

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

24 May 2018, 09.45, Room a-c Pomona House, Oak View Close, Torquay, Devon TQ2 7FF

<i>Item</i>	Discussion	<i>Action</i>	<i>Decision taken by Org (SDT and/or NEWD)</i>
1	<p>Welcome and apologies Dr Paul Johnson, Chair welcomed everyone to the meeting.</p> <p>The following apologies were noted: TB,LCB, RB, SMc, VP, FB SPo attending for LCB. TP attending for VP JT in attendance as deputy chief operating officer for ST</p> <p>PJ introduced SC, STP lead chief executive officer who is also providing strategic advice on a consultancy basis whilst ministerial approval has been given for her role as accountable officer for both NEW Devon and SDT CCG. Whilst formal approval is awaited ST is the interim accountable officer for both CCGs.</p> <p>PJ welcomed members of the public to the meeting and thanked Mr. Beresford for his questions for the Governing Body which would be covered later in the agenda.</p>		
2	<p>Bella's Story Kate Taylor (KT), Children and Young Peoples Commissioning Lead introduced a short video about Bella.</p> <p>Bella, 12, has suffered with asthma, eczema and allergies from a young age. Bella and her mum, Emma, talked about their experiences of managing her conditions and how health services could better support their needs. This video was produced as part of an STP asthma project, which aims to improve the quality of care and experience for children and young people with asthma</p> <p>Following this video a discussion was had around the table and it was noted that health communications in schools is vitally important and the members of the governing body agreed it was a great story and endorsed the work that was underway for pathway redesign.</p> <p>KT mentioned that the engagement plan including parents and children was an integral part of the project and this is being developed in conjunction with local and national groups.</p> <p>Examples of best practice are being gathered and links have been made directly with Asthma UK and Royal Colleges around models of care and this will be embedded in local work.</p> <p>It was recognised that not all children are fortunate to have parents like Bella's and that all efforts will be made to target children at risk, and acknowledged this would be challenging.</p> <p>Currently some GP practices are involved in a research project looking at asthma patients at risk and it was admitted that it's often a struggle to get patients to care for their asthma and that there needs to be encouragement for self-ownership of management of this condition.</p> <p>PJ thanked KT for attending and presenting this short video.</p>		

NHS organisations involved:

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

3	<p>Register of interests The GB CiC reviewed the register of interests and the following declarations were made:</p> <ul style="list-style-type: none"> • SC director of UKPrime Ltd • SC previously worked with Julie Beedon, transformation expert in organisation design and development who is currently working with both CCGs. SC declared that she has no procurement interest in Julie Beedon's business. <p>No other declarations were made.</p>		
4	<p>Minutes PJ led a page by page review of the previous minutes of the meeting held on 22 March 2018 and they were agreed as a true and accurate record of the meeting.</p> <p>4.1 Action Log</p> <ul style="list-style-type: none"> • 8 – the target date was revised and action remains open <p>4.2</p> <ul style="list-style-type: none"> • 9 – action remains open • 12 – completed and agreed formal closure of this action • 13 – action remains open • 14 – completed and agreed formal closure of this action • 16 – completed and agreed formal closure of this action • GB CiC 0318/010/01 – completed and agreed formal closure of this action • GB CiC0318/12/01 – completed and agreed formal closure of this action <p><u>Questions raised by Mr. Beresford</u> PJ clarified the risk raised regarding the CCGs 'going concern test' which has been scrutinised by the external auditors which have confirmed that both CCGs have passed this test.</p> <p>PJ acknowledged and apologised to Mr. Beresford and the members of the governing body regarding the late circulation and size of the board pack, however the timings of the annual reports and accounts submission to the governing body for approval is determined by NHS England of which the CCG must be follow.</p> <p>A handout was provided clarifying audit changes made to the remuneration reports in the annual reports and accounts for both CCGs between the draft papers included in the board packs and the final audited reports.</p> <p>Concerns were raised by Mr. Beresford regarding the biography of ST which was not showing on NEW Devon CCGs website, this had now been corrected.</p> <p>PJ thanked Mr. Beresford for raising his concerns and that we would formally respond to his questions following the meeting.</p>		
5	<p>Annual Report and Accounts 17-18 JD referred to page 107 the year end accounts for NEW Devon CCG and page 233 for the year end accounts for SDT CCG.</p> <p>JD reported the deficit positions for both NEW Devon CCG and SDT CCG. With NEW Devon CCG showing a deficit of £49m and SDT CCG showing a deficit of £10.5m.</p> <p>The internal and external auditors were assured the governance process behind the transactions had been undertaken and the external auditors report opinion was unqualified, true and a fair reflection of the year end accounts for both CCGs</p>		

	<p>at 31 March 2018. JD did note that there were a couple of qualifications around the deficit positions.</p> <p>JD brought the members attention to the remuneration report included in the board packs for both CCGs and an audited reconciliation paper was provided to all members at the meeting which listed a table of adjustments.</p> <p>NB chair of the Audit Committees in Common stated the annual accounts for both CCGs was straight forward, however did mention there were a number of late necessary changes to both annual reports. Unfortunately this was due to extenuating circumstances and tight deadlines, and was not normal process. NB sought the members support to delegate the authority to the two clinical chairs, Drs Tim Burke and Paul Johnson to approve the final audited changes of the respective annual report for NEW Devon and SDT CCG. The members agreed and supported this delegated authority.</p> <p>No questions were raised at this meeting in relation to the annual accounts for both CCGs.</p> <p>The NEW Devon CCG Governing Body Members:</p> <ul style="list-style-type: none"> • Approved the final draft annual report, governance statement and annual accounts, subject to the final audited amendments as an accurate reflection of the 2017/18 financial year and in accordance with the CCGs scheme of reservation and delegation. • Noted that feedback from NHS England has been reflected in the final draft annual report and governance statement • Were assured that the CCG will meet their obligations for delivery of the annual report, annual governance statement and annual accounts submission in the outlined project milestones <p>The SDT CCG Governing Body Members:</p> <ul style="list-style-type: none"> • Approved the final draft annual report, governance statement and annual accounts, subject to the final audited amendments as an accurate reflection of the 2017/18 financial year and in accordance with the CCGs scheme of reservation and delegation. • Noted that feedback from NHS England has been reflected in the final draft annual report and governance statement • Were assured that the CCG will meet their obligations for delivery of the annual report, annual governance statement and annual accounts submission in the outlined project milestones 	
6	<p>Operational Plans for 18-19</p> <p>SMA talked through the operating plan for 2018-19 which was the first joint narrative plan for both NHS NEW Devon and SDT CCG and describes the CCGs commissioning, delivery and development plans for 2018-19.</p> <p>A joint plan in draft form was submitted to NHS England in accordance with requirements set out in 'Refreshing NHS Plans' and it has been prepared as a joint plan to prepare for wider system working within the Devon Sustainability and Transformation Partnership.</p> <p>SMA noted that once the operating plan has been approved the presentation of the document would be finalised by the communications team in readiness for publishing on the CCGs website and wider circulation.</p> <p>SMA offered comments and feedback from around the table:</p> <ul style="list-style-type: none"> • Encouraged to see digital had been included albeit not quite transformational • Feelings that clear deliverables not clearly described 	

- How do we evaluate measurables against what has been achieved
- Would be helpful to take aspirations and turn them into deliverables and match to performance
- Acknowledged that the CCGs are reliant on our partner organisations to implement some of the changes needed to be made
- For future ensure clinical experts are involved at an early stage for their input and contribution

SMA reported that the STP work stream mandates are being refreshed and will be presented to the Programme Delivery Executive Group (PDEG) in June.

On reflection it was agreed in response to the challenge of the key deliverable specifics to focus and take stock of the quality impact that has been made in the later part of the year, however for the July meeting a headline report on deliverables would be presented.

ACTION: GB 0518/006/01

Headline report on Operational Plan key deliverables to be presented to the Governing Body in July 2018. SMA

The Governing Body Committees in Common:

- reviewed and approved the draft operating plan for 2018-19
- noted that a mid-year report on progress would be presented to the Governing Body meeting in November 2018

Financial Operating Plans 2018-19

JD referred to the report in the board pack which set out the operational financial plan for NEW Devon and SDT CCG

JD referred to the graph on page 322 which detailed the Devon health economy financial performance and trajectory. He further explained the savings and programmes to deliver efficiencies and was confident these would be achieved and would also be subject to a Quality and Equality Impact Assessment (QEIA) which is work in progress.

It was noted there is some risk associated with the current plans, however some non recurrent means would be available to mitigate this.

JWi queried what intermediate care meant and JD responded this care was not acute or community care but joint commissioned care with our locality authority colleagues. We are reviewing how we can improve joint working to drive out duplication for improved use of the better care fund.

BM wondered if savings could be difficult to find, this was a possibility however capability is being built in to manage and address primary care and continuing health care costs.

JD highlighted that there were challenges throughout the financial plan in particular non recurrent slippage

JD provided assurance to the Governing Body that the financial schemes are evaluated including a quality and safety dimension and that a short term plan would not be set without considering the long term consequences.

Concern was raised regarding the running costs, and ST said it was important that we cannot deliver our objectives with less people however we need to change our working practice which has already been demonstrated with joined up working with our partner colleagues.

	<p>NB praised JD for a well-structured and informative report that contained a complex financial position for both CCGs.</p> <p>PJ thanked everyone for their contribution and a refreshing discussion which included the quality, safety and sustainability of services and not just money.</p> <p>The Governing Body Committees in Common received, noted and approved the operational financial plans for both CCGs for the financial year 1 April 2018 – 31 March 2019.</p> <p><i>Michelle Law left part way through this agenda item.</i></p>	
<p>7</p>	<p>Quality and Performance Report</p> <p>PJ highlighted that the Quality and Performance report is presented to a number of sub-committees of the Governing Body and felt that in order to give sufficient time for discussion he suggested it was not necessary for the Quality and Performance Report to be brought to future Governing Body meetings.</p> <p>Following discussion a number of Governing Body members felt the Quality and Performance report should continue to be presented to the Governing Body on a regular basis for assurance however they were open to test out ideas for example exception reporting/ escalation routes through the quality committee chairs reports.</p> <p>ST directed the members to appendix C the outcomes summary of page 24 of the report and noted that it did not include care referrals these are untitled on the outpatient dashboard; however the commissioning leads receive this information for monitoring.</p> <p>CP felt the outcomes summary was hospital focused and did not measure community performance. ST responded that community services are monitored through the quality committee and that the integrated care models are achieving what they were set out to do on delivery of savings.</p> <p>Data and metrics are being gathered for analysis against how the model is working and as we are moving towards a strategic commissioning role we need to think about working smarter and making the best use of resources. ST said that he would take into account the feedback provided by the members and:</p> <ul style="list-style-type: none"> • tighten up the quality and performance report • focus on exceptionality and trends • test through statutory committees • acknowledged that reporting the same information every time does not spot the real issues • provide assurance that quality and performance is being monitored appropriately and have the right triggers in place for escalation as appropriate <p>ST noted that commissioning leads do have sight of community quality and performance activity and ST encouraged members that any concerns should be raised through the appropriate committee.</p> <p><u>ACTION: GB 0518/007/01</u> A review of the quality and performance indicators to be undertaken to ensure accuracy is reflected in the performance and areas of concern. ST</p> <p>JT referred to the quality and performance report which is based on national performance data for March 18.</p>	

- Urgent care experienced a difficult period over the winter news, but positive improvements have been seen for May especially for emergency departments
- Delayed Transfers of Care (DTC) – improvements are being seen
- Planned Care – performance has been affected due to the cancellation of lists during the inclement weather. It was important to note that no harm has been seen for patients whilst waiting for treatment
- Overall performance has deteriorated for April and May and has seen longer waiting lists for outpatients and diagnostics. Plans have been requested from the providers.
- Mental Health is showing good apart from the dementia diagnosis rates.
- SWAST cat 1 responses are not where they should be and has had an impact on the system. There has been handover delays and dialogue remains open with SWAST to improve performance

SPo noted that the performance figures for emergency departments is really positive and that the quality committees in common have undertaken deep dives for Torbay and South Devon for assurance.

It was felt that there were still gaps in reporting primary care performance and the shift in activity to primary care is not being measured. Although the yellow card scheme is working it is not a big enough mechanism for maximum impact. ST encouraged clinical leads to feedback any concerns or issues and confirmed that we would ideally like to include primary care indicators however we are not contractually obliged to collect GP performance data at this time.

NK suggested that how to measure GP performance data was something that could be discussed at the Primary Care Committees in Common meetings and he would make contact with the clinical leads for suggestions.

It was spotted that there had been an increase in 52 weeks waits; this was partly attributed to patient's choice who did not want to be treated out of area. Hospitals have reported actual recording of 'patient's choice' is not entirely accurate and definitions are being aligned. System wide communications are also being considered for the health population on how, when and where to use the NHS.

JT also offered assurance to the governing body members in that the 52 week patients have also been offered transport to enable them to be treated out of their local area.

Following discussions the governing body members would still like to receive the quality and performance report through the formal meetings however acknowledged that ideas on the format and how reports are received will be explored and tested.

The Governing Body Committees in Common received and noted the current quality and performance system wide report for May 2018.

8

Joint Clinical Chair's Report

PJ announced that Carol Dight (CD), Non Executive Nurse for SDT CCG had recently stepped down from her role due to other commitments. PJ took this opportunity to formal thank CD for her contribution over the last couple of years.

PJ stated that ST would continue as interim accountable officer until ministerial approval had been received for SC.

PJ reported that the STP Independent Chair interviews were scheduled for 1 June 2018 and that three candidates had been shortlisted. The clinical chairs were pleased to have met with each of the candidates prior to the interviews and

	<p>the panel and stakeholder focus groups for the recruitment process would include representatives from the CCGs, provider partner, local authority and NHS England.</p> <p>PJ was optimistic that a suitable applicant would be appointed and an announcement would be made in due course.</p> <p>The Governing Body Committees in Common received and noted this verbal update from the joint clinical chairs.</p>		
<p>9</p>	<p>Accountable Officer Report</p> <p><u>Consultation Phase 1 and 2</u> Following the process undertaken ST was pleased to confirm following appointments following phase 1 of the executive redesign:</p> <p>Lorna Collingwood-Burke - Chief Nursing Officer Sonja Manton - Director of Strategy Mark Procter - Director of Primary Care Simon Tapley - Director of Commissioning</p> <p>The recruitment process for the Director of Finance is still underway and it was hoped this will be concluded in the following week.</p> <p>The Director of Corporate Affairs role and Director of Sustainability has been paused and responsibilities for areas of work have been moved into some of the existing director's portfolios.</p> <p>Extensive feedback has been received in relation to the phase 2 consultation process affecting all staff members for both CCGs. This feedback is being collated, analysed and taken on board and fed back into the structures.</p> <p><u>Holsworthy</u> ST reported that following a review of data it was felt that we were no longer able to continue to support a temporary closure of Holsworthy Hospital. We have informed Northern Devon Healthcare Trust to develop an implementation plan to reopen beds and we are working with them on an action plan and we continue to engage with our stakeholders regarding this matter.</p> <p><u>Dartmouth</u> SDT CCG were criticised recently at a public consultation on Dartmouth Community Services, where emotions were running high. ST confirmed that we are committed to responding an action plan that is in place and would be formally writing a right to reply.</p> <p><u>Teignmouth Engagement</u> Engagement in this coastal locality is on-going which commenced back in 2015. There will be a period of 6 weeks engagement around a new model of care.</p> <p><u>Performance Indicators</u> ST was pleased to report that University Plymouths Hospital NHS Trust is making a good improvement on their key performance indicators.</p> <p><u>Integration Livewell Southwest/ University Plymouths Hospitals NHS Trust</u> Commissioning intentions for both organisations are currently being refreshed and finalised and procurement advice is awaited A timeline and report will be presented to the Governing Body Committees in Common held in private on 26 July 2018.</p>		

	<p>SC reported that interaction is continuing with our regulatory bodies regarding the operating and financial plan for 18/19.</p> <p>There is an expectation that we move towards working as an integrated care system in shadow form.</p> <p>Good progress has been made on the two year report around sustainability plan which will be presented to a future governing body as a sense check. It will include what we said we would do against what we have done and will contain positive stories and progress, much of which has been about stabilising the acute part of services and interface with our local authorities is also making good progress.</p> <p>Future organisational design across the CCGs is underway across the broader system with ongoing interaction planned for the next six months to feed into the future commissioning function.</p> <p>The Governing Body received and noted this accountable officer's update.</p>		
10	<p>Strategic Leadership Committee Chair's Report ST referred to the report contained in the board pack and there was nothing further to add other than to confirm that the adult services joint committee meeting would take place in July 2018.</p> <p>The Governing Body Committees in Common received and noted the Strategic Leadership Committee Chair's report.</p>		
11	<p>Audit and Assurance Committees in Common Chair's Report NB noted there was nothing further to add to this chair's report however he requested that ST and SMA undertake a review of the annual report process for 17-18</p> <p><u>ACTION: GB 0518/011/01</u> Review of annual report process for 17-18. ST/SMA.</p> <p>The Governing Body Committees in Common received and noted the contents of the Audit Committee's Chair's Report.</p>		
12	<p>Quality Committees in Common Chair's Report CH presented the Quality Committee in Common Chairs reports for April and May and added a further comment the importance of measuring and monitoring the right things and key issues would be highlighted in the quality assurance summaries and flash reports.</p> <p>The Governing Body Committees in Common received and noted the Quality Committees in Common Chair's reports for April and May.</p>		
13	<p>Locality Updates</p> <p><u>Northern</u> JWo presented the Northern Locality update and brought the members attention to the GP practices members forum whereby the group is keen to build stronger links with clinical colleagues at Northern Devon Healthcare Trust.</p> <p><u>Eastern</u> SK noted the sub locality member's forum is evolving which has reduced from four to three. Joint cluster managers are in place and GPs are forming</p>		

	<p>federations.</p> <p><u>Western</u> In the absence of SMC the Western Locality report contents was received and noted.</p> <p><u>Southern</u> MF reported that working is continuing in SDT CCG around integrated care and that a meeting has been planned with the Local Medical Committee (LMC) to discuss contracts in June 2018.</p> <p>Good progress is being made around chronic disease and diabetes and that the Teignmouth Public Consultation has received 150 electronic replies/ feedback. Soft intelligence has identified that the Torquay area is not so engaged.</p> <p>MF was pleased to inform the members that the GP Forum made up of nine GPs is meeting on a regular basis with Torbay Hospital consultants to build upon clinician to clinician links. New internal structures have been put in place including an integrated hospital discharge team.</p> <p>MF mentioned a Health Service Journal (HSJ) seminar relating to Information Technology (IT) – ‘how to use IT better’ and invited the board members to attend if they were interest. Post meeting update the details of this seminar were circulated to the Governing Body Committees in Common members.</p> <p>The Governing Body Committees in Common received and noted the locality updates.</p>		
14	<p>Primary Care Committees in Common Chair’s Report CP referred to the report in the board pack and it was noted that progress and delivery against each key area of the GP forward view is being made.</p> <p>At the last meeting the committee receive a summary report of the survey conducted by the patient participation group and that concerns were raised this may be diluted in future.</p> <p>CP mentioned that tension and GP resistance had been experienced in relation to the pre-registration nursing students and placements in primary care. The Primary Care Committees in Common offered their support around increasing placement opportunities.</p> <p>The Governing Body Committees in Common received and noted the content of the Primary Care Committees in Common Report.</p> <p><i>Jo Turl left the meeting.</i></p>		
15	<p>Engagement Committees in Common Chair’s Report CP presented this report and was pleased to inform the Governing Body that Engagement Committees in Common approved the future engagement process in relation to major service change or reconfiguration.</p> <p>The forward planner for the financial year and was confident it covered all the engagement activity required for Governing Body assurance.</p> <p>The Governing Body Committees in Common received and noted the content of the Engagement Committees in Common Report.</p>		
16	<p>Finance Committees in Common Chair’s Report BM directed the members to the report in the board pack and noted there was</p>		

	nothing further to add.		
	The Governing Body Committees in Common received and noted the Finance Committees in Common Chair's Report.		
17	<p>Receipt of approval of statutory terms of reference (Audit and Remco)</p> <p>The Governing Body received the Terms of Reference (ToRs) for Audit Committee and Remuneration Committee for both NEW Devon and SDT CCG.</p> <p>It was noted there were changes to the membership and quoracy for both CCGs.</p> <p>To remain compliant each respective Governing Body were required to formally adopt these ToRs for constitutional obligations and requirements by NHS England.</p> <p>NEW Devon CCG members voted and agreed to formally adopt the ToRs for Audit Committee and Remuneration Committee.</p> <p>SDT CCG members voted and agreed to formally adopt the ToRs for Audit Committee and Remuneration Committee.</p>		
18	<p>Effectiveness of the Meeting and Close</p> <p>PJ apologised the meeting did not run to time, however this did allow for good and relevant discussion around the table. PJ also offered his apologies for the errors contained in the draft annual report and accounts for 17-18.</p> <p>The meeting closed at 17:15pm</p>		

Attendees (apologies)

<i>Name and initials</i>	<i>Title and organisation</i>
Brian Mackness (BM)	Non-Executive Director, SDTCCG
Caroline Dimond – Dr (CD)	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) ^{Apologies}	Non Executive Director, SDTCCG
Jennie Willmott (Jwi)	Lay Member, Patient Public Engagement, NEW Devon CCG
John Dowell (JD)	Chief Finance Officer, SDTCCG
John Womersley – Dr (JWo)	Clinical Chair, Northern Locality, NEW Devon CCG
Lorna Collingwood-Burke (LCB) ^{Apologies}	Joint Chief Nursing Officer – NEW Devon and SDT CCGs
Matthew Fox – Dr (MF)	Chair of Localities Group, SDTCCG
Michelle Law (ML)	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
Paul Johnson – Dr (PJ)	Clinical Chair, SDTCCG (Chair)
Paul Melling - Dr(PM)	Locality GB/ GP Lead, SDTCCG
Rob Bromige – Dr (RB) ^{Apologies}	Locality GB/GP Lead, SDTCCG
Ruth Harrell – Dr (RH)	Director of Public Health, Plymouth City Council
Shelagh McCormick- Dr (SMc) ^{Apologies}	Clinical Chair, Western Locality, NEW Devon CCG
Simon Kerr – Dr (SK)	Clinical Chair, Eastern Locality, NEW Devon CCG
Simon Tapley (ST)	Interim Accountable Officer, NEW Devon and SDTCCG
Sonja Manton – Dr (Sma)	Director of Strategy, NEW Devon and SDT CCGs

Sophia Christie (SC)	STP Lead Chief Executive Officer
Steph Dyer (SD)	Locality GB/GP Lead, SDTCCG
Tim Burke – Dr (TB) ^{Apologies}	Clinical Chair, NEW Devon CCG
Virginia Pearson – Dr (VP) ^{Apologies}	Director of Public Health, Devon County Council
<i>In Attendance</i>	
Nikki Coombes (NC)	Senior Executive Assistant, NEW Devon CCG (regular minute taker)
Simon Polak (Spo)	Deputy Chief Nursing Officer, NEW Devon CCG
Jo Turl (JT)	Deputy Chief Operating Officer, SDT CCG
Clare Doble (CDo)	Head of Governance, NEW Devon CCG
Kate Taylor (KT)	Children and Young People's Commissioning Lead

Minutes approved	Date: 26 July 2018	Signed by chair: Dr Tim Burke
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final approved