be embedded into ICS and this would be through clinicians and their support and ambition to deliver pathways and getting them on board was the way to embed best practice in going forward.

JF explained that the operating model and that this programme allows for an opportunity for staff willing and motivated to work at the Nightingale.

JW0 referred to page 3 and the activity chart and asked that in moving forward we do not create inequalities across the patch and JF responded to confirm that the next report should see a reduction in inequality. JM acknowledged that there is a need for different conversation with patients and staff around the current backlog and waiting lists which are concerning and there is a need for help in managing that.

NK felt that one of the important things was that we make sure staff in the Nightingale Exeter are brought into the pathway working and the cutting-edge efficient pathways we have learnt from around the country, and if we are able to deliver that really well, we will

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

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

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

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

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

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

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

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

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

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

#### **ACTION 1**

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

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

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

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| 10 | <p><b>Local Care Partnership (LCP) Reports</b></p> <p><u>Plymouth</u><br/>There was nothing further to add to this report</p> <p><u>Western Devon</u><br/>SMC pointed out that this report does have an overlap with Plymouth but there were different workstreams. JT explained the format of meetings, which were different in areas, these meetings were a good vehicle for our partners get together and gave her encourage for these to continue.</p> <p>GT referred to page 3 and concerns around the reduced uptake in COVID-19 boosters and was this limited to Western or across Devon. DA gave assurance that uptake across Devon was positive and that there had been an increased number of sites added to the offer. The uptake is being monitored twice weekly and where there are gaps alternative options are being offered.</p> <p>LS felt there was a general balance the LCP reports but seemed to be NHS centric and wondered when we would begin to see reports include community, voluntary and LA interface. JM responded to confirm she had visited all the LCPs and there was a good mixture of health and social care leaders with co-chairing arrangements around the table, so the approach is being taken. Over the next few months there are plans for several LCP development session and this could be discussed further then.</p> <p>SMC asked about monitoring the uptake of booster vaccinations in the elderly population for the over 80s and are we making sure there is the opportunity for them to access this if they want it. DA confirmed that the data in the sit rep (situation report) details the percentage of eligible individuals at all age groups and that it would be easy to identify any hot spots for those not taking up the offer and is being monitored at the programme board and acting as needed.</p> <p><u>Southern</u><br/>There was nothing to add to this report.</p> <p><u>Northern</u><br/>JWo referred to the patient experience and LM, our guest speaker and that we need to try and develop a concept like One Northern Devon. Such as listing the challenges and how we can help systems to be flexible around individual patients flow and to help patients navigate through a complicated system.</p> <p>SMC supported enabling patients that can advocate for themselves and that we must ensure that the NHS does not inadvertently disempower them.</p> <p>LS added that interfaced services are important, and we should take on our responsibility and do networking behind to avoid patients being moved one place to another unceremonious,</p> <p>NK asked about the issues with spirometry and was there a system approach to transform and solve. JWo confirmed that the problem related to national training requirements which was a problem well before COVID-19. This Devon wide issue is currently being reviewed and we are working with the LMC to identify a solution.</p> <p><u>Eastern</u><br/>There was nothing to add to this report.</p> |
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| 11 | <b>Assurance committee chair's reports</b><br><u>Primary Care</u><br>This report was taken as read. |  |
| 12 | <b>Reflections</b><br>None                                                                          |  |
| 13 | <b>Any other business</b><br>None                                                                   |  |
| 14 | <b>The meeting closed at 11:33</b>                                                                  |  |

| Attendees (attended** / apologies <sup>A</sup> ) |                                                                                                                            |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Name and initials                                | Title and organisation                                                                                                     |
| Alison Davis (AD) **                             | Associate Non-Executive Director, Devon CCG                                                                                |
| Andrew Millward (AM) **                          | Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG |
| Charlotte Burrows (CB) **                        | Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG                                                 |
| Darryn Allcorn (DA) **                           | Chief Nurse, NHS Devon CCG                                                                                                 |
| David Greenwell – Dr (DG) <sup>A</sup>           | Clinical Lead Representative, Southern Locality, Devon CCG                                                                 |
| Ginny Snaith (GS) **                             | Board Secretary, Devon CCG                                                                                                 |
| Gaynor Appleby (GApp) **                         | Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG                                                 |
| Glynnis Atherton (GATH) **                       | Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG                                              |
| Graham Turner (GT) **                            | Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG                                                            |
| James Wooldridge (JW) <sup>A</sup>               | 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) <sup>A</sup>                | Non-Executive Director/ Lay Member – Primary Care                                                                          |
| Lincoln Sargeant (LS) **                         | Director of Public Health, Torbay Council                                                                                  |
| Matt Fox (MF) **                                 | Clinical Representative, Southern Locality, Devon CCG                                                                      |
| Nick Ball (NB) <b>Vice Chair</b> **              | Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG                                                      |
| Nick Kennedy – Dr (NK) **                        | Secondary Care Doctor, Devon CCG                                                                                           |
| Paul Johnson – Dr (PJ) <b>Clinical Chair</b> **  | Clinical Chair, Devon CCG                                                                                                  |
| Penny Harris – (PH) <sup>A</sup>                 | Director, Devon CCG                                                                                                        |
| Ruth Harrell - Dr (RH) <sup>A</sup>              | Director of Public Health, Plymouth City Council                                                                           |
| Simon Kerr – Dr (SK) <sup>A</sup>                | Clinical Lead Representative, Eastern Locality, Devon CCG                                                                  |
| Sheila Roberts (SR) **                           | Interim Chief Operating Officer, Devon CCG                                                                                 |
| Shelagh McCormick – Dr (SMc) **                  | Clinical Lead Representative, Western Locality, Devon CCG                                                                  |
| Simon Tapley (ST) **                             | Interim Accountable Officer, Devon CCG                                                                                     |
| Steve Brown (SB) **                              | Director of Public Health, Devon County Council                                                                            |
| <b>In Attendance</b>                             |                                                                                                                            |
| Nikki Coombes (NC) ** <b>Minute Taker</b>        | Executive Assistant, Devon CCG                                                                                             |
| Dame Suzi Leather (DSL) **                       | Chair of the Integrated Care System for Devon (ICSD)                                                                       |

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| Sarah Lees (SL) **                  |                       | Consultant in Public Health, Plymouth City Council                                                  |
| Darin Halifax (DH) ** <b>item 1</b> |                       | ICS Lead for the Voluntary, Community and Social Enterprise Integrated Care System for Devon (ICSD) |
| Leila Manion (LM)**                 |                       | Living Options                                                                                      |
|                                     |                       |                                                                                                     |
| Minutes approved                    | Date: 28 October 2021 | Signed by chair: Nick Ball                                                                          |