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

Via Microsoft Teams (details to be included in the calendar invitation)

30 April 2020 11:00 - 30 April 2020 13:00

# AGENDA

| # | Description | Owner | Time |
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| 1 | Welcome and apologies<br>Verbal | Chair | 11:00 |
| 2 | Register of Interest<br>Paper<br>DOI NHS Devon CCG Governing Body @ 21 Marc... 5 | Chair | 11:05 |
| 3 | Minutes of the last meeting and action log<br>Paper<br>1 Draft Public GB minutes 27.02.2020 v1 nc.docx 11<br>2 Master Action Log - PUBLIC v2 nc.xlsx 21 | Chair | 11:10 |
| 4 | Governance arrangements during Covid-19 Incident<br>Paper<br>COVID Governance arrangements - GB paper (v2).... 23 | Board Secretary | 11:15 |
| 5 | Scene setting including cases, issues, modelling<br>Verbal | Accountable Officer/ Director of Commissioning | 11:25 |
| 5.10 | Primary Care<br>Verbal | Chair of Primary Care Committee/ Director of Commissioning | 11:35 |
| 5.20 | Personal Protective Equipment (PPE)<br>Presentation<br>PPE Cell for GB.pptx 29 | Interim Chief Nurse | 11:50 |
| 5.30 | Workforce, including own staff and staff testing<br>Verbal | Director of Communications and HR | 12:00 |
| 5.40 | Communications including MPs and staff briefings<br>Verbal | Director of Communications and HR | 12:10 |

| # | Description | Owner | Time |
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| 5.50 | Discharge update<br>Verbal | Interim Chief Operating Office/ Director | 12:20 |
| 5.60 | Ethical Framework and Ethical decision-making<br>Verbal | Director | 12:30 |
| 6 | Financial update<br>Paper<br>[P] 1 FPC_Report_FPC_Month 12_DRAFT_2019-20 (... 37<br>[P] 2 FPC_Report_FPC_Month 12_DRAFT_2019-20 (... 39 | Director of Finance | 12:40 |
| 7 | Performance and Quality Report<br>Paper/ Presentation<br>[P] 1 GB Public Performance report 300420 final (002)... 43<br>[P] 2. GB Quality and safety Summary COVID.pptx 67 | Interim Chief Nurse/ Interim Chief Operating Officer | 12:50 |

**Declaration of Interests Register - Governing Body,NHS Devon Clinical Commissioning Group**

**Report generated by the governance team on 21 April 2020**

| Title | Surname | Firstname | Role or Position held with the CCG | Committees attended | Interests | Interests - Partner or Family | Date Interest from | Date Interest to | Date interest updated | Type of Interest | Is the interest direct or indirect? | Action taken to mitigate risks | Employer Organisation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Appleby | Gaynor | Non Executive Lay Member (Allied Health Professional) | Member of Governing Body<br>Member of Quality Assurance Committee<br>Member of Primary Care Commissioning Committee<br>Member of Remuneration and Workforce Committee | CQC Specialist Advisor | | 01/11/2019 | | 01/11/2019 | 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 Geograhical remit - Eastern | Member of Governing Body<br>Member Quality Assurance Committee (Chair)<br>Member Primary Care Commissioning Committee<br>Member of Remuneration and Workforce Committee (Chair) | Consultancy for FORCE cancer charity – not CCG funded but has a relationship with RD&E hospital<br>Trustee for St. Margaret's Hospice, Somerset<br>Volunteer for Hospiscare, Exeter – helping at events and proof reading applications to charitable trusts<br>Volunteer for University of Exeter – mentoring students<br>Member of the Labour party | | 14/05/2019 | | 21/05/2019 | Financial / Non Financial Personal | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Ball | Nick | Vice Chair/Non Executive Lay member - Finance and Governance. NHS Devon CCG<br>Lay Member - Governance and Probity NHS Devon CCG<br>Conflict of Interests Guardian for NHS Devon CCG<br>Geograhical remit - Western | Member of Governing Body (Vice Chair)<br>Member of Audit Committee (Chair)<br>Member of Finance and Performance Committee<br>Member of Remuneration and Workforce Committee<br>Attendee Primary Care Commissioning Committee (PCCC) non voting | Appointed Chair of Audit Committee for NEW Devon CCG (Dec 2016)<br>Director of the B4 project<br>Director of Community Interest Company: 11319536 ,Heavens Thunder C.I.C, Cornwall from 19 April 2018 | Virgin Care (spouse/partner was a Portage Home Visitor to 2015 ) | 22/09/2016 | | 10/05/2018 | Indirect interest | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Blackford | Derek | Deputy Chief Finance Officer | Attendee of Audit Committee (Deputy for CFO)<br>Member of Finance and Performance Committee<br>Senior Leadership Team (SLT)<br>Member of Governing Body (Deputy for CFO)<br>Member of Vacancy Control Panel | Governor - Torbay and South Devon NHS Foundation Trust (April 2017) | Partner works within NHS Devon CCG | 28/04/2017 | | 15/02/2018 | Non-Financial Interest Professional | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.<br>No line management responsibility from effective date of interest | NHS Devon CCG |
| | Burrows | Charlotte | Non Executive Lay Member - Patient and Public Involvement<br>Geograhical remit - Northern | Member of Governing Body<br>Member of Quality Assurance Committee<br>Member of Remuneration and Workforce Committee<br>Attendee Primary Care Commissioning Committee (PCCC) | I am chair of the Devon Maternity Voices Partnership (MVP) a collective of parents (and parents to be) and organisations who support maternity services (health professionals, charities, Healthwatch, non-health professionals) working together to review and contribute to the development of local maternity care across Devon. Devon CCG provide funding to the MVP (ceased September 2019)<br>Self-Employment business consultant from September 2019<br>Associate for Research In Practice Feb 2020<br>Supplier/Associate for SWAHSN Feb 2020 | | 04/04/2019 | | 12/02/2020 | Financial/Personal Interest | Direct | Resigned as Chair from the Devon Maternity Voices Partnership. (formally leaves July 2019)<br>Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Chilcott | Ben | Associate Director of Finance | Strategic Medicines Optimisation Group<br>Member of Finance and Performance Committee<br>Primary Care Strategic Meds Group<br>Senior Leadership Team (SLT)<br>Member of Primary Care Commissioning Committee (PCCC)<br>Primary Care Operational Group (PCOG)<br>Member of Governing Body (Deputy for CFO) | CCG representative board member of Resound Health, Plymouth LIFT partner<br>Member of ACRA (Advisory Committee on Resource Allocation)<br>CCG representative shareholder for Delt | Partner is employed by Livewell Southwest in position of influence | 26/09/2017 | | 15/10/2018 | 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 | Director of Integrated Commissioning Seconded to CCG to Associate Director of Commissioning (Western) | Senior Leadership Team (SLT)<br>Member of Governing Body (Deputy for Director of Commissioning) | No interests declared | | 12/03/2019 | | 12/03/2019 | | | | Plymouth City Council |
| | Davis | Alison | Associate Non-Executive Lay Member | Attendee Governing Body | Plymouth City Council – Foster panel Chair<br>Torbay Council- Foster panel Chair<br>Pathway Care Fostering- Ashburton- Independent Reviewing Officer<br>University of Exeter – student mentor<br>Somerset County Council- casual employee | | 19/10/2019 | | 19/10/2019 | | | | NHS Devon CCG |
| | Dimond | Caroline | Co-opted member of Governing Body | Member of Governing Body<br>Member of Primary Care Commissioning Committee (PCCC) | Director Public Health, Torbay Council<br>Contract CDT in Torbay | | 04/09/2015 | | | | | 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 |

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| | Dowell | John | Director of Finance NHS Devon CCG<br>Devon STP system lead for Finance | Member of Governing Body<br>Member of Finance and Performance Committee<br>Member of Integrated Commissioning Executive (ICE)<br>CCG Executive Team Meeting<br>Senior Leadership Team (SLT)<br>Attendee Audit Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>Strategic Commissioning Programme Board | Vice chair of the HfMA South West Branch<br>Vice Chair of the HfMA Commissioning Faculty. | | 14/08/2015 | 19/06/2018 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Fox | Matthew | Governing Body Locality GP<br>NHS Devon CCG | Member of Governing Body<br>A & E Delivery Board (SD&T) | GP principle, Barton Surgery, Dawlish.<br>Director, Dawlish Medical Group<br>Associate Medical Director TSDFT from 1 April 2019<br>Barton Surgery have rented a room to Chime.<br>University of Exeter Medical School, Academic tutor and student teacher<br>GP Locality Clinical Director<br>Primary Care Network - The Coastal Network | Spouse is a co-owner of Barton Surgery Pharmacy Building | 22/09/2016 | 28/07/2019 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Greenwell | David | Governing Body Locality GP | Member of Governing Body<br>Member of Finance and Performance Committee<br>Remuneration and Workforce Committee(Non exec rem) | GP partner at Southover medical practice<br>Member of an independent cooperative that provides out of hours medical cover to Devon Prisons<br>Shareholder in Devon Doctors on Call<br>Member of Upton Vale Baptist Church (personal interest)<br>Member of Clinical Cabinet<br>Primary Care Network - Torquay | Spouse is freehold owner of Southover Pharmacy | 20/08/2015 | 08/11/2018 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Hargadon | Judy | Non Executive Lay Member - Primary Care and Prevention<br>Geograhical remit - Southern | Member Governing Body<br>Member Audit Committee<br>Member of Primary Care Commissioning Committee (PCCC) (Chair)<br>Member of Remuneration and Workforce Committee | | Spouse is Chair of Dartington Hall Trust<br>Brother is GP in Cornwall | 01/05/2019 | 10/03/2020 | Financial / Personal | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Harrell | Ruth | Director of Public Health Plymouth City Council | Member of Governing Body<br>Member of Primary Care Commissioning Committee (PCCC) | | | 26/10/2016 | 26/10/2016 | 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 |
| | Harris | Penny | Management Consultant | Attendee of Governing Body<br>Senior Leadership Team (SLT)<br>Integrated Commissioning Executive (ICE)<br>CCG Executive Team Meeting<br>Strategic Commissioning Programme Board | Director of KERR Darnley Ltd Providing commissioning advice to variety of CCGs and Coaching/contract training | | 23/07/2019 | 24/07/2019 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | KERR Darnley Ltd |
| Dr | Johnson | Paul | Clinical Chair NHS Devon CCG | Member of Governing Body (Chair)<br>Member of Remuneration and Workforce Committee<br>Transition Sub Committee<br>Attendee Primary Care Commissioning Committee (PCCC) non voting | GP Partner, Cricketfield Surgery (ceased December 2019)<br>Locality Clinical Director at Torbay and South Devon NHS Foundation Trust (Nov 2016 to 28 March 2017)<br>Clinical Chair NHS Devon CCG 1 March 2017<br>Church Warden Holy Trinity Church<br>Spouse works in emergency department at RDE and for Exeter Medical School<br>Primary Care Network - Templar Care Network | | 21/08/2015 | 04/10/2018 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Kennedy | Nick | Secondary Care Doctor | Member of Governing Body<br>Member of Quality Assurance Committee<br>Attendee Remuneration and Workforce Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>QEIA Panel<br>Member of Audit Committee | Governing Body Independent Clinician BNSSG CCG<br>Member South West Clinical Senate Council<br>Advisor to Western Provident Association, Medical Insurer<br>Partner, Staplegrove Anaesthetists LLP, Taunton<br>Partner Blackdown Orthopaedic and Spinal Services, Taunton<br>Consultant Anaesthetist, Taunton and Somerset NHS Trust<br>Member of Data safety monitoring committee (DSMC), The GAP study (safety of gabapentin) United Hospitals Bristol<br>Member of national Independent Funding Request Panel NHS England<br>Non-Executive Director GO-OP, GO-OP is a Multistakeholder Co-operative Society (Somerset Rules), registered under the Co-operative and Community Benefit Societies Acts. GO-OPGO-OP will be the UK's first co-operatively owned and run Train Operating Company<br>Introduced PPE supplier (Orthofix International) to Devon CCG. Company part owned by my cousin | | 26/09/2017 | 21/04/2020 | 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 |

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| Dr | Kerr | Simon | Governing Body Clinical Lead – Eastern. | Member of Governing Body<br>Member of Quality Assurance Committee<br>Member of Integrated Commissioning Executive (ICE)<br>Attendee Remuneration Committee (REMCOM)<br>Attendee of Audit Committee<br>Northern and Eastern Preparatory Group<br>Strategic Commissioning Programme Board | Chair of East Devon GP Members Forum<br>Partner Coleridge Medical Centre<br>Undertakes DDOC shifts 5. Shareholder in Devon Doctors Ltd<br>Shareholder in Devon Health<br>Member of East Devon Health<br>Practice part of the East Devon Federation (March 2018)<br>Chair of East Devon Members forum.<br>Chair Eastern Locality Delivery Group<br>Primary Care Network - Honiton/Ottery/Sid Valley (HOSMS) | Spouse works for Social Services | 14/02/2017 | 13/05/2019 | Financial / Personal | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Lees | Sarah | Representative of Director of Public Health for Plymouth City Council | Member of Governing Body (Deputy)<br>Member of Primary Care Commissioning Committee (PCCC) | School Governor, College Road Primary School, Plymouth | Husband is an employee of Livewell Southwest | 10/11/2017 | | Financial / Personal | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Manton | Sonja | Director of Strategy<br>Interim Director of Commissioning. Northern, Eastern and South Devon and Torbay | Member of Governing Body<br>Member of Integrated Commissioning Executive (ICE)<br>CCG Executive Team Meeting<br>Joint Staff Partnership<br>Transition Sub Committee<br>Senior Leadership Team (SLT)<br>Member of Quality Assurance Committee<br>Attendee Audit Committee | Member of the Academic Health Science Network SW Board | Spouse employed by South Central and West Commissioning Support unit from 1st Nov 2018 | 03/04/2017 | 09/10/2018 | Indirect interest | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | McCormick | Shelagh | Governing Body Clinical Lead – Western Locality<br>Chair of Western Primary Care Partnership | Member of Governing Body<br>Member of Quality Assurance Committee<br>Clinical Cabinet<br>QEIA Panel<br>STP Collaborative Board<br>Remuneration and Workforce Committee (Non exec rem)<br>Member of Primary Care Commissioning Committee (PCCC)<br>Primary Care Operational Group (PCOG) | Elected member, South West Regional Council of BMA<br>Occasional Locum (self-employed) at Access Health Ltd Plymouth.<br>GP Appraiser (NHS England)<br>Working at Church View Surgery as self-employed sessional GP<br>Elected to the Medical managers Committee of the BMA from September 2019 | Partner is Medical Secretary and Board member of Devon LMC<br>Partner is GP Partner, Church View Surgery, Plymstock<br>Patrner is Clinical Director of Mewstone Primary care Network(PCN) | 26/09/2017 | 25/09/2019 | Financial Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Millward | Andrew | Devon System Director of Communications and Engagement. Director of Communications and HR functions NHS Devon CCG | Member of Governing Body<br>Member of Integrated Commissioning Executive (ICE)<br>CCG Executive Team Meeting<br>Joint Staff Partnership<br>Senior Leadership Team (SLT)<br>Attendee Audit Committee<br>Member of Remuneration and Workforce Committee<br>Member of Vacancy Control Panel | Chair of Friends of Eggesford All Saints Trust, a registered charity.<br>Fellow of the Centre for Communications Research, Buckinghamshire New University<br>DELT Board Member, CCG Devon nominated director | | 19/06/2018 | 04/03/2020 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Pearson | Virginia | Chief Officer for Communities, Public Health, Environment and Prosperity/Director of Public Health, Devon County Council<br>System Director of Population Health and Wellbeing, Devon STP | Co-opted Member of Governing Body<br>Member of Primary Care Commissioning Committee (PCCC)<br>Member of Integrated Commissioning Executive (ICE)<br>Strategic Commissioning Programme Board | Member, STP Directors Group<br>Member, STP Programme Delivery Executive Group<br>Member, Devon Health and Wellbeing Board<br>Member, Devon Safeguarding Adults Board<br>Member, Association of Directors of Public Health<br>Member, British Medical Association<br>Interim Director of Public Health, Cornwall and the Isles of Scilly<br>Honorary Clinical Professor, University of Exeter College of Medicine and Health | | 02/02/2017 | 06/02/2020 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | Devon County Council |
| | Pearson | Nick | Head of Communications and engagement | Senior Leadership Team (SLT)<br>Primary Care Operational Group (PCOG)<br>Member of Governing Body (Deputy for Director of Communications) | Member of the Labour Party<br>Member of the Exeter City Supporters Trust | Spouse is owner of Pearson Creative | 13/01/2017 | 14/08/2019 | Non-Financial Personal Interest | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be commissioned by employee | NHS Devon CCG |
| | Polak | Tracey | Public Health Consultant (Devon Council)<br>Honorary Clinical Associate Professor – University of Exeter Medical School | Member of Governing Body<br>Member of Primary Care Commissioning Committee (PCCC)<br>Primary Care Operational Group (PCOG)<br>Northern and Eastern Preparatory Group | Honorary contract with Exeter University | Spouse: Deputy Chief Nursing Officer and Interim Director of Quality Assurance (July 2019) Devon CCG | 24/10/2017 | 21/01/2019 | 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 |

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| Sansom | Solveig | Associate Director of Commissioning | Senior Leadership Team (SLT)<br>Member of Governing Body (Deputy for Director of Commissioning - Northern, Eastern and South Devon and Torbay )<br>Senior Leadership Team meeting<br>Business Meeting<br>South Devon and Torbay Executive Delivery Group<br>South Devon and Torbay System Improvement Board<br>Long Term Conditions Meeting<br>Risk Share Oversight Group<br>SDT Preparatory Group<br>Local Partnership Delivery Group<br>SDT A & E Delivery Board | Sister in law is employed by the RDEFT | | 28/04/2019 | 09/06/2019 | | | Will not engage in meetings or decisions affecting the relevant service | NHS Devon CCG |
| Snaith | Ginny | Board Secretary | Attendee of Governing Body (non voting)<br>Attendee Audit Committee<br>CCG Executive Team Meeting<br>Senior Leadership Team (SLT)<br>Strategic Commissioning Programme Board<br>Member of Remuneration and Workforce Committee<br>Working with Industry Group | No interests declared | | 22/03/2019 | 09/04/2019 | | | | NHS Devon CCG |
| Tapley | Simon | Interim Accountable Officer for NHS Devon CCG.<br>Director of Commissioning for NHS Devon CCG<br>Joint Adult Social Care Lead (South Devon), Devon County Council | Member of Governing Body<br>Member of Integrated Commissioning Executive (ICE)<br>CCG Executive Team Meeting<br>Senior Leadership Team (SLT)<br>Attendee Audit Committee<br>Attendee of Remuneration and Workforce Committee<br>Strategic Commissioning Programme Board | Secondment agreement with Torbay Council (1 July 2017 for six months)<br>Joint role with DCC as Adult Social care lead (south Devon) | Spouse is employed by TSDFT (ICO) 31/03/2017<br>Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG<br>Step-son has started working as a health-checker | 01/11/2016 | 07/09/2019 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Tetley | Piers | STP Director of HR | Attendee of Remuneration and Workforce Committee<br>Joint Staff Partnership<br>Senior Leadership Team (SLT)<br>Attendee of Governing Body/Member Governing Body (Deputy for Director of Communications)<br>Member of Vacancy Control Panel | No interests declared | | | 16/10/2018 | | | | NHS Devon CCG |
| Thompson | Sarah | Interim Chief Operating Officer | Member Governing Body<br>Member of Senior Leadership Team (SLT)<br>Member of Integrated Commissioning Executive (ICE) | Managing Director SF Thompson Consulting Limited (Not trading)<br>Volunteer for Redbourn Care Group and the Redbourn Community Volunteers in response to the COVID-19 pandemic | | 22/01/2020 | 21/04/2020 | Direct | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Turl | Jo | Director of Commissioning - Western | A & E Delivery Board<br>Senior Leadership Team (SLT)<br>Mental Health Team Meeting<br>Member of Integrated Commissioning Executive (ICE)<br>Member of Governing Body<br>Attendee Audit Committee<br>Member of Finance and Performance Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>CCG Executive Team Meeting<br>Strategic Commissioning Programme Board | | | 13/08/2015 | 03/09/2019 | Indirect interest | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Turner | Graham | Non Executive Lay Member-Finance | Member of Governing Body<br>Member of Finance and Performance Committee (Chair)<br>Member of Audit Committee<br>Member of Remuneration and Workforce Committee | Co-opted Councillor on Budleigh Salterton Town Council (Independent Member – non-political) | Son employed by Care Quality Commission as an Information Analyst | 16/10/2019 | 26/11/2019 | Indirect interest | | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |

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| | Webber | Lorraine | Associate Chief Nursing Officer (South & West)<br>Interim Director of Nursing from July 2019<br>Caldicott Guardian | Member of Quality Assurance Committee<br>A & E Delivery Board<br>QEIA Panel<br>Senior Leadership Team (SLT)<br>Member of Primary Care Commissioning Committee (PCCC)<br>Member of Governing Body<br>CCG Executive Team Meeting<br>Member of Vacancy Control Panel<br>Working with Industry Group | No interests declared | | 14/03/2017 | 29/08/2018 | | | | NHS Devon CCG |
| | Wheller | Kevin | Locality Chief Finance Officer (Northern & Eastern) | Attendee of Audit Committee<br>Member of Finance and Performance Committee<br>Senior Leadership Team (SLT)<br>Member of Governing Body (Deputy for CFO)<br>Northern and Eastern Preparatory Group<br>Working with Industry Group | | Spouse is employed as a finance manager at Castle Place Surgery in Tiverton. The Surgery is operated by the Royal Devon & Exeter NHS FT | 22/10/2015 | 25/01/2018 | Indirect interest | Indirect | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| Dr | Womersley | John | Governing Body Clinical Lead – Northern Locality | Member of Governing Body<br>Attendee of Audit Committee<br>Member of Finance and Performance Committee<br>Member of Primary Care Commissioning Committee (PCCC)<br>Remuneration and Workforce Committee (Non exec rem)<br>Northern and Eastern Preparatory Group | General Practitioner at Coombe Coastal Practice in Ilfracombe (ended 10/09/2017)<br>Member of Royal College of General Practitioners<br>Director of One Ilfracombe Our Place Programme<br>Chair of One Northern Devon | | 14/02/2017 | 31/01/2019 | Non-Financial Interest Professional | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |
| | Wooldridge | James | Associate Non Executive Lay Member | Attendee Governing Body | Managing Director of Recovery Devon CIC which is directly funded by Devon Partnership NHS Trust (DPNHST)<br>Proprietor of Positive Notions. A private consultancy providing mental health training services to various organisations including but not limited to: DPNHST, University of Exeter, University of Plymouth, Livewell Southwest<br>There may be an increased reputational benefit to my Positive Notions consultancy through membership of Devon CCG. I will advocate for various mental health groups and organisations including Recovery Devon CIC, that may be in receipt of commissioned funding from Devon CCG<br>In receipt of individually funded treatment<br>My general interest lies in mental health, wellbeing and recovery. I intend advocating for groups and organisations that adopt and demonstrate the values and principles associated with the recovery approach | | 28/10/2019 | 28/10/2019 | Financial /non Financial Professional Interests/ General | Direct | Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. | NHS Devon CCG |

NHS Devon Clinical Commissioning Group

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

Date: 27 February 2020 Time: 13:45 – 17:15

Location: Daw Committee Suite, County Hall, Topsham Road, Exeter, EX2 4QD

| *Item* | Discussion | *Action* | |
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| 1 | **Welcome and Apologies**<br>*PJ and ST were temporarily called away from the start of this meeting and PJ formally handed over the chair to NB, vice-chair.*<br><br>NB, chair welcomed everyone to the meeting and apologies were noted from:<br>• JWo, LW, CB, SK and RH | | |
| 2 | **Patient Story**<br>J Tu introduced the patient story<br><br>*PJ and ST re-joined the meeting.*<br>NB handed back the chair to PJ. | | |
| 3 | **Questions submitted by Members of the Public**<br>**Two members of the public submitted questions in advance of the meeting:**<br><br>**Question 1 – Mr. Kent**<br>1. *Why is the CCG continuing to make decisions, as to whether a mentally handicapped adult (concerning applicability or otherwise of severely mentally handicapped adults) has a primary health need when it continues to blatantly fail and work within the 'National Framework for NHS Continuing healthcare and NHS-funded Nursing care'.*<br><br>2. *Why does the CCG **refuse** to answer a 21-point list of failures which has now been with them for over 6 months?*<br><br>**CCG Response**<br>PJ thanked Mr. Kent for his questions. As these questions do not relate to an item on the agenda it was not usual for us to allow them, however the chair offered a brief response.<br><br>In relation to the first question, which referred to an individual, the relevant team at the CCG was aware of the case. Given this question related to an individual's care it was not appropriate for the Governing Body to discuss this in a public meeting and would risk a breach of an individual privacy and data protection regulations.<br><br>Regarding the second question concerning the list of issues raised; PJ confirmed these were currently being investigated through our complaints process. PJ acknowledged that a full response to the complaint had taken a long time, but the issues raised were complex and in parts relate to an individual's care, therefore a discussion in public would | | |

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| | again risk a breach of an individual privacy and data protection regulations. PJ confirmed that the CCG would formally write to Mr. Kent following this meeting with a full response to the questions that he raised.<br><br>**Question 2 – Mr. Armstrong**<br><br>1. *Available data shows that prescribing Opioids is very high. We have half a million people well addicted to oxycodone and fentanyl and attributable deaths going upwards. Has this become an easy option for doctors leading from a low dose solution to high end and unhealthy consequences?*<br><br>*There are other options available. Physiotherapy, exercise programmes, pain clinics, and psychological resources are being used to cut the opioid use elsewhere. This reduces pressure on GPs especially, also Acutes and your prescription costs. There is data on successes. This requires changed behaviour by Doctors or Health Care Professionals and likewise patients' attitudes towards a doctor who has a different vision.*<br><br>2. *What is this CCGs attitude and policy to deal with this dangerous trend in the health and social care of our population?*<br><br>**CCG Response**<br><br>PJ thanked Mr. Armstrong for his questions. As the questions did not relate to an item on the agenda it was not usual for us to allow them, however the chair offered a brief response.<br><br>Although opioids provide effective analgesia for acute pain and in palliative care the CCG, we are aware of the lack of evidence which support their long-term use.<br><br>The prescribing of opioids in Devon is based on discussions and decisions about care between our patients and clinicians. Such discussions are underpinned by an understanding of the patients experience of their condition and the clinical, evidence-based use of any prescribed drug.<br><br>The CCG medicines team work closely with clinicians to support and assure our accountable officer that there is good governance around the use of controlled drugs in all health and social care settings and individual practices.<br><br>In Devon our prescribing rates for opioid based drugs are on a downward trend and we continue to work with clinicians to ensure safe and clinically effective prescribing for our population. PJ confirmed that he would formally write to Mr. Armstrong following the meeting with a fuller response to the questions he raised.<br><br>**The Governing Body received and noted these questions raised by members of the public. No more questions were raised.** | | |
| 2 | **Register of Interest (ROI)**<br>PJ directed the members to the ROI included in the pack.<br><br>There were no new or amendments to declarations included on the register.<br><br>There were no specific declarations raised pertaining to the agenda items for this meeting.<br><br>**The Governing Body received and noted the ROI and the additional declaration made.** | | |

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| 3 | **Minutes of the last meeting**<br>PJ led a page by page review of the minutes of the meeting held on 30 January 2020 and it was agreed these were a true and accurate record of the meeting.<br><br>**Open Action Log**<br>All three open actions were reviewed, and it was agreed they could all be formally closed. | | |
| 4 | **Modernising Health and Care Services in Teignmouth and Dawlish Area**<br>SMa introduced the public consultation proposal to reconfigure our delivery of community services in Teignmouth and Dawlish Area and detailed the background and journey to date.<br><br>SMa handed over to MF, Clinical Lead Representatives, Southern Locality who talked through a power point presentation. MF explained the patient's pathway which is supported by the enhanced multidisciplinary team in Coastal and he talked through their aims and how things work. He described the length of stays in community hospitals and drew attention to the evidence how the coastal model works well and the reasons for change. He touched on the vision and the solution for a new health and wellbeing centre and highlighted the strong public, patient and clinical engagement that had taken place.<br><br>Following this presentation questions and feedback were offered:<br>• Query raised as to the impact of quality of care for End of Life (EOL). EOL care is part of the core business of the CCG and is managed by the intermediate care team. A robust process had been followed including a through Quality, Equality Impact Assessment (QEIA)<br>• Acknowledged that patients prefer to recover in their own home and friends and family test data is positive. In depth research around intermediate care has taken place to understand experience and it was recognised that not all patients will recover at home and flexibility has been built into the system for individual needs<br>• Wondered whether the assessment has been future proofed. This would be dependent on social care and care home capacity. The Primary Care proposal was large enough for day surgery and outpatients.<br>• Recognised that we need to future proof intermediate care requirements and take into consideration against population demographic changes over the next 10 years<br>• Domiciliary care remains important and we should be curious when it comes to decision making to ensure it remains viable for the future<br>• Primary Care space has been quantified against a national formula and should the population increase it more than fulfils the national criteria for future demand however the Governing Body asked for this to be checked against the time period e.g. medium and long term.<br>• Rehabilitation at home versus hospital is more effective and there is clinical evidence for a case for change<br><br>JTu directed the members to page 34 section 7.3 of the report and described the options for the new health and wellbeing centre and detailed the criteria used to evaluate the potential options for the site of the health and wellbeing centre.<br><br>She described the public engagements process and the benefits of bringing the Teignmouth model together with primary care. This will enable the ability to create and build upon relationships on an ongoing basis with Primary Care Networks (PCNs) who will be integral to the system. Sharing information and integration along with community clinics will be greatly improved. | | |

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| | JTu provided assurance to the Governing Body around the consultation process format and this would consist of public meetings held over 8 weeks and they would be advertised the media channels such as radio and social media. We are engaging with Healthwatch to support a survey which can be accessed on-line and in writing and there will also be a suite of documentation to support the consultation.<br><br>The CCG also plan to deliver two types of meetings by way of face to face drop in sessions supported by Healthwatch and community meetings. At the end of the consultation process Healthwatch will collate all responses and produce a report which will be evaluated against criteria.<br><br>**The Governing Body were assured with the format of the consultation process.**<br><br>ST wondered about the view of the GPs regarding the proposals for modernising health and care services in Teignmouth and Dawlish area and JT replied to confirm that the three GP practices involved are fully supportive of the model and concur with the principles and co-location.<br><br>It was confirmed that voluntary sector representation has been represented on the Coastal Engagement Group, although initially there were some concerns, they have realised the benefits of the new model of care. They will also be actively involved in the consultation process.<br><br>**Following discussion, the Governing Body to approved with commencing public consultation on the proposal to:**<br><br>• **Move high-use community clinics from Teignmouth Community Hospital into a Health and Wellbeing Centre in Teignmouth.**<br>• **Move specialist outpatient clinics from Teignmouth Community Hospital into Dawlish Community Hospital.**<br>• **Move day case procedures from Teignmouth Community Hospital into Dawlish Community Hospital.**<br>• **Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital.**<br><br>This was a **unanimous** decision made by the Governing Body and there were no abstentions.<br><br>**The Governing Body suggested that when proceeding with public consultation if information health needs are not answered then there will need to be a greater level of detail when presenting the findings of the consultation.** | | |
| 5 | **Chair's Report**<br>There was nothing further to add to this report, however PJ did confirm that the clinical lead representative election process was continuing, and a further update would be reported to the members in March.<br><br>PJ and Dr Alex Degan, STP Medical Director recently met with the Clinical Directors from the Primary Care Networks covering all four localities. This was the first of two workshops to review roles and levels of support required. Clear actions were identified PJ was pleased to report that the response was positive.<br><br>**The Governing Body received and noted the contents of the Chair's Report.** | | |
| 6 | **Accountable Officer's Report**<br>There was nothing further to add to this report. | | |

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| | **The Governing Body received and noted the contents of the Accountable Officer's Report.** | | |
| 7 | **Quality Assurance Committee Chair's Report**<br>There was nothing further to add to this report.<br><br>**The Governing Body received and noted the contents of the Quality Assurance Committee Chair's report.** | | |
| 8 | **Quality and Performance Report – focus on urgent care**<br><u>52 week waits</u><br>• NDHT are reporting zero patients at year end<br>• TSDT are on plan however this a risk to their position and this is being reviewed by the System Performance Group<br>• UHP are on plan to deliver their trajectory and have 66 patients waiting over 52 weeks for neurosurgery. A longer-term plan is being developed to reduce. There are no other 52 week waits other except for 30 patients who have chosen to wait longer<br>• RDE have revised their trajectory to 38 and are on track to achieve<br><br>PJ queried the revised trajectory for RDE from zero to 38. SMa explained that following a data validation exercise and incorrect coding around 40 patients had been identified. These patients have now been added to the EPIC system and confirmed there had been no patient safety issues. SMa assured the Governing Body that the CCG is seeking to understand the capacity issue around 52 week waits and weekly management meetings and engagement with our system wide leads has been reintroduced.<br><br>JT commented that there were differences in localities for pain pathways and discussions with providers were underway to address this.<br><br>For diagnostics all providers are on track to achieve their trajectories.<br><br>Concerns were raised around performance management which had declined in several disciplines and it was agreed that we should focus on performance improvement at the next Governing Body in March.<br><br>**ACTION 1:**<br>**Putting the discipline back into performance management and performance improvement to be added to the Governing Body forward planner for March 2020. Post meeting update action complete. Recommendation for closure**<br><br><u>Urgent Care</u><br>There was a focus on urgent care at the last System Performance Group and actions agreed include:<br>• Review of frail and elderly in ED and the wider hospital<br>• Length of stay and impact on ED<br>• Performance – reinstate self-assessment through A&E Delivery Boards<br>• Hard re-set process – this is a focused piece of work for a period for example heightened scrutiny that has clinical leadership who will focus on indicators to help lessons learned<br>• Embed learning - business as usual<br>• Western – agreed system hard reset for acute/ community/ CCG/ SWAST and DDocs currently in the design phase part of the process. Short term benchmarking to identified opportunities with business intelligence analysing the data. | | |

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| | • Southern – new arrangements in place with the monitoring of key indicators. There will be a focus on discharging patients, length of stay and bed occupancy.<br><br>PJ felt there was more work to do at a clinical level and that there needs to be a shift in culture to move away from bed based care and that we need to integrate care and empower Primary Care Networks and voluntary sector organisations to work alongside clinicians so they can trust alternatives will work.<br><br>**The Governing Body received and noted the contents of the Quality and Performance Report for February 2020.** | | |
| 9 | **Finance and Performance Committee's Chair's Report**<br>There was nothing further to add to this report and GTu thanked DG for chairing this meeting in his absence.<br><br>**The Governing Body received and noted the contents of the Finance and Performance Committee's Chair's Report.** | | |
| 10 | **Month 10 Finance Report**<br><br>*Clare Doble joined part way through this item.*<br><br>JD presented the month 10 report and drew the members attention to the executive summary on page 95. The CCG was in a stable position however there has been an adverse movement from plan this has been exacerbated by financial challenge.<br><br>A risk profile has been assessed at month 10 at £2.2m and a set of recovery actions have been put into place.<br><br>Some members raised concerns around the deteriorating position and was the STP financial plan an over ambitious plan. JD responded that individual organisations and the system recognise that we are spending more than our allocation for the population we serve.<br><br>It was agreed that we need more granular detail in the savings plan and that the management process need strengthening and he assured the Governing Body that there would be an increased level of scrutiny around our financial position by the finance and performance committee.<br><br>PJ referred to page 111 and the summary of referrals whereby Northern and Western have increased with Southern and Eastern holding their position. He asked what actions we are taking. JT confirmed that we are working with clinicians to identify difference and understanding for referral for planned care and cancer.<br><br>SMa described demand management and the Governing Body felt it would be useful to understand this in more detail and suggested a deep dive at a future meeting.<br><br>**ACTION 2:**<br>**NC to add demand management to the Governing Body forward planner. Post meeting update action completed. Recommendation for closure.**<br><br>**The Governing Body received and noted the contents of the Month 10 Finance Report as at 31 January 2020 and the level of risk to delivery of the revised forecast.** | | |
| 11 | **Constitution and Governance Handbook** | | |

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| | The purpose of this paper was to seek approval from the Governing Body of the minor changes to NHS Devon CCGs constitution and governance handbook. The minor changes include:<br>• Terms of Reference (ToR) for:<br>  ○ Remuneration and Strategy Workforce Committee<br>  ○ Primary Care Committee<br>  ○ Audit Committee<br>• Appointment of Non-Executive Directors and Non-Executive Associate Directors<br>• Changes to guidance and conflicts of interest<br><br>A useable version of the Governance Handbook mandated by NHS England is being produced which will be available on the CCG's website.<br><br>NB pointed out section 1.7.4 of the constitution and felt that the narrative needed strengthening at it was not made clear around legal interpretation. GS and CDo agreed to check this and adjust as necessary.<br><br>**ACTION 3:**<br>**GS and CDo to review section 1.7.4 of the constitution and check legal interpretation.**<br><br>The members agreed that the updates were clear however they did feel the approval process was lengthy. | | |
| 12 | **Annual Report and Accounts approval – timeline and process**<br>GS presented this report and that the purpose of this report was to assure the Governing Body that the Annual Report and Accounts for 2019-20 for NHS Devon CCG is being developed within the national proposed deadlines. It was noted that the Audit Committee have previously discussed the timeline and process at the meeting in January and the chair of Audit Committee was satisfied with the process.<br><br>**The Governing Body:**<br>• **Acknowledged that the Board Secretary has overarching responsibility for the Annual Report production**<br>• **Reviewed and were assured of the timeline for reporting given the timeline outlined in section 3 of the report** | | |
| 13 | **Primary Care Committee Chair's Report**<br>There was nothing further to add other than Devon Digital is continuing and is a good investment. Information sharing agreements have been developed and thanks was given to CDo, Head of Governance and her contribution in the success of this. This will enable access to data and Primary Care Networks are planning to host a section on population health management on the Integrated Care System website.<br><br>**The Governing Body received and noted the contents of the Primary Care Committee Chair's Report.**<br><br>JW mentioned that throughout the Governing Body papers there was a lot of use of acronyms and this could lead to readers being confused. The members took these comments on board. | | |
| 14 | **Locality Update Reports**<br><u>Southern</u><br>Minor Injury Units (MIUs) in Dawlish and Totnes have reduced opening hours due to the inability to recruit. Actions are in hand to return opening hours back to normal. | | |

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| | Eastern<br>There was nothing further to add to this report.<br><br>Northern<br>Local Care Partnership representatives and Primary Care Network Clinical Directors are meeting in three weeks' time. Holsworthy and the pioneering work for bespoke services is coming to a conclusion and NHS England will be showcasing this project to promote nationally.<br><br>Western<br>There was nothing further to add to this report.<br><br>GTu highlighted workforce challenges and it was agreed for a deep dive exercise on STP workforce to feature at a future Governing Body meeting.<br><br>**ACTION 4:**<br>**NC to add STP workforce deep dive to the Governing Body forward planner. Post meeting update action complete. Recommendation for closure.**<br><br>**The Governing Body received and noted the contents of the Locality Update Reports.** | | |
| 15 | The meeting closed at 17:15pm | | |

| **Attendees** (attended** / apologies A) | |
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| *Name and initials* | *Title and organisation* |
| Alison Davis (AD) ** | Associate Non-Executive Director, Devon CCG |
| Andrew Millward (AM) ** | Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG |
| Caroline Dimond – Dr (CD) ** | Director of Public Health, Torbay Council |
| Charlotte Burrows (CB) A | Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG |
| Dr Matt Fox (MF) ** **item 4** | Clinical Representative, Southern Locality, 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 |
| James Wooldridge (JW) ** | Associate Non-Executive Director, Devon CCG |
| John Dowell (JD) ** | Chief Finance Officer, Devon CCG |
| John Womersley – Dr (JWo) A | Clinical Lead Representative, Northern Locality Devon CCG |
| Jo Turl (JT) ** | Director of Commissioning – West, Devon CCG |
| Judith Hargadon (JH) ** | Non-Executive Director/ Lay Member – Primary Care |
| Lorraine Webber (LW) A | Interim Director of Nursing, Devon CCG |

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| Nick Ball (NB) **Vice Chair** ** | Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG |
| Nick Kennedy – Dr (NK) ** | Secondary Care Doctor, Devon CCG |
| Paul Johnson – Dr (PJ) **Chair** ** | Clinical Chair, Devon CCG |
| Ruth Harrell - Dr (RH) A | Director of Public Health, Plymouth City Council |
| Sarah Thompson (STh) ** | Chief Operating Officer, Devon CCG |
| Simon Kerr – Dr (SK) A | Clinical Lead Representative, Eastern Locality, Devon CCG |
| Shelagh McCormick – Dr (SMc) ** | Clinical Lead Representative, Western Locality, Devon CCG |
| Simon Tapley (ST) ** | Interim Accountable Officer, Devon CCG |
| Sonja Manton – Dr (SMa) A | Interim Director of Commissioning – North, East and South, Devon CCG |
| Tracey Polak (TP) (for VP) A | Assistant Director Public Health, Devon County Council |
| Virginia Pearson – Dr (VP) ** | Director of Public Health, Devon County Council |
| ***In Attendance*** | |
| Nikki Coombes (NC) ** **Minute Taker** | Executive Assistant, Devon CCG |
| Jenny Turner, (JTu) ** **item 4** | Head of Integrated Care – South, Devon CCG |
| Louise Dawson, (LD) ** **item 4** | Torbay and South Devon NHS Foundation Trust |
| Shelley Machin (SMac) ** **item 4** | Torbay and South Devon NHS Foundation Trust |
| Clare Doble (CDo) ** **item 11** | Head of Governance, Devon CCG |

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| Minutes approved | Date: | Signed by chair: |

NHS Devon Clinical Commissioning Group

| GOVERNING BODY - PUBLIC ACTION LOG | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Action Number** | **Date of Meeting** | | **Target Date** | **Lead** | **Progress on action** | **Date Closed** | **By whom** | **Reported to Committee** | **OPEN/CLOSED** |
| Actions should be listed in sequential order | State the date of the meeting | Set out the actions needed in order to deal with the issue identified by the group and be narrate so that if minutes are not available the action is very clear to the owner and the committee members | State the expected date for completing the action | Name of person responsible for completing the action | The most up to date information to be provided to the group on the actions undertakenYes/No confirmation if all actions | | This will be the lead or person to whom the action was designated | Confirmation that committee that raised the action is content the action has been completed | Confirmation if action complete |
| **1** | 27-Feb-20 | Putting the discipline back into performance management and performance improvement to be added to the Governing Body forward planner for March 2020. Post meeting update action complete. Recommendation for closure | 26-Mar-20 | Nikki Coombes | Post meeting update action complete. Recommendation for closure | | | | **FOR CLOSURE** |
| **2** | 27-Feb-20 | NC to add demand management to the Governing Body forward planner. Post meeting update action completed. Recommendation for closure. | 26-Mar-20 | Nikki Coombes | Post meeting update action complete. Recommendation for closure | | | | **FOR CLOSURE** |
| **3** | 27-Feb-20 | GS and CDo to review section 1.7.4 of the constitution and check legal interpretation. | 26-Mar-20 | Ginny Snaith/ Clare Doble | Section 1.7.4 has been reviewed and has been amended in agreement with NB Audit Chair. Recommendation for this action to be formally closed | | | | **FOR CLOSURE** |
| **4** | 27-Feb-20 | NC to add STP workforce deep dive to the Governing Body forward planner. Post meeting update action complete. | 26-Mar-20 | Nikki Coombes | Post meeting update action complete. | | | | **FOR CLOSURE** |

# GOVERNING BODY MEETING

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| **Report title: NHS Devon CCG Governance Arrangements for CoVid-19 Incident** | | | | |
| **Date of committee: 30 April 2020**<br>**Date report produced: 22 April 2020** | | | | |
| **Author (s) Name and Title:**<br>**Ginny Snaith, Board Secretary**<br>**Contact Details:** | | **Supporting Executive: Simon Tapley Accountable Officer**<br>**Contact Details:** | | |
| | | **Report Approved by: Nick Ball, Audit Chair/ Vice Chair**<br>**Date 22 April 2020** | | |
| **Public or Private (Governing Body only):** | **Public** | √ | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): | | | | |

**Executive Summary:**

At the Governing Body meeting in March it was agreed that the Governing Body would continue to meet on a monthly basis and, where possible, would take on key delegated functions from its assurance committees to reduce the number of meetings required. This paper provides more detail on these arrangements and how the CCG is ensuring good governance through the period of the incident.

**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: |
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| **N/A** |
| **Key recommendations and actions requested:** |
| The Governing Body members, and in particular the Non-Executive Lay Member for Emergency Planning, Resilience and Response are asked to be assured of the governance processes and arrangements that the CCG has implemented during the current Covid19 response, and seek any additional assurances as required. |
| **Impact on Strategic Objectives** |
| **(Delete as applicable)**<br>We will continue to commission safe, effective and accessible services<br>We will work as a strategic partner in Devon<br>We will improve the physical and mental health of our population<br>We will make best use of our resources |
| **Reference to other documents or accompanying papers:** |
| Incident Management Arrangements Assurance paper |
| **Does this report have implications in any of the areas highlighted below?** |

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

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

# CCG Governance Arrangements for CoVid-19 Incident

## 1. Introduction and Background

1.1 During the week commencing 02 March 2020, the incident management team was invoked in line with our Emergency Planning and Resilience Response Policy and Framework. A separate paper to this Governing Body gives details of the Incident Management arrangements.

1.2 As part of the response there have been a number of discussions on how the organisation should use its governance arrangements to ensure that decisions are made appropriately without creating unnecessary workload. It is also important that the Governing Body continues to receive assurance on the functions of the organisation and that there is robust scrutiny of all decisions and activity.

1.3 This paper outlines how existing our governance arrangements (as set out in the CCG Constitution) are being modified to achieve these objectives.

## 2. Governance arrangements – CoVid-19

2.1 At the Governing Body (held in Private) on 27th March the following arrangements were agreed

- Once monthly Governing Body/Governance meeting (held virtually)
- Any urgent committee business will come through this route
- Exception is Primary Care Committee which may meet virtually for issues if required (This is in recognition of the fact that a number of changes (permanent and temporary) have been required in primary care services.
- Decisions needing urgent action will be agreed by AO, Chair, 2 Clinical Reps, 1 NED. This should be supported by consultation with the wider Governing Body whenever possible.
- Any decisions being made outside of normal process need to be logged with Governance Team and either a) ratified at Governance meeting or b) picked up by a committee when back to normality

2.2 It has since been agreed that the Governing Body meetings will meet its obligation to meet in public by recording the meetings and making these recordings publicly available through the CCG website.

2.3 The Governing Body also agreed that the Chief Financial Officer could make changes to the Scheme of Delegation if required for operational purposes. The only changes required to date have been minor changes to the financial limits in the Nursing and Quality Directorate in relation to Individual Packages of Care. Our scheme of reservation and delegation is available on the website and remains in place and can be found on page 34 of the governance handbook

2.4 Any expenditure related to CoVid-19 must be raised with a justification via Ben Chilcott, this process has been in place since the incident response was invoked 02 March 2020.

## 3. Decision Making

3.1 In order to ensure that everyone is aware off the processes for decision making, the following principles have been shared with staff:

- Although operational meeting arrangements have been revised, there have been no changes to decision making and accountability structures in the CCG – we have refined our Governing Body and Committee processes but they are still fully functioning if required for decision making.

- Incident Management Team cells have been set up to provide advice and to facilitate communication and co-ordination. They are not decision making groups and remain accountable to the relevant Executive Director and any changes to working arrangements within the cell should be agreed with them.

- Where groups are established to deal with specific issues (e.g. Task and Finish Groups) an Executive Director will be nominated to lead and will ensure that decisions are taken appropriately.

- The Clinical Reference Group has been set up to provide advice and support on clinical issues. It consists of all the Medical Directors and Directors of Nursing. It is not a decision-making group.

- When working with system partners it is important that all organisations are represented by someone who can make decisions on their behalf or can quickly get decisions made in their own organisation (as is normally the case)

- When linking to NHSE/I Regional or National groups it is important that relevant information is fed back to the CCG to support any decision making required by the CCG.

3.2 The CCG has established an Ethical Reference Group which will provide support and advice to organisations and individuals who are asked to make difficult decisions during the Incident Response. This group will take into consideration the Ethical Framework for decision making produced by NHSE/I

3.3 In order to facilitate operational debriefing and to provide evidence for inquiries (whether judicial, public, technical, inquest or of some other form), it is essential to keep records. A comprehensive record will be kept of all events, key decisions and reasoning behind key decisions and actions taken. This will include:

- the date and time a key decision was taken
- who made the decision
- was there Executive approval
- forum at which decision was made or was this via a telephone discussion / email exchange (retain email if the latter).

All Executive Directors are utilising a formal decision logging process to ensure a comprehensive and robust record of decisions.

Decisions will be made in line with the scheme of reservation and delegation which is available on the website and remains in place and can be found on page 34 of the governance handbook . The financial limits of each senior officer are also held in the governance handbook page 45.

Any decisions which are not in line with the SORD and financial limits will be taken to the Governing Body for ratification as will any decisions which would normally be made by the Governing Body.

## 4. Role of Non-Executive Directors

The Non-Executive Directors have a huge range of expertise and skills which can be used to ensure that the organisation operates to the highest standards at all times. During an incident such as the COVID Pandemic it is important that the Non-Executives Directors continue to contribute to the functioning of the organisation as well as ensuring appropriate accountability and oversight.

The Non-Executive Directors will:

- Continue to contribute to the functions of the Governing Body as part of the normal process of accountability and reporting.
- Act as a point of contact for managers (or staff who have concerns regarding the management of the COVID incident and its impact on the functions of the CCG
- Meet (virtually) monthly between Governing Body meetings to identify further support that can be offered to the CCG.
- "Buddy" with each of the Exec Directors to provide regular support (at least weekly phone call) as set out below

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|---|---|
| Graham Turner | John Dowell |
| Nick Ball | Simon Tapley<br>Sarah Thompson<br>Penny Harris |
| Judy Hargadon | Jo Turl |
| Charlotte Burrows | Andrew Milward |
| Glynnis Atherton | Phillip King |
| Nick Kennedy | Sonja Manton |

## 5. Risk Management

The CCG's corporate risk register currently holds three risks relating to the COVID incident:

- There is a risk that there will be a system impact from the COVID-19 outbreak (caused by a strain of coronavirus), affect routine business among the provider organisations and the CCG

- There is a risk that a COVID 19 outbreak could adversely affect GP practices' ability to deliver business as usual services . The impact of this is that the delivery of general practice is compromised and could impact all areas of the healthcare system

- There is a risk that COVID 19 outbreak could adversely affect the primary care team's ability to deliver current workplan and business as usual tasks. The impact of this is that the delivery of general practice is compromised and could affect all areas of the health care system

These risks have been reviewed to ensure that those which are still current and relevant are being actively managed. However, it is recognised that the CCG's Risk Management System, although robust and effective for business as usual is not flexible and agile enough to support the management of risk during an incident of this nature. Furthermore there are a considerable number of risks to be

considered and it is important not to create unnecessary bureaucracy in reporting and monitoring risks. A separate Incident Risk register is therefore being developed for use throughout the incident.

## 6. Recommendations

6.1 The Governing Body members are asked to be assured of the current processes and arrangements that the CCG has implemented to oversee the current Covid19 response and seek any additional assurances as required.

NHS
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Clinical Commissioning Group

# Personal Protective Equipment (PPE) Cell

Part of the Devon CCG's covid19 incident response team.

# Headlines:

- At the beginning of the COVID 19 crisis PPE was sub section of the Clinical Cell. Quickly this became a separate cell operating12 hours a day, 7 days a week. The cell reports directly to the Accountable Officer, with support from the Interim Chief Nurse and his team, given the importance of the issues.
- Continually developing and expanding the PPE team to meet the increasing workloads, demands and resilience requirements.
- 4 key workstreams; monitoring, co-ordinating donations and alternative purchasing, ordering processes and distribution; see subsequent slides.
- The CCG cell has responded in a timely fashion but PPE picture has changed swiftly on occasions. There is extensive pressure and daily challenges nationally, regionally and locally.
- Following all national guidance and continually support and challenge all providers to do so.
- Developed novel secure storage, systems for obtaining, storing and providing PPE.

# CCG's PPE role and relationships

- Distributes PPE to primary care and CCG services.
- Coordinated the mutual aid processes through the Devon system Gold command process to all providers of health, social and care services; including a wide range of small providers, hospices, and supports local authority in relation to nursing homes, care homes, and community carers.
- Holds a stock for emergency assistance across the system.
- Seeks to coordinate efforts across the Devon Health and Social Care systems
- Links into Regional and National processes and changing policy

# Monitoring of PPE

- Early processes of contacting each major provider for daily stock figures of PPE. Establishing system levels, usage rates and critical areas. Used to inform region system calls.
- The monitoring of push delivery manifests and stock levels of each provider has been problematic; not all providers have engaged and were forth coming with information.
- Rapid development of new stock monitoring web-based platform for all significant health, social and care providers across Devon (NHS, LA, community). Company recommended by NHSE&I. Role out in 24-48 hours. Up & running this week. Looking to make mandatory. Expected significant improvement across Devon system.
- Significant challenge nationally for South West region regarding high usage rate of gowns. Deep dive being undertaken into Devon hospitals daily usage figures.

# Co-ordinating Donations and Purchasing from Alternative Sources

- Earlier collaborative working with County Councils and commerce asking for donations and stock that could be purchased. Specific medical style PPE requested. Devon wide system approach to ensure equity of need met.
- System of monitoring calls and emails, calling back donors and using volunteers to collect. Supported and agreed by LRF. Standards checked of PPE supplied. Spreadsheets and records kept of donations in and what repurposed and to which provider.
- Stock system and store put into operation, initially multiple sites. Now one major site at County Hall with Army involvement to help with logistics, equipment movement, stock level monitoring and 24 hour presence using a “quarter mastering” model.
- Recent expansion requesting donations and purchasing of alternatives to medical style PPE; all types of PPE, for example overalls; in anticipated national shortage of gowns. Use of redeployed DRSS staff. Pro-active approach of calling companies and organisations directly. Further expansion of collection and delivery systems to cope.

# Ordering of PPE

- NHS supply chain and NSDL systems unable to meet the scale of the requirements. Clipper logistics now managing a separate PPE supply for large providers. There are still concerns such as supply of gowns
- For small providers the E-commerce solution is still some time away. CCG has been managing to procure from all courses.
- Alternative supplies sourced with ‘checked’ companies (procurement involvement); 6,500 3D printed visors by Devon companies; FFP2 face masks ordered from France. Hand sanitisers from local brewing companies.
- 10% of LRF deliveries negotiated; this process can be problematic in CCG gaining an understanding of what is available to us. PPE cell elad now working closly on this with the LRF problematic as don’t know when or what. This is PPE for LA and small providers.
- Gone out to manufacturing of PPE, for example gowns. Collaborative working with RD & E to establish standards of PPE, standards of material. Currently sourcing local companies to produce gowns from templates. Linking into NHSE&I work.

# Achievements

- Developed a Priority framework for mutual aid PPE to give clarity of decision making on who gets what PPE based on priority need each day if system runs out. Based on national guidance and not a local interpretation. For use if there is not enough PPE available.
- No-one has been denied mutual aid. Kit has always been provided when requested.
- Although we face constant challenges and we have had to establish systems quickly and develop them in response to fast changing circumstances, Devon is in a strong place with their stock of PPE compared to other areas, and where national shortages occur or where standard supply lines are delayed or problematic the CCG has been proactive in seeking other and alternative supplies.
- CCG has taken the initiatives in the support of care homes through a weekly webinar where PPE is one of the main topics for discussion and information dissemination.

NHS
Devon
Clinical Commissioning Group

## GOVERNING BODY

| | | | | |
|---|---|---|---|---|
| **Report title: FINANCIAL PERFORMANCE REPORT** | | | | |
| **Date of committee: 30th April 2020**<br>**Date report produced: 17th April 2020** | | | | |
| **Author (s) Name and Title:**<br>Kevin Wheller, Associate Director of Finance (Northern and Eastern), Mark Adamson, Senior Accountant (Accounting and Reporting)<br>**Contact Details:** | | **Supporting Executive:** John Dowell<br>**Name and Title:** John Dowell, Director of Finance<br>**Contact Details:**<br>**Report Approved by:** John Dowell<br>**Name and Title:** John Dowell, Director of Finance<br>**Date:** 19th March 2020 | | |
| **Public or Private (Governing Body only):** | **Public** | X | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): | | | | |

**Executive Summary:**

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 provides an update on progress in producing the financial accounts for 19/20 and confirms the expected deficit remains as forecast at £66.5m.

The report outlines the current assessment of the financial impact of the COVID-19 pandemic on the 19/20 financial position and the emerging guidance, process and assessment of impact for 20/21.

The report also asks the Governing body to formally acknowledge the current situation and as a result the status of the draft financial plan for 20/21 and associated risks.

**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 asked to consider, review and discuss the month 12 position as at 31st March as part of the completion and submission of final accounts. It is also asked to consider and comment upon the arrangements in place in relation to the current situation. |
| **Impact on Strategic Objectives** |
| **(Delete as applicable)**<br>We will continue to commission safe, effective and accessible services<br>We will work as a strategic partner in Devon<br>We will improve the physical and mental health of our population<br>We will make best use of our resources |
| **Reference to other documents or accompanying papers:** |
| N/A |
| **Does this report have implications in any of the areas highlighted below?** |

| | **If Yes, please give details** | **Yes** |
|---|---|---|
| **Quality** | Safety:<br>Effectiveness:<br>Experience: | |
| **Equality** | | |
| **Resource and Finance** | Risk to delivery of CCG control total | Yes |
| **Legal** | | |
| **Engagement and Consultation** | | |
| **Risk** | Risk to delivery of CCG control total | Yes |

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

## Financial Performance Report

Month 12 – 2019/20

### Contents

## 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 provides an update on progress in producing the financial accounts for 19/20 and confirms the expected deficit remains as forecast at £66.5m.

The report outlines the current assessment of the financial impact of the COVID-19 pandemic on the 19/20 financial position and the emerging guidance, process and assessment of projected impact for 20/21.

The report also asks the Governing body to acknowledge the current situation and status of the draft financial plan for 20/21 and associated risks.

## 2. Final Accounts Position 19/20

The production of the CCG's annual accounts and annual report is in progress and on track to deliver against that national timetable. A draft of the accounts is due to be submitted to the regional NHSE finance team on the 20th April and will present a position that is an in year deficit of £66.5m in line with our recent months forecast and the expectations of NHSE.

The finance team are currently producing the draft accounts, working papers and financial narrative for the Annual report. The timetable for which is as follows:

20th April – Draft position statement submitted to NHSE
27th April – Completed draft accounts and NHSE financial templates submitted to NHSE and exeternal auditors.
27th April – External audit commences
21st May – Final audited accounts and audit opinion presented to the Audit Committee and approved by the Governing Body.

The finance team are in weekly contact with external audit and have in place measures to allow the audit to be conducted remotely.

## 3. Financial Implications of COVID-19

There has been quite a lot of national guidance in relation to the current situation as one might expect which focusses on ensuring that organisations are able to respond during the emergency period and that mechanisms exists to ensure providers get paid appropriately and swiftly.

To this end, one of the components of significant additional cost as it stands is the basis of calculation in relation to the main STP providers contracts, using their specific run rate toward the end of 2019-20 and including a top-up facility through NHS England/Improvement to ensure all of their costs are covered.

We have been working closely and communicating with local authority colleagues given that two tranches of funding have been allocated from a national perspective, £1.3bn through the NHS/CCG's in relation to specific discharge arrangements and £1.6bn through local authorities to cover all other aspects of their anticipated exposure to exceptional costs.

The Finance team have put in place controls to authorise, pay and monitor specific costs relating th the COVID-19 pandemic.

These include authorisation by the Director of Finance of all commitments as well as specific procedures for prompt payments and recording of the costs in our ledger.

The response to the pandemic has resulted in revenue commitments of £564k being funded for 19/20 and capital commitments of £757k.

The revenue commitments largely relate to securing Personal Protective Equipment, consequneces of remote working both clinincal and non-clinical and costs to facilitate discharge from hospital.

The capital costs relate to purchase of laptops for remote working and a small amout of clinical equipment.

For 20/21, the process we have started continues, working to review and implement guidance as it emerges, at pace with local authority colleagues particularly with regard to the discharge arrangements. We are developing and holding a commitment register which seeks to record and ideally forecast the financial impact as the situation evolves. Costs are being captured through specific coding through the ledger and reported to NHSE on monthly basis through our Non-ISFE submissions.

In addition to this the focus on discharge has led to a national mandate to protect the out of hospital provider market, stand down the assessment process for Free Nursing Care and Continuing Healthcare funding as well as Local Authority menas testing. Local Authorities and CCG's have been given funding to cover these addditional cost or loss of income and the CCG is engaring with our 3 local authorities to work through the consequences, monitoring and payment mechanisms to support these changes.

## 4. 20/21 Financial Plan and Budget Setting, and planning for exit from the emergency response period

The Governing Body will be aware that the last draft financial plan for 2020-21 was submitted on 5th March with a final version due in early April. This, at the time suggested a planned deficit of £46.766m with a requirement to deliver efficiency savings in the region of £22.6m as a result, The detail supporting this was set out and reviewed through the Finance & performance Committee but as a result of the current situation the plan was never signed off by NHS England.

We have taken the decision therefore to follow good governance and proceed with setting and uploading the budgets as planned but seek the Governing Body's formal approval of that stance.

The latest communication from NHS England & Improvement effectively sets aside the planning & allocation process for the foreseeable future in favour of robust financial management, control and reporting of exceptional costs.

The CCG Accountable Officer has set up a recovery cell as part of the CCG's incident management response to the covid-19 pandemic. There is clearly a significant financial and performance dimension to this work, and the Associate Director of Finance for Northern & Eastern Devon will provide the finance link to this cell. A key component of this work will be to ensure the rate of expenditure on a monthly basis (the "run rate") as we exit the crisis response is brought back into line with the run rate required to deliver the remaining months of the 2020/21 operational plan approved by the Governing Body.

## 7 Recommendations

The Governing Body is requested to:

Note the progress with the production of the CCG's annual accounts and the delivery of the forecasted financial position for 19/20.

Note the arrangements in place for collection and claim of excess costs associated with the COVID-19 pandemic.

Note the interim budgetary control approach based on the operational financial plan approved by the finance committee, and the ongoing work on financial and operational recovery on exit of the emergency response period.

NHS
Devon
Clinical Commissioning Group

# GOVERNING BODY - PUBLIC

| | | | | |
|---|---|---|---|---|
| **Report title: Performance and Quality Report** | | | | |
| **Date of committee: 30th April 2020**<br>**Date report produced: 14th April 2020** | | | | |
| **Author (s) Name and Title:**<br>**Sarah F Thompson – Interim Chief Operating Officer**<br>**Philip King – Interim Chief Nurse**<br>**Alison Wilkinson – Associate Director of Performance & Planning**<br>**Kelvin Grabham – Associate Director of Business Intelligence** | | **Supporting Executive:**<br>**Name and Title:**<br>**Sarah F Thompson – Interim Chief Operating Officer**<br><br>**Report Approved by:**<br>**Name and Title:**<br>**Sarah F Thompson – Interim Chief Operating Officer**<br>**Philip King – Interim Chief Nurse**<br><br>**Date: 17th April 2020** | | |
| **Public or Private (Governing Body only):** | **Public** | √ | **Private** | |
| Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): | | | | |

**Executive Summary:**

The purpose of this paper is four-fold:

- To present compliance status against some performance targets in key contracts for the period 1st April 2019 to 29th February 2020 (Month 11) consistent with previous reports, and prior to the COVID-19 pandemic.
- To give an indication of the 2019-2020 performance forecast end of year outturn position taking account of the impact of the COVID-19 pandemic in March (Month12).
- To provide an overview of quality and safety within performance and the work of the Nursing and Quality Directorate.
- To present the performance requirements set out in COVID-19 pandemic national guidance for the period April to July 2020 that the CCG has responsibility for, and the associated timetable for reporting.

**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:**

Members of the Governing Body are asked to:

- Note the levels of performance compliance across a range of key targets at the end of February 2020 (Month 11).
- Be aware of the likely impact of national guidance on the COVID-19 pandemic on performance in March 2020 (Month 12) that will be known on 14th May, with provisional commissioner level data released on 23rd April.
- Note the work of the Nursing and Quality Directorate in relation to performance.
- Agree the national arrangements for performance reporting and CCG accountability for performance for the period April 2019 to July 2020.

**Impact on Strategic Objectives**

We will continue to commission safe, effective and accessible services

We will work as a strategic partner in Devon

We will improve the physical and mental health of our population

We will make best use of our resources

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

Appendix 1 - Performance report

Appendix 2 – "Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic" Annexes A and B

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

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

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

# NHS DEVON CCG
# GOVERNING BODY (PUBLIC)
# 30th April 2020

# Performance Report

## 1. Introduction

The purpose of this paper is three-fold:

- To present compliance status against some performance targets in key contracts for the period 1st April 2019 to 29th February 2020 (Month 11) consistent with previous reports, and prior to the COVID-19 pandemic.

- To give an indication of the 2019-2020 performance forecast end of year outturn position, taking account of the impact of the COVID-19 pandemic in March 2020 (Month12).

- To provide an overview of quality and safety within performance and the work of the Nursing and Quality Directorate.

- To present the performance requirements set out in COVID-19 pandemic national guidance for the period April to July 2020 that the CCG has responsibility for and the associated timetable for reporting.

## 2. Performance for the period April 2019 to February 2020 (Month 11)

Appendix 1 details the performance position at month 11, consistent with previous reports to the Governing Body, and identifies the changes that occurred between months 10 and 11, when the Governing Body last received a report.

There remains a continued focus on the three key areas of improvement: the number of people waiting over 52 weeks from elective referral to treatment, diagnostic waiting times (which should also have a positive impact on cancer waiting times) and waiting times in Accident and Emergency departments (A&E).

### Referral to treatment times

Performance against the 18-week standard has remained under the national 92% target throughout 2019/20 and deteriorated further in February, from 77.6% to 77.1%. The waiting list was relatively static in February but has risen by around 3% since March 2019.

There was good progress in reducing the longest wait patients, with 192 people waiting over 52 weeks compared to 260 in January. However, this remains above the national

target of zero breaches and the revised Devon trajectory of 129. The year end CCG trajectory of 78 is very unlikely to be achieved. The forecast before the impact of COVID-19 pandemic was around 150 breaches and it is expected that this will be an underestimate due to elective capacity being significantly reduced at the end of March. The specialties with the majority of breaches continue to be orthopedics, neurosurgery (at University Hospital Plymouth - UHP), general surgery and cardiology.

**Diagnostic waiting times**

The Devon Sustainability and Transformation Partnership (STP) position improved significantly in February, from 13.4% to 8.9%, but has remained above the 1% national target throughout 2019/20. Northern Devon Healthcare NHS Trust (NDHT) saw continued progress, falling from 7.6% to 3.3%, whilst the Royal Devon and Exeter NHS Foundation Trust (RD&E) improved from 23.0% to 14.1%. UHP breaches fell from 12.6% to 9.6% and Torbay and South Devon NHS Foundation Trust (TSD) also reduced, moving from 10.2% to 7.4%. The majority of breaches continue to be for imaging (CT, MRI and non-obstetric ultrasound) and endoscopy.

The year-end forecast was 7.0% against a trajectory of 6.5% at STP level, with TSD the only provider forecasting a variance against planned performance (2% above trajectory at 4.0%). However, it is likely that the COVID-19 pandemic impact in the latter half of March will prevent this from being achieved, with a likely outturn between 8-9%.

**A&E waiting times**

Performance rose steadily against the A&E 4-hour target through March with the STP ‘all types’ position increasing from 83.4% to 86.4%. All providers saw an improvement of between 2% and 3% as both attendance numbers and bed occupancy fell. Whilst the STP has not achieved the national 95% target or the operational plan improvement trajectory, this will mean that the CCG ends the year with improved performance.

**Other targets**

Performance against the cancer 62 day wait standard fell in February and has been consistently below the national 85% target throughout 2019/20. Whilst there were improvements against both two-week wait targets these have also not been met in 2019/20. However, there was good performance against the range of 31-day targets with three of the four standards being met in the year to date.

Mental health performance was more mixed, with underperformances against the IAPT recovery and access targets (in February and the year to date) but achievement of the 6-week standard.

**Actions to improve performance**

Commissioning managers took a number of actions over the period to improve compliance against key targets and these actions included:

- daily Gold calls with providers and system partners to improve discharge numbers;
- block booking of care home beds to enable fast track discharge for complex end of life patients;
- local systems reviewing their A&E performance improvement methodology and identifying additional interventions and projects to ensure delivery in 2020/2021;
- approving and launching the key urgent care performance programmes under the Devon Long Term Plan response:
    - Releasing capacity – long lengths of stay
    - Community urgent care redesign
    - Mental health
    - 111/community triage
- continuing to strengthen the Devon Urgent Care Board to be more orientated towards whole system performance improvement;
- Devon-wide booking of long waiters through the Devon Referral Support Service (DRSS);
- working with providers to ensure that the winter monies were focused on improvements in key areas, such as reducing imaging waiting times, through mobile CT and MRI capacity, and additional activity in specialties with 52-week waiters;
- changes to the spinal pathway to redirect patients to the independent sector, where possible and appropriate;
- utilising cancer alliance funding to clear endoscopy backlogs;

## 3. Performance forecast end of year position at 31st March 2020

The final outturn position for financial year 2019-2020 in relation to performance compliance will be known on 14th May, with provisional commissioner level data released on 23rd April. The reported month 11 position was affected from March (month 12) by the implementation of published national guidance on the COVID-19 pandemic.

Guidance entitled ***Next Steps on the NHS Response to COVID-19*** was published on 17th March 2020, and the guidance requested that all Trusts take urgent action to free up routine elective and routine outpatient capacity over the next 30 days. Services to all patients who are clinically urgent, and those who need access to urgent and emergency, cancer care, and maternity care, remain in place.

Devon CCG asked all Trusts to notify the CCG of the service changes that they would be making in order to free up capacity over the 30-day period. This record has been kept up to date and is routinely available to all Devon primary care teams so that they are alert to service changes that might affect their patients. Governing Body members received the list of service changes following their last private meeting in March.

Based on the requirements of the national guidance in relation to routine elective care and routine outpatients waiting times may have increased from 17th March onwards for some specialities. In addition, some impact is also expected to be seen on performance against the national Improved Access to Psychological Therapies (IAPT) standards and local Early Intervention Psychosis (EIP) targets, as providers adapt their service provision in response to the guidance.

## 4. Overview of Quality and Safety

The Quality Committee, along with other committees, was stood down at the inception of the COVID crisis, and as such there is no standard report from this committee.

As with much of the CCG's business, COVID incident management and response is the core business of the Nursing and Quality Directorate, particularly in the work of the Clinical and Personal Protective Equipment (PPE) cells.

In order to mitigate risk, we have retained the key indicators of quality and safety: serious incidents/complaints and PALS and the Safety Systems and Patient Experience teams remain in place. The Patient Experience team has made an offer to system partners to undertake all complaints and PALS work (no uptake).

There is a national pause on active complaint investigation. However, serious incidents to be reported as usual, with immediate review/learning assessed but full Root Cause Analysis (RCA) to go on hold in all but exceptional cases

Where decisions on service changes have taken place, a senior member of the Nursing and Quality Team has been available to give advice, as well as oversight from the Chair and system advice has been available from the Clinical Reference Group.

The Interim Chief Nurse has fortnightly discussions with the CQC to highlight any issues by exception.

Safeguarding systems, teams and usual ways of working have continued with no changes.

The Interim Chief Nurse now has weekly calls with the Directors of Nursing across the County and is part of the regional and national calls for Medical Directors and Directors of Nursing.

Regionally NHSE & I will be disseminating an interim quality framework document for CCGs to follow. This is for each CCG to use as a guide in determining its own quality monitoring. Although the detail of this has yet to be seen, the Interim Chief Nurse has

been informed that this very much mirrors the approach taken by Devon CCG. He has also asked that this document also details how quality and safety systems are stepped back up to mirror the process with services through a “recovery” phase.

An Ethical Framework and an Ethical Standards group have been established to ensure that proper regard for ethical considerations is undertaken across the Devon system in critical decision making. The Clinical Chair is part of that group and it links with the work of the Clinical Reference Group.

**Safety Systems, Complaints and PALS**

- Serious incidents continue to be reported
- One potential COVID-19 SI reported (treatment delay) – under investigation
- No complaints related to COVID-19
- Seven PALS queries related to COVID-19, including relatives worried that staff don’t have PPE
- One PITCH (yellow card) related to COVID-19: swabbing

**Service Changes**

- Service changes to ensure adequate response to COVID-19. CCG approval process in place for changes that are not nationally mandated, including senior nursing and Equality, Diversity, Inclusion (EDI) representation
- Further work is being undertaken through the clinical cell to sense check and provide further ‘belt and braces’ assurance that:
    - Providers have fully engaged with the quality safety and risk assessment process;
    - Any possible impact on those with protected characteristics and other hard to reach groups is properly captured, assessed and where necessary mitigated;
    - A swifter Quality and Equality impact assessment is undertaken;
    - Unknown unintended consequences of service change of non-cancer services on cancer pathways/patient outcomes;
    - Decisions are captured within the COVID 19 Risk Register.

## 5. Performance requirements for providers and commissioners for the period April to July 2020

National guidance published on the 28th March entitled ***Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic*** suspended non-essential data collections over the period 1st April to 31st July 2020.

Annex A and Annex B of the guidance are attached to this report as Appendix 2 and these confirm that Constitutional Standards e.g. A&E, Referral to Treatment (RTT), Cancer, Ambulance waiting times, Mental Health and Learning Disability measures, are subject to ongoing reporting by the CCG.

This guidance was published in conjunction with ***Revised arrangements for NHS contracting and payment during the COVID-19 pandemic*** published on 26th March. The approach set out in this guidance is:

- *To provide certainty for all organisations providing NHS-funded services under the NHS Standard Contract that they will continue to be paid for the period April to July 2020.*
- *To minimise the burden of formal contract documentation and contract management processes so that staff can focus fully on the COVID-19 response.*

Members of the Governing Body will receive the first report against the revised performance requirements in June. It will reflect the reported position from each Trust and include only a limited contribution from the CCG's commissioning teams.

## 6. Recommendations to members

Members of the Governing Body are asked to:

- Note the levels of performance compliance across a range of key targets at the end of February (Month 11).

- Be aware of the likely impact of national guidance on the COVID-19 pandemic on performance in March (Month 12) that will be known on 14th May, with provisional commissioner level data released on 23rd April.

- Note the work of the Nursing and Quality Directorate in relation to performance.

- Agree the national arrangements for performance reporting and CCG accountability for performance for the period April to July 2020

**References:**

- **Next steps on the NHS response to COVID-19 published 17th March 2020**
- **Revised arrangements for NHS contracting and payment during COVID-19 pandemic published 26th March 2020**
- **Reducing burden and releasing capacity on NHS providers and commissioners to manage the COVID-19 pandemic published 28th March 2020**

Sarah F Thompson,
Interim Chief Operating Officer,
NHS Devon CCG

Philip King,
Interim Chief Nurse,
NHS Devon CCG

17th April 2020

# APPENDIX 1 – Performance Summary

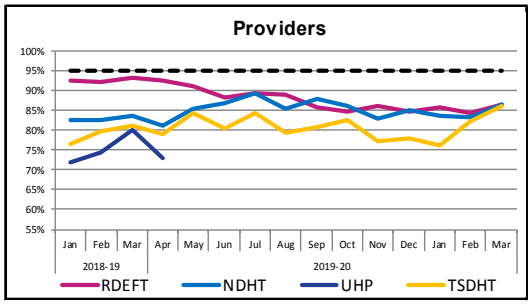
***Performance and Quality indicators***

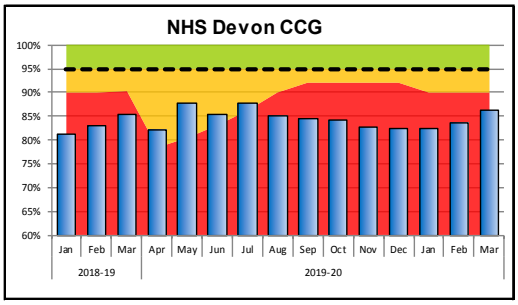
**All types (including MIU and WiC)**

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

| Trust | Trajectory | March | 2019/20 |
|---|---|---|---|
| RDEFT | 92% | 86.5% | 87.4% |
| NDHT | 84% | 86.4% | 85.3% |
| UHP | 90% | N/A | N/A |
| TSDFT | 90% | 86.1% | 80.8% |

| CCG | Trajectory | March | 2019/20 |
|---|---|---|---|
| NHS Devon | 86% | 86.4% | 84.5% |
| ENGLAND | | 84.5% | 85.6% |

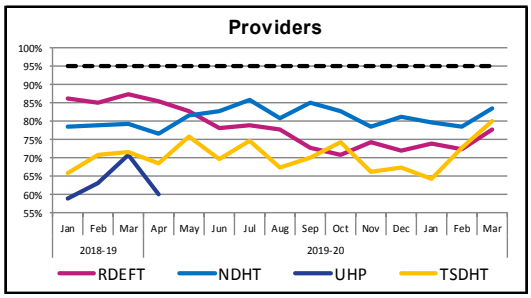


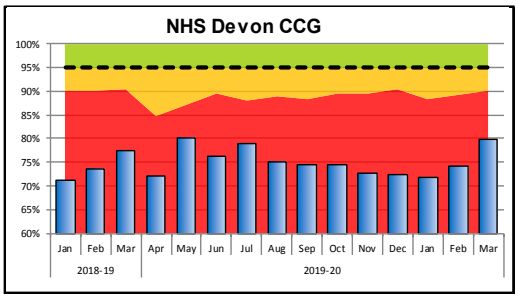




**Type 1 A&E only**

| Trust | Trajectory | March | 2019/20 |
|---|---|---|---|
| RDEFT | 92% | 77.7% | 76.5% |
| NDHT | 84% | 83.7% | 81.6% |
| UHP | 90% | N/A | N/A |
| TSDFT | 90% | 80.0% | 70.8% |

| CCG | Trajectory | March | 2019/20 |
|---|---|---|---|
| NHS Devon | 86% | 79.8% | 75.0% |
| ENGLAND | | 76.1% | 77.9% |




## Performance Commentary

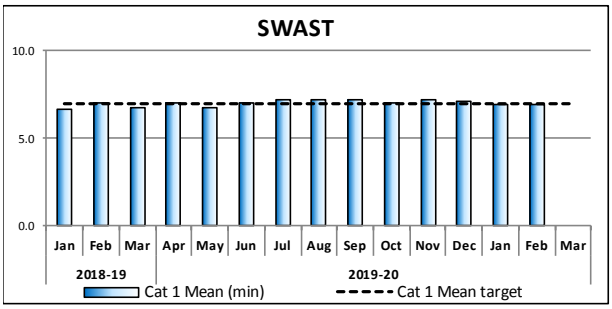
Performance rose against the A&E 4-hour target in March with the STP 'all types' position at 86.4%, up from 83.4% in February, although this does not include UHP who are not submitting validated data during the period when they are part of the national trial of new A&E measures. NDHT rose 3% to 86.4%, RD&E increased 2% to 86.5% and TSD improved 3% to 86.1%.

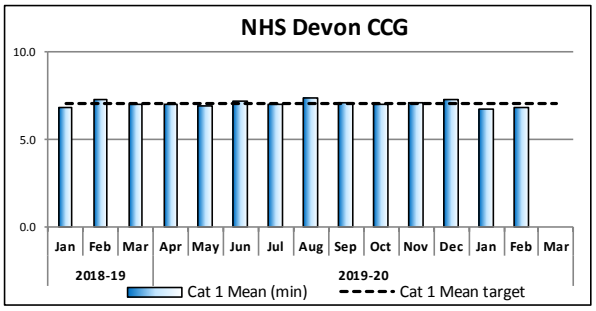
Type 1 performance also increased, rising from 74.5% to 79.8%, the highest level since May 2019.

However, the national 95% target and operational plan improvement trajectory have not been met in 2019/20 for both type 1 and all types of attendances.

## SWAST Cat 1 Mean response time

| Trust | Target | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 7.00 | 6.80 | 7.0 |
| SWAST | 8.00 | 6.90 | 6.9 |



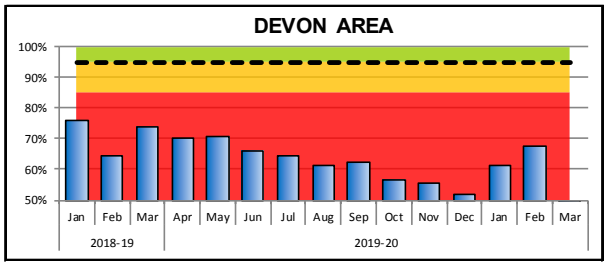




### Performance Commentary

At STP level the 7-minute response time performance was better than target in February at 6.8 minutes for Devon compared to 6.7 in January. The 7 minute target continues to have been met for the year to date.

## NHS 111 answering calls within 60 Seconds

| Trust | Target | March | 2019/20 |
|---|---|---|---|
| DEVON | 95% | 42.4% | 73.8% |
| ENGLAND | 95% | 69.8% | 78.8% |



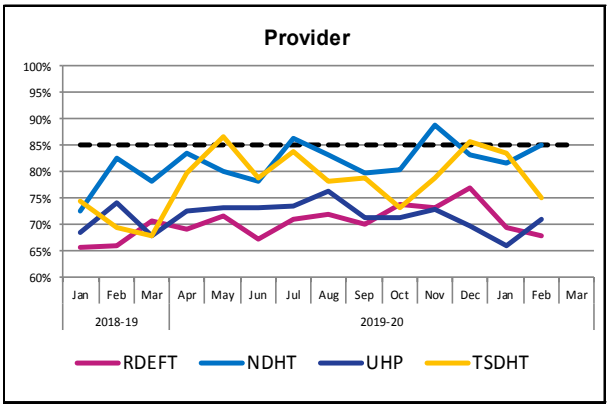

### Performance Commentary

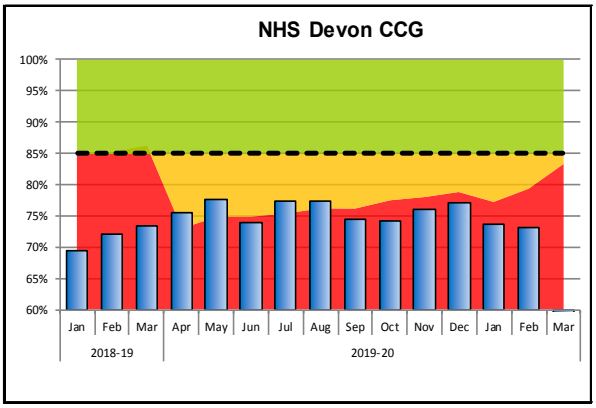
The proportion of calls answered within 60 seconds increased from 61.4% in January to 67.5% in February. However, performance remains well below the target of 95% and provisional March data shows a significant fall to 42.4%.

## Cancer 62 day Urgent Referral

| Trust | Trajectory | February | 2019/20 |
|---|---|---|---|
| RDEFT | 79.8% | 67.8% | 71.2% |
| NDHT | 83.2% | 85.2% | 83.0% |
| UHP | 71.3% | 71.1% | 72.0% |
| TSDFT | 85.3% | 75.3% | 80.2% |

| CCG | Trajectory | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 79% | 73.2% | 75.5% |
| ENGLAND | 85% | 13.5% | 13.5% |



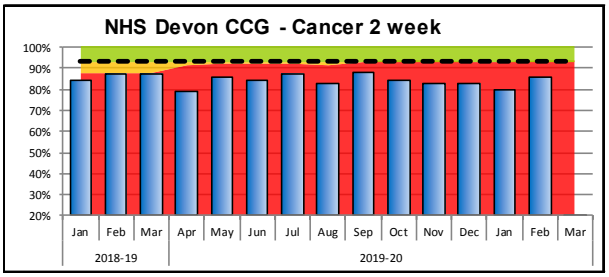

### Performance Commentary

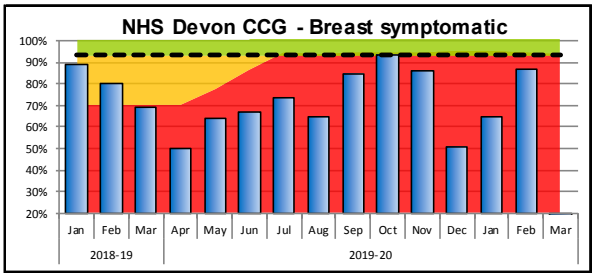
This target has not been achieved during 2019/20. There was a decrease in performance in February with the STP position falling from 73.7% to 73.2%. Only NDHT achieved the 85% target at 85.2%. RD&E fell from 69.5% to 67.8%, TSD deteriorated from 83.6% to 75.3% but UHP rose from 66.2% to 71.1%

The forecast for the year end is that all providers will remain under the 85% target, with reductions in the backlog of over 62 day waits required to sustainably achieve the target.

## Cancer Targets (February-2019)

| Target | Measure | NHS Devon | RDEFT | NDHT | UHP | TSDFT |
|---|---|---|---|---|---|---|
| 93% | 2 week urgent | 86.2% | 77.0% | 93.6% | 95.9% | 84.8% |
| 93% | 2 week breast | 86.8% | 41.7% | 93.5% | 94.2% | 98.9% |
| 90% | 62 day screening | 80.0% | 90.9% | #DIV/0! | 72.2% | 85.7% |
| 85% | 62 day consultant | 76.5% | 66.7% | 90.9% | 68.1% | 100.0% |
| 96% | 31 day first | 96.2% | 94.9% | 96.9% | 94.9% | 98.8% |
| 94% | 31 day surgery | 89.1% | 94.9% | 100.0% | 82.4% | 91.4% |
| 98% | 31 day drugs | 99.7% | 100.0% | 100.0% | 99.2% | 100.0% |
| 94% | 31 day radiotherapy | 95.7% | 96.3% | 100.0% | 96.5% | 93.5% |




## Performance Commentary

Overall performance against the cancer standards remained good at NDHT and TSDFT but more mixed at RD&E and UHP.

Performance against the main 2ww standard rose from 79.7% to 86.2%, but remained under the 93% target. However, UHP and NDHT met the standard and RD&E and TSD both improved their position from January.

Breast symptomatic performance also remained below the 93% target but improved again after dropping sharply in December. The February position was 86.8% compared to 64.9% in January, as RD&E remained low but improved to 41.7% from 28.8% and all other Trusts achieved 93%.

## RTT Incomplete Waits

### RTT Percentage seen within 18 weeks

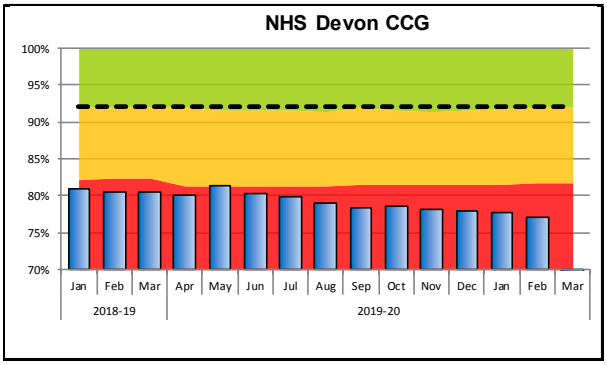
| Trust | Trajectory | February | 2019/20 |
|---|---|---|---|
| RDEFT | 82.6% | 76.8% | 79.6% |
| NDHT | 79.1% | 75.3% | 77.6% |
| UHP | 77.7% | 75.3% | 76.3% |
| TSDFT | 81.0% | 79.5% | 80.5% |

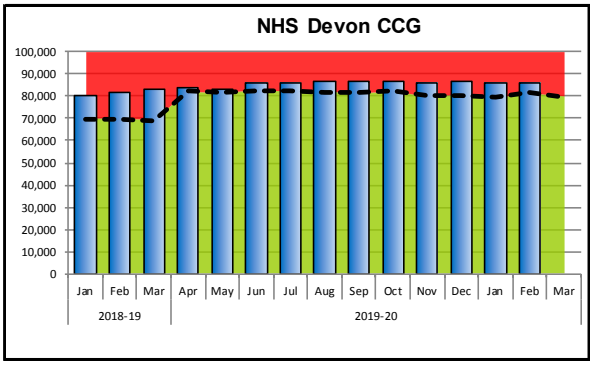
| CCG | Trajectory | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 81.2% | 77.1% | 78.9% |
| ENGLAND | 92.0% | 83.5% | 85.1% |

### RTT incomplete waits volume

| Trust | Trajectory | February |
|---|---|---|
| RDEFT | 35,712 | 34,440 |
| NDHT | 10,626 | 12,019 |
| UHP | 27,312 | 29,854 |
| TSDFT | 18,158 | 19,844 |

| CCG | Trajectory | February |
|---|---|---|
| NHS Devon | 81,351 | 86,212 |
| | | |




### Performance Commentary

The STP level RTT position fell further in February from 77.6% to 77.1% and continues to be below trajectory. UHP performance decreased from 76.0% to 75.3%, RD&E dropped from 77.9% to 76.8%, TSD reduced from 79.8% to 79.5% but NDHT rose from 74.1% to 75.3%. All providers are under their planned trajectories. The incomplete waiting list remained relatively static but only RD&E are within planned levels.

## RTT Incomplete Pathways long waiters

**40-52 week waits**

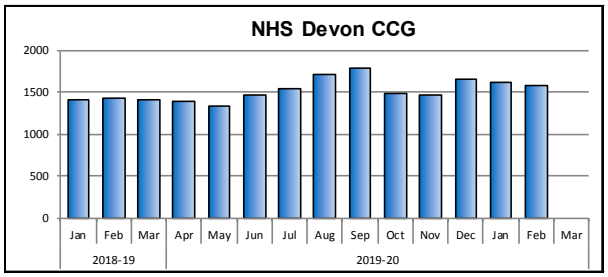
| Trust | February | 2019/20 |
|---|---|---|
| RDEFT | 681 | 6798 |
| NDHT | 116 | 1519 |
| UHP | 671 | 7716 |
| TSDFT | 284 | 3625 |

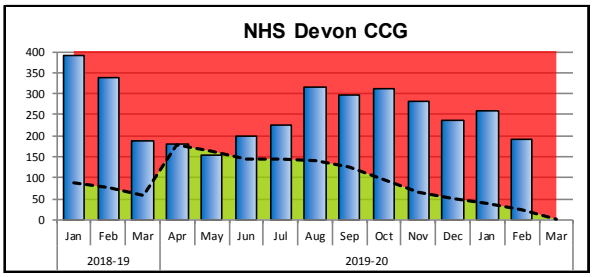
| CCG | February | 2019/20 |
|---|---|---|
| NHS Devon | 1577 | 17005 |

**Over 52 week waits**

| Trust | Trajectory | February | 2019/20 |
|---|---|---|---|
| RDEFT | 0 | 67 | 1135 |
| NDHT | 0 | 8 | 99 |
| UHP | 10 | 120 | 1036 |
| TSDFT | 12 | 42 | 832 |

| CCG | Trajectory | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 23 | 192 | 2649 |



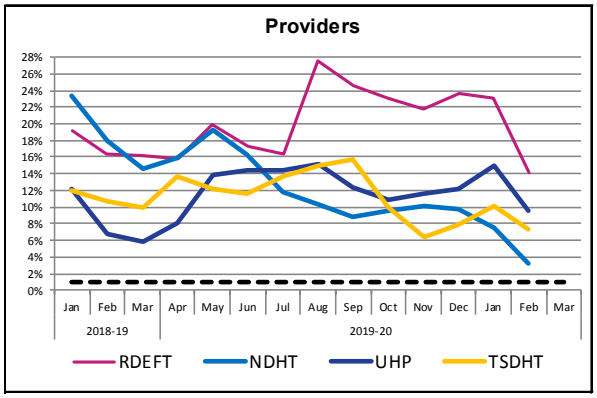

### Performance Commentary

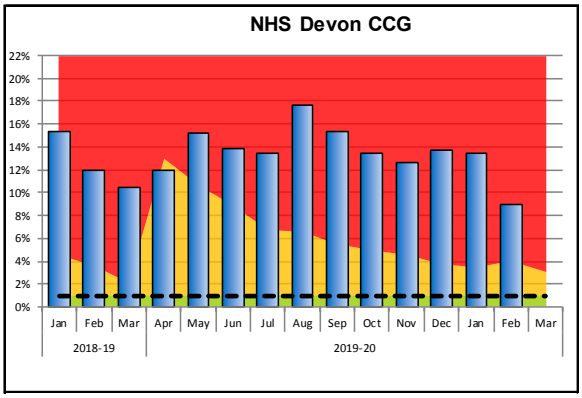
There were 192 people waiting over 52 weeks in February, a significant improvement since last month (260) but above the revised trajectory of 129. RD&E continued to make progress in reducing breaches, falling from 82 to 67 against a trajectory of 63, UHP saw a slight reduction from 127 to 120 against a trajectory of 108 and NDHT breaches fell from 12 to 8 against a trajectory of 0. TSD had 42 breaches, down from 80 in January and within the trajectory of 49 breaches. The forecast year end position was for 150 breaches for the STP against a target of 78, although the impact of COVID-19 needs to be confirmed.

## Diagnostic 6 week wait

| Trust | Trajectory | February | 2019/20 |
|---|---|---|---|
| RDEFT | 0.9% | 14.1% | 20.5% |
| NDHT | 11.5% | 3.3% | 11.5% |
| UHP | 2.8% | 9.6% | 12.6% |
| TSDFT | 6.5% | 7.4% | 11.5% |

| CCG | Trajectory | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 4.0% | 8.9% | 13.7% |
| ENGLAND | 1.0% | 4.4% | 3.8% |




## Performance Commentary

The STP position improved significantly in February with the 6-week breach rate reducing from 13.4% to 8.9%, the lowest rate in 2019/20 but still consistently above the 1% national target.

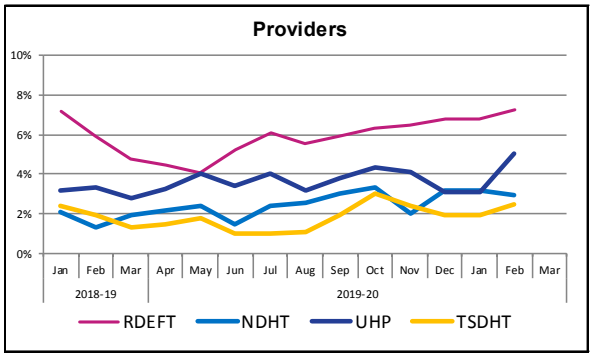
NDHT saw a continued improvement, falling from 7.6% to 3.3%, whilst RD&E improved from 23.0% to 14.1%. UHP breaches fell from 12.6% to 9.6% and TSD also reduced, moving from 10.2% to 7.4%.

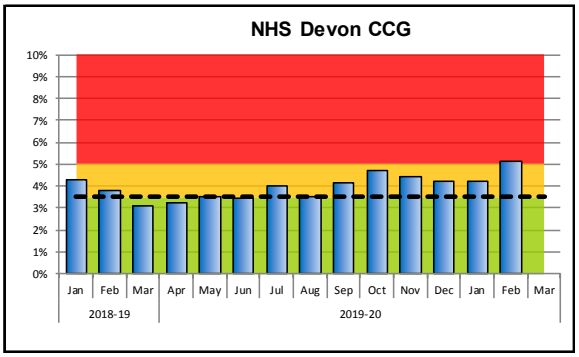
The forecast for year end was a 7% breach rate against a target of 6.5% but this is unlikely to be achieved.

## Acute Delayed Transfers of care

| Trust | Target | February | 2019/20 |
|---|---|---|---|
| RDEFT | 3.50% | 7.2% | 5.2% |
| NDHT | 3.50% | 2.9% | 2.3% |
| UHP | 3.50% | 5.0% | 3.6% |
| TSDFT | 3.50% | 2.5% | 1.4% |

| CCG | Target | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 3.50% | 5.16% | 3.6% |



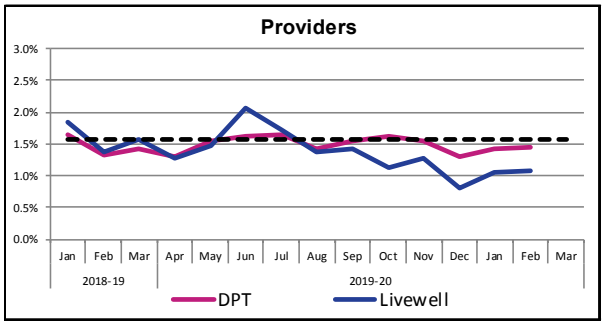

### Performance Commentary

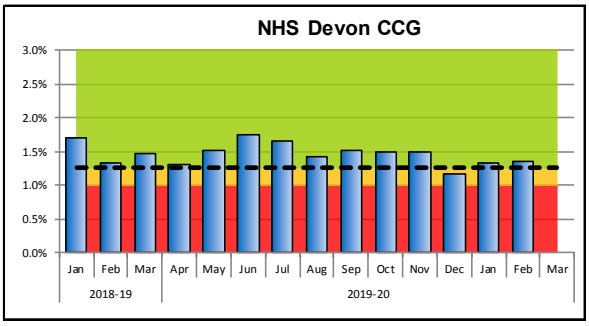
In February acute delayed transfers of care (DTOC) rose above the 3.5% target at 5.2% due to increases at both UHP (5.0%) and RD&E (7.2%). TSD (2.5%) and NDHT (2.9%) remain low. For the year to date the CCG is slightly over target at 3.6%.

## IAPT Monthly Access rate

| Trust | Target | February | 2019/20 |
|---|---|---|---|
| DPT | 1.25% | 1.4% | 16.4% |
| LIVEWELL | 1.25% | 1.07% | 14.66% |

| CCG | Target | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 1.25% | 1.34% | 16.0% |



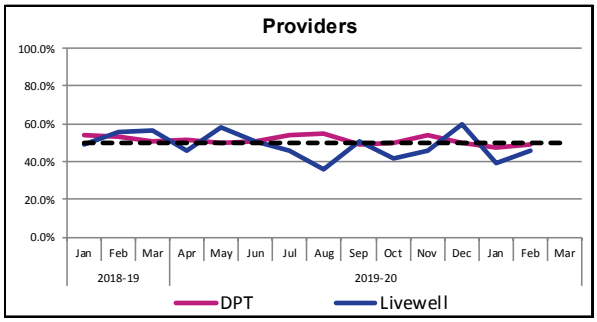

### Performance Commentary

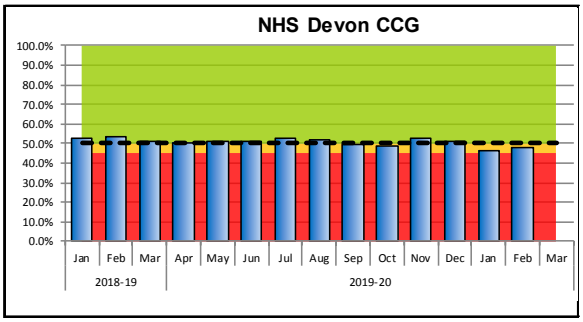
Performance for the IAPT access rate indicator remained at 1.34% with Livewell at 1.07% and DPT at 1.4% against the monthly standard of 1.58%.

## IAPT Recovery rate

| Trust | Target | February | 2019/20 |
|---|---|---|---|
| DPT | 50% | 48.7% | 50.9% |
| LIVEWELL | 50% | 46.2% | 46.7% |

| CCG | Target | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 50% | 48.3% | 50.3% |



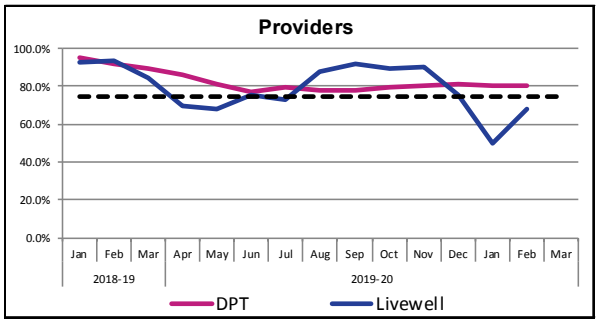

### Performance Commentary

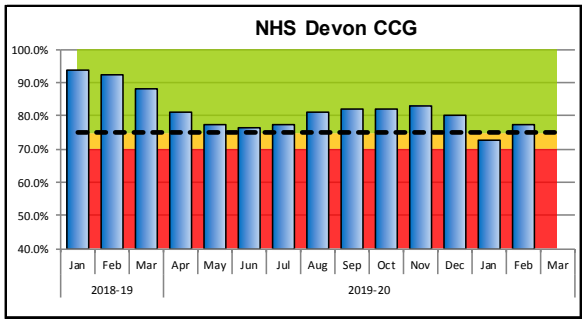
The STP remained slightly below the 50% target for IAPT recovery at 48.3%, with DPT marginally below target at 48.7% and Livewell continuing to be volatile, rising from 39.4% to 46.2%. Year to date performance remains marginally better than target at 50.3%.

## IAPT waiting 6 weeks

| Trust | Target | February | 2019/20 |
|---|---|---|---|
| DPT | 75% | 80.4% | 80.2% |
| LIVEWELL | 75% | 68.2% | 76.7% |

| CCG | Target | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 75% | 77.3% | 79.2% |



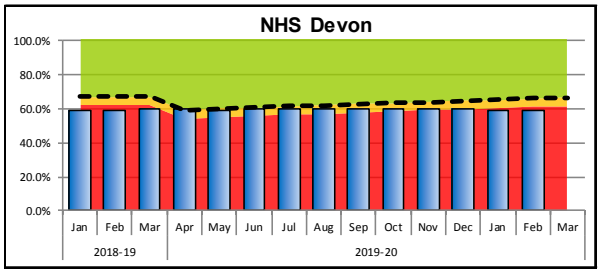




### Performance Commentary

DPT achieved the target in February, however Livewell remained below, although improving from 49.6% to 68.2%. Year to date performance remains better than the 75% target at 79.2%.

## Dementia Diagnosis Rate

| CCG | Trajectory | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 66.0% | 59.4% | 59.6% |
| ENGLAND | 67.0% | 67.6% | 68.3% |



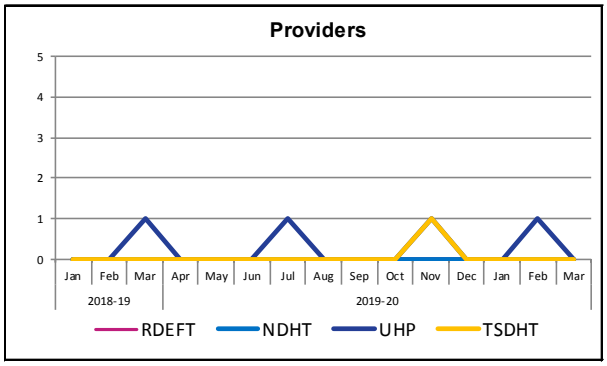

### Performance Commentary

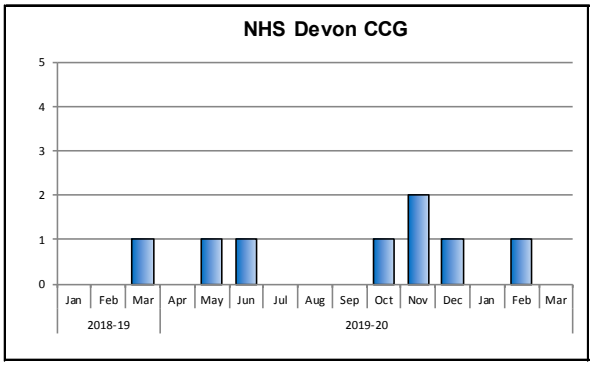
STP level performance remained static in February and there has been little change at CCG level over the past year with a continued underperformance against target. Nationally performance has been mapped to Local Authority areas which is showing that the lowest rates in Devon are seen in South Hams (41%), Mid Devon (52.4%) and Plymouth (55%). Conversely Exeter is at (71.2%), Torbay (61.9%) and East Devon at (65.4%).

## MRSA breaches

| Trust | Target | March | 2019/20 |
|---|---|---|---|
| RDEFT | 0 | 0 | 0 |
| NDHT | 0 | 0 | 0 |
| UHP | 0 | 0 | 3 |
| TSDFT | 0 | 0 | 1 |

| CCG | Target | March | 2019/20 |
|---|---|---|---|
| NHS Devon | 0 | 0 | 7 |



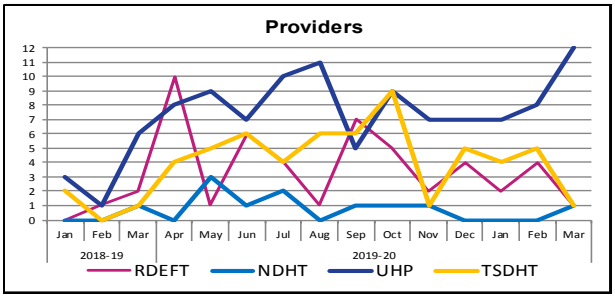

### Performance Commentary

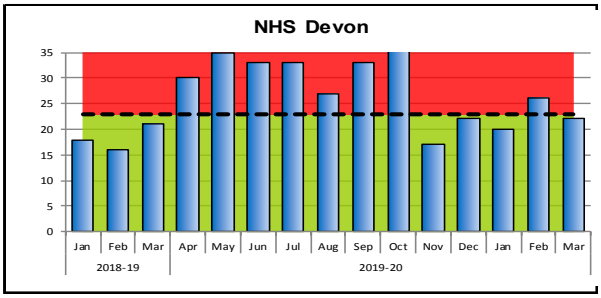
There were two reported cases of MRSA in November at STP providers and one out of area case in December. There was one reported case in February at UHP and no cases in March.

## C-Diff breaches

| Trust | Target | March | 2019/20 |
|---|---|---|---|
| RDEFT | <31 | 1 | 47 |
| NDHT | <9 | 1 | 10 |
| UHP | <63 | 12 | 100 |
| TSDFT | <36 | 1 | 56 |

| CCG | Target | March | 2019/20 |
|---|---|---|---|
| DEVON STP | <274 | 22 | 337 |



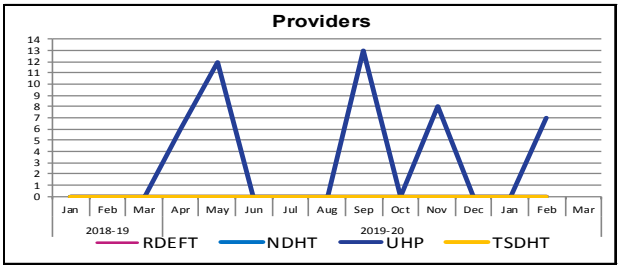

### Performance Commentary

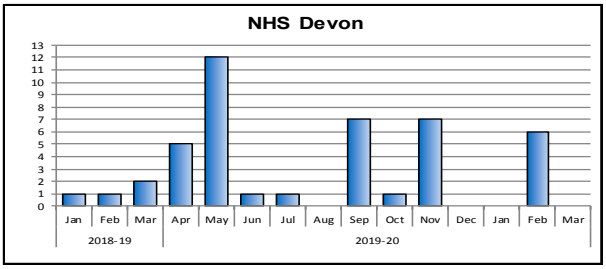
There were 15 C-Diff cases acquired within the acute providers and 22 across the STP in March.

## Mixed Sex accommodation breaches

| Trust | Target | February | 2019/20 |
|---|---|---|---|
| RDEFT | 0 | 0 | 0 |
| NDHT | 0 | 0 | 0 |
| UHP | 0 | 7 | 46 |
| TSDFT | 0 | 0 | 0 |

| CCG | Target | February | 2019/20 |
|---|---|---|---|
| NHS Devon | 0 | 6 | 40 |



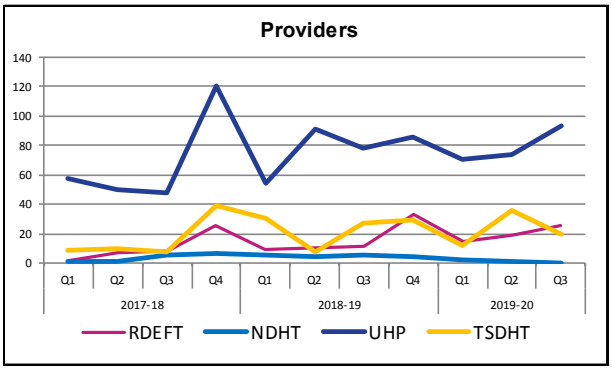

### Performance Commentary

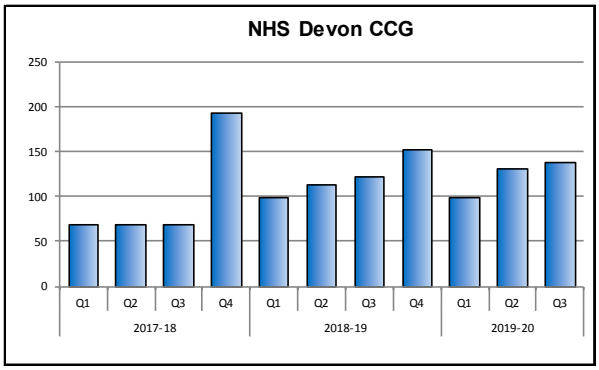
There were seven breaches in February at UHP, six of which were NHS Devon patients.

## Cancelled operations not treated with 28 days of cancellation

| Trust | Target | Q3 | 2019/20 |
|---|---|---|---|
| RDEFT | 0 | 26 | 60 |
| NDHT | 0 | 0 | 3 |
| UHP | 0 | 93 | 237 |
| TSDFT | 0 | 19 | 67 |

| CCG | Target | Q3 | 2019/20 |
|---|---|---|---|
| NHS Devon | 0 | 138 | 367 |




### Performance Commentary

There is a zero breach tolerance for last minute cancelled operations not treated within 28 days of cancellation. Quarter three showed a slight increase from quarter two with rises at UHP and RD&E.

# APPENDIX 2

**Publications approval reference: 001559**
**28 March 2020**

**Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic**

**Annex A**

Whilst existing performance standards remain in place, we acknowledge that the way these are managed will need to change for the duration of the COVID-19 response. Our approach to those standards most directly impacted by the COVID-19 situation is set out below:

**A&E and Ambulance performance** - monitoring and management against the 4-hour standard and ambulance performance (Ambulance Quality Indicators: System Indicators) will continue nationally and locally, to support system resilience. Simultaneously, local teams should maintain flexibility to manage demand for urgent care during the emergency period.

**RTT** – Monitoring and management of our RTT ambitions will continue, to ensure consistency and continuity of reporting and to understand the impact of the suspension of non-urgent elective activity and the subsequent recovery of the waiting list position that will be required. The wider announcements on suspension of the usual PBR national tariff payment architecture and associated administrative / transactional processes mean that, financial sanctions for breaches of 52+ week waiting patients occurring from 1st April 2020 onwards will also be suspended.
Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital. The existing RTT recording and reporting guidance is recognised across the country as the key reference point for counting RTT activity and specific clarification of how this should be applied, in the scenarios described above, will be provided in due course.

**Cancer** – Cancer treatment should continue, and that close attention should continue to be paid to referral and treatment volumes to make sure that cancer cases continue to be identified, diagnosed and treated in a timely manner. Clarification has already been released to the system through the COVID-19 incident SPOC to confirm that appropriate clinical priority should continue to be given to the diagnosis and treatment of cancer with appropriate flexibility of provision to account for infection control. We have also confirmed modifications to v10 Cancer Waiting Times guidance to allow for this to be appropriately recorded. In addition, it has been agreed that the 28-day Faster Diagnosis Standard (which was due to come into effect from Wednesday 1 April) will still have data collected but will not be subject to formal performance management. The Cancer PTL data collection will continue and we expect it to continue to be used locally to ensure that patients continue to be tracked and treated in accordance with their clinical priority.

**Annex B**

Data collections/reporting

NHS Digital maintains a significant volume of data which is mandated for return from commissioners and providers. Much of this data is routinely submitted and imposes minimal burden on local systems.

It will be important to maintain a flow of core operational intelligence to provide continued understanding of system pressure and how this translates into changes in coronavirus and other demand, activity, capacity and performance – and in some areas it may be necessary to go further to add to and extend existing collections. For this reason, and to ensure effective performance recovery efforts can begin immediately after the intense period of COVID-19 response activity has subsided, the majority of data collections remain in place.

Notwithstanding the above, a subset of the existing central collections will be suspended, and these returns will not need to be submitted between 1 April 2020 to 30 June 2020:

- Urgent Operations Cancelled (monthly sitrep)
- Delayed Transfers of Care (monthly return)
- Diagnostics PTL
- RTT PTL
- Cancelled elective operations
- Audiology
- Mixed-Sex Accommodation
- Venous Thromboembolism (VTE)
- 26-Week Choice
- Pensions impact data collection
- Ambulance Quality Indicators (Clinical Outcomes)
- Dementia Assessment and Referral (DAR)

NHS
Devon
Clinical Commissioning Group

# Nursing & Quality Directorate: Business as Usual (BAU) Summary Report for Governing Body

Philip King
Interim Chief Nurse
30 April 2020

# Overview of quality and safety within performance

- The Quality Committee, along with other committees were stood down at the inception of the COVID crisis, and as such there is no standard report from these committees.
- As with much of the CCG's business, COVID incident management and response is the core business of the Nursing and Quality Directorate, particularly in the work of the Clinical and Personal Protective Equipment (PPE) cells.
- In order to mitigate risk we have retained Key indicators of quality and safety: serious incidents / complaints and Patient Advice and Liaison Service (PALS)
- Safety Systems and Patient Experience teams remain in place
- Patient Experience team offer to system partners to undertake all complaints and PALS work (no uptake)
- National pause on active complaint investigation
- Serious incidents to be reported as usual, with immediate review / learning assessed but full Root Cause Analysis (RCA) to go on hold in all but exceptional cases

- Where decisions on service changes have taken place a senior member of the Nursing and Quality Team has been available to give advice, as well as oversight from the Chair and system advice has been available from the Clinical Reference Group.
- The Interim Chief Nurse has fortnightly discussions with the Care Quality Commission (CQC) to highlight any issues by exception.
- Safeguarding systems, teams and usual ways of working have continued with no changes.
- The Interim Chief Nurse now has weekly calls with the Directors of Nursing across the County, and is part of the regional and national calls for Medical Directors and Directors of Nursing.
- Regionally NHS England &NHS Improvement will be disseminating an interim quality framework document for CCGs to follow. This is for each CCG to use as a guide in determining its own quality monitoring

- Although the detail of this has yet to be seen, the Interim Chief Nurse has been informed that this very much mirrors the approach taken by Devon CCG.
- He has also asked that this document also details how quality and safety systems are stepped back up to mirror the process with services through a “recovery” phase.
- An Ethical Framework and an Ethical Standards group have been established to ensure that proper regard for ethical considerations is undertaken across the Devon system in critical decision making. The Clinical Chair is part of that group and it links with the work of the Clinical Reference Group.

# Safety Systems / Complaints & PALS

- Serious incidents continue to be reported
- One potential COVID-19 SI reported (treatment delay) – under investigation
- No complaints related to COVID-19
- Seven PALS queries related to COVID-19, including relatives worried that staff don't have PPE
- One PITCH (yellow card) related to COVID-19: swabbing

# Service Changes

- Service changes to ensure adequate response to COVID-19. CCG approval process in place for changes that are not nationally mandated, including senior nursing and Equality and Diversity (EDI) representation
- Further work is being undertaken through the clinical cell to sense check and provide further belt and braces assurance that:
  - Providers have fully engaged with the quality safety and risk assessment process
  - Any possible impact on those with protected characteristics and other hard to reach groups is properly captured, assessed and where necessary mitigated
  - That a swifter Quality and Equality impact assessment is undertaken.
  - Unknown unintended consequences of service change of non cancer services on cancer pathways / patient outcomes
  - Decisions are captured within the COVID 19 Risk Register.