

**NHS NEW Devon and South Devon and Torbay Governing Body meetings in common
APPROVED MINUTES of the meeting held in Public**

25 January 2018, 13.00pm, Pomona House, Torquay

<i>Item</i>	Discussion	<i>Action</i>	<i>Decision taken by Org (SDT and/or NEWD)</i>
1	<p>Welcome and apologies Dr Tim Burke, Chair welcomed everyone to the meeting in particular attendees acting up into different roles and confirmed no fire alarms were planned.</p> <p>No questions were received in advance of this meeting.</p> <p>The following apologies were noted, ML, Dr JW, RS, NR, LCB, TP, SMa LW attending for LCB. ST representing NR JT representing RS/ST</p> <p>CDo, FR and SMat and DP were in attendance.</p>		
2	<p>Public Inquiry Update into Child Sexual Abuse – presentation David Poole, Head of Inquiry Office - South West England delivered a power point presentation and provide an update on the Independent Inquiry into Child Sexual Abuse. He touched on the key headlines including the purpose, and the structure of the inquiry and explained the Truth and Research projects which are unique aspects of this inquiry and sit alongside the more traditional hearings.</p> <p>A discussion took place around the table and on behalf of the Governing Body members the chair thanked David Poole for providing this helpful update.</p> <p>It was confirmed that the CCGs' Safeguarding lead is maintaining close liaison with the Inquiry.</p> <p><i>David Poole left the meeting.</i></p>		
3	<p>Register of interests The Chair updated the members on the following declarations which were recently updated and not reflected in the board pack presented on 25 January 2018.</p> <ul style="list-style-type: none"> • LCB now has a Director role for DELT (taken over from Annette Benny). • Dr MF has confirmed that he is no longer a Cllr for Hackham Coombe, and Barton Surgery have rented a room to Chime • Nick Ball is now the Director of the B4 project, bringing back black bees • Darran Armitage, Deputy Director is on secondment to the CCGs from Devon Partnership Trust and Vice President of Healthcare People Management, South West <p>No other declarations were made.</p> <p>The Governing Body notified the changes to the Register of Interests.</p>		
4	<p>Minutes and action logs TB led a page by page review of the minutes of the Governing Body Committees in Common which was held on 16 November 2017 and subject to a minor</p>		

4.1	<p>amendment these were agreed as a true and accurate record.</p> <p>The Governing Body reviewed and agreed formal closure of the completed actions.</p> <p>There were no matters arising.</p>		
5	<p>Quality and Performance Report</p> <p>ST introduced the quality and performance report and noted that a period of deterioration around performance had been seen against national performance targets.</p> <p>ST explained that he and RS were working closely with the STP CEO lead in improving performance in all areas and acknowledged there were long standing performance issues.</p> <p>ST reported that he and the chief nursing officer had had discussions about the governance and assurance mechanisms that are required and a proposal would be presented to the Governing Body sub committees in March 2018.</p> <p><u>Diabetes</u></p> <p>JT made a plea to the clinical chairs to promote eclipse in the localities due to an Inadequate diabetes indicator against the national framework assessment. It was noted that practice managers have raised concerns around data extraction and JT agreed to follow this up.</p> <p><u>ACTION 1</u> <u>GB Committees in Common 25.01.2018</u> JT to check with practice managers regarding the data extraction concerns raised around diabetes.</p> <p><u>Urgent Care</u></p> <p>Performance has improved slightly with overall STP position at 90.7% against the national target of 95%. PHT remains an outlier whilst all other providers are performing at around 90%.</p> <p><u>Delayed Transfers of Care</u></p> <p>The latest acute figures have shown an improvement and quality improvement trajectories are being reviewed through A&E Delivery Boards. The MIUs and Community Hospitals are monitored at locality level.</p> <p><u>Mental Health</u></p> <p>STP performance has remained above target with providers showing improved positions.</p> <p><u>SWAST</u></p> <p>It was noticed that ambulance response time are down in South Devon and JT responded to confirm there were concerns nationally around ambulance response times. We are working with the lead commissioner on developing a remedial action plan and it was acknowledge that some of the issues related to workforce.</p> <p>TB requested for the ambulance response times to be fed into the stroke planning workstreams.</p> <p><u>C-Difficile</u></p> <p>LW explained that the quality assurance framework was broadening the indicators in particular how we are monitoring outbreaks in hospitals and assured the Governing Body that action plans are in place in managing cohorts of patients to prevent cross infection.</p>		

	<p><u>Cancer</u> ST reported that cancer targets performance had declined for the 62 day cancer waiting times for RDE and TSDHCT. Action is being taken to address the specific problem specialties.</p> <p><u>Diagnostics</u> TB raised concerns with performance against this target and request this as an area of focus in particular as the STP was showing a low performance across the area. ST confirmed this had been reported to the Programme Delivery Executive Group (PDEG) and actions have been put in place to address this. JWi requested that the diagnostic strategy be included in the strategy refresh for next year.</p> <p>The Governing Body Committees in Common received and noted the Quality and Performance Report.</p>		
6	<p>Quality Committees in Common Chairs Report <u>November 2017</u> CH talked through the Quality Committees in Common Chair's report and highlighted that currently the two CCGs were maintaining separate risk registers but there were plans to move forward to a single joint risk register.</p> <p>The Quality Committee received a report on the children's services procurement and acknowledged and was assured with the progress to date. The committee also received a report on the progress to date around diabetes (particularly focusing on amputations) they accepted the recommendation and noted they would receive a further update in six months' time.</p> <p><u>December 2017</u> CH drew attention to section 3.7 and informed the Governing Body that the closing sentence should read '<i>The Committee agreed that they are not assured and would support the executive in the need of a systems improvement model for other areas</i>'</p> <p>CH was pleased to report the PHNT are committed to doing everything they can to maintain and improve safe and effective care by reducing the reoccurrence of never events and that Improving Access to Psychological Therapies (IAPT) was improving but that continuous support and monitoring is maintained.</p> <p>The Governing Body Committees in Common received and noted the November and December 2017 Quality Committees in Common Chair's report.</p>		
7	<p>Risk and Assurance Report CDo talked through the report contained in the pack and drew attention to 3.1 with SDT CCG holding a total of 45 corporate risks and NEW Devon CCG holding a total of 59 corporate risks on the risk register.</p> <p>CDo reminded the governing body that there is a slight difference in the scoring of risks with SDT CCG scoring high risks at 16 and above and NEW Devon CCG scoring high risks at 15 and above.</p> <p>CDo referred to sections 5,6 and 7 in the report and CP requested that the diagnostic risks for SDT CCG to be added to the very high risks table. CDo responded and acknowledged the different threshold approaches in risk scoring and that risk appetites would form part of the Governing Body Committees in Common development session for 15 February 2018.</p>		

	<p>JWi queried high risk number 71 RTT waiting times standard and the adverse impacts on patients and compromised patient experience for those waiting over 52 weeks. LW replied that patient experience in this areas was being reviewed and it was noted that a number of patient choose to wait to be treated at a place of their choice even when they could be treated earlier at another location.</p> <p>The Governing Body Committees in Common:</p> <ul style="list-style-type: none"> • Approved the assurance framework and high risks in line with its constitutional obligations, and considered the adequacy and effectiveness of the controls and assurances identified in the management of risk • Had the opportunity to comment on specific risks • Approved the addition and removal of risks as presented 		
8	<p>Committee Terms of Reference (ToR) CDo presented the ToRs for both the Finance Committee and Commissioning Finance Committee for NEW Devon and SDT CCG respectively and the Joint Strategic Leadership (SLC) Committee terms of reference. It was noted that the three sets of ToRs have been reviewed and brought to the Governing Body Committees in Common for approval.</p> <p>JWi felt the membership of the SLC should include a communications representative and it was confirmed that Andrew Millward, System Lead Director for Communications and Engagement attended these meeting and CDo confirmed that these ToRs will be revised following the redesign of the Executive Structure and it was acknowledged that corporate affairs is now included in HGs portfolio.</p> <p>Following discussion the:</p> <ul style="list-style-type: none"> • NEW Devon CCG approved its Finance Committee Terms of Reference (appendix a) • SDT CCG approved its Commissioning and Finance Committee Terms of Reference (appendix b) • The Governing Body Committees in Common approved the Joint Strategic Leadership Committee Terms of Reference 		
9	<p>Joint Clinical Chairs' Report PJ presented this report and noted that the Accountable Officer (AO) position was currently out to advert for an interim AO for both CCGs with term of the commitment for a minimum of 6 months to 9 months to allow time to successfully recruit to a permanent AO.</p> <p>The CCGs are taking advice from a recruitment agency regarding the position of Independent Chair to be able to be in a stronger position and deliver a more successful recruitment process following a recent disappointing outcome from the initial advertisements.</p> <p>The Governing Body Committees in Common received and noted the contents of the Joint Clinical Chairs' Report.</p>		
10	<p>Chief Officer's Report ST presented the Chief Officers report in the absence of NR and drew attention to the Local Care Partnerships progress that was being made across all 4 of the Devon localities. A draft outcome of the framework will be developed following views and feedback.</p> <p>The Governing Body Committees in Common received and noted the contents of the Chief Officer's Report.</p>		

<p>11</p>	<p>Locality Updates</p> <p><u>Northern and Eastern</u> SK talked through the Northern and Eastern Locality Chairs Report for December 2017, and highlighted current key issues and areas of work.</p> <ul style="list-style-type: none"> • Considerations are being taken on how best to fill the chair and vice chair posts of the WEB sub-locality • Sub-localities are thriving with the Integrated Care Blue Print being explored • • Wider external work continuing with the community around Cranbrook Healthy Town initiative, one of the 16 national new towns programme. Design work is being developed to include primary care facilities • SK and representatives from the RDE attended a Honiton event, which was organised by the League of Friends (LoF). Discussions included place based care in the community and feedback has indicated this was a positive meeting <p>JWi noted that public representatives were actively engaged within the Eastern Locality.</p> <p><u>Western</u> SMc presented the Western Locality Chairs Report and drew attention to 3.3.3.</p> <ul style="list-style-type: none"> • Western Locality Primary Care Partnership inaugural meeting which took place in December. It was well attended and a collaborative approach is being taken in the form of regular phone calls to address any issues or concerns. It is anticipated that regular meetings will take place monthly in moving forward. • SMc noted that there had been a change in personnel in the local GP system with Dr. Jonathan Cope being appointed as the Associate Medical Director for Primary Care for PHT. • A taking change forward group has been meeting with Terms of Reference (ToR) being developed. Membership will include provider representation, GPs and links with the Western Primary Care Partnership. <p><u>South Devon and Torbay</u> MF explained that the SDT CCG area was in the process of aligning itself with the reporting structure to feed in to the GBIC meeting in similar manner to the other area focused reports.</p> <ul style="list-style-type: none"> • JT mentioned the locality leads meeting which included conversations around LCPs and governance. • NK affirmed that supporting secondary care is well established across all specialties <p>The Governing Body received and noted the contents of the Northern, Eastern, Western Locality Chairs' Reports and the South Devon and Torbay CCG area report .</p>		
<p>12</p>	<p>STP Board Report POS presented the monthly update STP Board Report which summarised key STP developments and network arrangements. JW i queried whether the STP network is taking into account patient experience around the delivery mechanisms for services, and ST agreed to check with SMA.</p>		

	<p><u>ACTION 2</u> <u>GB Committees in Common 25.01.2018</u> ST to speak with SM regarding patient experience and delivery mechanisms for services.</p> <p>The Governing Body received and noted the contents on the monthly update report on Devon's STP.</p>		
13	<p>Audit and Assurance Committees in Common Chairs Report NB introduced the Audit Committee Chairs Report and indicated that the clinical membership of the committee is under consideration and NB is working with Clare Doble, Head of Governance. It was agreed that a review of the responsibilities of the clinical leaders across all areas was required as a refresh, and identify any gaps. It was suggested the Head of Governance would be best placed to take this action forward.</p> <p>NB was also pleased to report the progress made on the external audit joint progress reports</p> <p><u>ACTION 3</u> <u>GB Committees in Common 25.01.2018</u> CDo, Head of Governance to review the responsibilities of Clinical Leaders to identify any gaps.</p> <p>The Governing Body received and noted the contents of the Audit and Assurance Committees in Common Chairs Report and the clinical input required to the Audit Committees in Common.</p>		
14	<p>Primary Care Committees in Common Chairs Report NK was delighted to report that the Primary Care Committees in Common were working well together as a single committee in particular as we are moving towards aligned joint commissioning for both CCG's.</p> <p>The Primary Care Committees in Common held in December 2017 received the 5 Memorandum of Understandings (MOUs) which were formally approved by the SDT Primary Care Joint Commissioning Committee.</p> <p>SK queried the risks for workforce and it was noted that nursing workforce is being well managed through the nursing strategy and LW was pleased to report the Devon Wide General Practice Nurse Strategy has been recognised nationally as an exemplar and offered to circulate to the Governing Body Committees in Common for information.</p> <p><u>ACTION 4</u> <u>GB Committees in Common 25.01.2018</u> LW to circulate the Devon Wide General Practice Nurse Strategy to Governing Body Committees in Common for information. Post Meeting update this action has been completed.</p> <p>The Governing Body Committees in Common received and noted the contents of the Primary Care Committees in Common Chairs Report.</p>		
15	<p>Joint Commissioning Primary Care MP talked to the timeline and approach to engaging with NEW Devon CCG membership in seeking approval to moving towards joint commissioning of general practice from 1 April 2018. It was acknowledge that the timeline was ambitious however it was approved at the Primary Care Committee in Common at its January meeting to engage with its membership. A briefing pack along with a presentation would be used to engage and the LMC would be supporting the</p>		

	<p>CCG in coordination the voting around the decision to move towards joint commissioning which has been supported by NHS England.</p> <p>The NEW Devon Governing Body approved engaging with New Devon CCG's membership to seek their agreement to apply to become joint commissioners of general practice in accordance with the proposed timeline.</p>		
16	<p>Engagement Committees in Common Chairs Report JWi referred to the executive summary of the Engagement Committee Chairs Report following the meeting which took place in early December 2017.</p> <p>JWi highlighted:</p> <ul style="list-style-type: none"> • the proposed STP engagement process • involvements reports and discussions around current and planned activity • organisation and engagement structure • Children and Young Peoples procurement and how engagement has been undertaken along with the approach and strategy. JWi was pleased to report this was a good piece of work with the procurement panel strengthening involvement and engagement <p>The Governing Body Committees in Common received and noted the contents of the Engagement Committees in Common Chairs Report.</p>		
17	<p>Month 8 Finance and Activity Reports – NEW Devon and SDT CCG JD presented and summarised the month 8 finance reports for both NEW Devon and SDT CCG.</p> <p><u>NEW Devon</u></p> <ul style="list-style-type: none"> • On target to deliver the forecast outturn in year deficit of £57.1 m and noted the STP overall trajectory forecast expecting further improvement • 7.4m decrease in gross risk profile from previous month with uncertainty around prescribing • Total System Savings plan delivered £37.5m with part of the delivery in the reduction in operating costs of the CCG <p><u>South Devon and Torbay</u></p> <ul style="list-style-type: none"> • Expenditure plan showing £13m overspend • Risks of £1.4m linked to prescribing forecast. • Other financial issues financial performance of the trust however risks sharing agreement in place. • Overall savings of £6.2m sits with South Devon Community <p>NK referred to the reduction in referral activity for South Devon and Torbay CCG on page 208 and JD clarified this was due to transfer of activity around some speciality pressures. It was also noted that Primary Care has done an excellent job which has supported the reduction in referrals and TB brought the GB members attention to page 209 CCG referral report which provided more detail.</p> <p>DG felt the movement of business had been improved by the consistency of clinical pathways across the organisations.</p> <p>SK queried virtual clinics and the counting of activity agreed with our STP partners. It was acknowledged that it was vital to collectively understand the demand in the system and that there should be no pockets of invisible activity. JD agreed look into the collection of this data.</p> <p><u>ACTION 5</u> <u>GB Committees in Common 25.01.2018</u></p>		

	<p>JD to liaise with Devon Referral Support Services (DRSS) on the data collection of virtual clinics.</p> <p>The Governing Body received and noted the contents for the month 8 finance reports for both NEW Devon and SDT CCG.</p>		
18	<p>Finance Committee and Commissioning and Finance Committee Reports The Governing Body Committees in Common received and noted the contents of the NEW Devon CCG Finance Committees in Common Chair's Report.</p> <p>BM presented the SDT CCG Finance Committee in Common Chair's report and drew attention to the key points on page 231.</p> <p>The Governing Body Committees in Common received and noted the contents of the SDT CCG Finance Committees in Common Chair's Report.</p>		
19	<p>Children and Young People Procurement Update ST explained the background for the re-procurement of Children's Community Health Care Services in Devon. The purpose of the report was to provide assurance to the Governing Body Committees in Common on the re-procurement process to date and moving forward to the stage of commencing the formal procurement process in February 2018.</p> <p>ST touched on the pre-procurement phase and the engagement that has been undertaken during the process which included speaking with children, young people, parents, carers and health and social care professionals.</p> <p>SMat confirmed that three engagement events had been delivered with a good level of attendance to enable discussions with potential providers (from NHS organisations, Community Interest Companies, SMEs, Charities and the Independent Sector) who it was noted may subsequently submit individual bids or may choose to work together to bid.</p> <p>Faye Robinson (FR), Director of Procurement, SCW Commissioning Support Unit informed the members that there had been three "health checks" during the process providing assurance of preparedness prior to going out to procurement.</p> <p>An OJEU notice will be issued in February 2018 and FR was confident that at least two competitive bids would be received for lot 2, but this will not be known until the advert closure date in early March 2018, with the plan for subsequent "award of contract" notice not being announced until summer 2018. Mobilisation of the new contract will commence in the Autumn and start from April 2019.</p> <p>The primary contract will be for 7years with a three year extension option to a maximum of 10 being the preferred option for stabilisation of services and delivery of improved outcomes against the outcomes framework.</p> <p>HG referred to page 274 section 6.19 and the value of the integrated services of £12bn it was important to note this number was for the whole cost of services covering a 10 year period for children and included not only health related provision but also, for example, education services.</p> <p>The Governing Body Committees in Common received the report and approved the decision to proceed to a full procurement for the specified services commencing in February 2018.</p>		
20	<p>Effectiveness of the Meeting and Close</p>		

<p>No questions from the members of the public were raised.</p> <p>The Governing Body members reflected on the meeting and agreed there were good discussions made around the table.</p> <p>It was acknowledged the value of the two Governing Body's meeting together and endorsed and supported the good experience of listening to views and comments aired around the table.</p> <p>The Governing Body Committee in Common members expressed thanks HG, ST, FR and SMat for their contribution to the Children and Young Peoples Procurement process.</p> <p>The meeting closed at 16:25pm</p>		
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Attendees (apologies ^A)	
<i>Name and initials</i>	<i>Title and organisation</i>
Brian Mackness (BM)	Non-Executive Director, SDTCCG
Carol Dight (CD) ^A	Non Executive Director, Nurse, SDTCCG
Caroline Dimond - Dr (CDi)	Director of Public Health, Torbay Council
Chris Hanvey (CH)	Lay Member, Safeguarding, NEW Devon CCG
Chris Peach (CP)	Non-Executive Director, SDTCCG
David Greenwell Dr (DG)	Clinical Lead for Integration, SDTCCG
Felix Burden - Dr (FB)	Non Executive Director, SDTCCG
Hugh Groves (HG)	Chief Finance Officer, NEW Devon CCG
Jennie Willmott (JWi)	Lay Member, Patient Public Engagement, NEW Devon CCG
John Dowell (JD)	Chief Finance Officer, SDTCCG
John Womersley - Dr (JWo) ^A	Clinical Chair, Northern Locality, NEW Devon CCG
Lorna Collingwood-Burke (LCB) ^A	Joint Chief Nursing Officer – NEW Devon and SDT CCGs
Mark Procter (MP)	Joint Director of Primary Care, NEW Devon and SDT CCGs
Matthew Fox - Dr (MF)	Chair of Localities Group, SDTCCG
Michelle Law (ML) ^A	Lay Member, Finance, NEW Devon CCG
Nick Ball (NB)	Lay Member, Governance & Probity, NEW Devon CCG / NED, SDTCCG
Nick Kennedy - Dr (NK)	Secondary Care Doctor, NEW Devon CCG
Nick Roberts - Dr (NR)	Chief Officer, NEW Devon and SDT CCGs
Paul Johnson - Dr (PJ)	Clinical Chair, SDTCCG
Paul Melling - Dr (PM)	Locality GB/ GP Lead, SDTCCG
Rob Bromige - Dr (RB)	Locality GB/GP Lead, SDTCCG
Robert Sainsbury (RS) ^A	Chief Operating Officer , NEW Devon CCG
Ruth Harrell – Dr (RH)	Director of Public Health, Plymouth City Council
Sarah Lees (SL) ^A	Consultant in Public Health, Plymouth City Council
Shelagh McCormick- Dr (SMc)	Clinical Chair, Western Locality, NEW Devon CCG
Simon Kerr - Dr (SK)	Clinical Chair, Eastern Locality, NEW Devon CCG
Simon Tapley (ST)	Chief Operating Officer, SDTCCG
Sonja Manton - Dr (SMa) ^A	Joint Director of Strategy, NEW Devon and SDT CCGs
Steph Dyer (SD)	Locality GB/GP Lead, SDTCCG
Tim Burke – Dr (TB)	Clinical Chair, NEW Devon CCG (Chair)
Virginia Pearson – Dr (VP) ^A	Director of Public Health, Devon County Council
In Attendance	
Faye Robinson (FR)	Director of Procurement, Commissioning Support Unit
Nikki Coombes (NC)	Senior Executive Assistant, NEW Devon CCG (regular minute taker)
Sharon Matson (Smat)	Head of Commissioning, Women/Children, NEW Devon and SDT CCGs
Jo Turl (JT)	Deputy Chief Operating Officer, SDT CCG
Lorraine Webber (LW)	Deputy Director of Quality Assurance & Improvement (Lead Nurse), SDT CCG
Clare Doble (CDo)	Head of Governance, NEW Devon CCG

David Poole (DP) item 2

Head of Inquiry Office, South West England (Independent Inquiry into Child Sexual Abuse)

Minutes approved

Date: 22 March
2018

Signed by chair:

