

Northern Locality Board Meeting

June 2013

Locality Managing Director's Report

1.0 Introduction

This report provides an overview of work streams progressed by the Locality Managing Director in May 2013.

Topics covered in this paper include:

- Contract discussions with Northern Devon Healthcare NHS Trust
- Engagement activities
- Urgent Care

2.0 Contract discussions with Northern Devon Healthcare NHS Trust (NDHT)

The contract discussions between the locality and NDHT were not able to reach a satisfactory conclusion and both parties agreed to enter into the arbitration process.

NHS England the NHS Trust Development Authority considered the dispute resolution case and the following outcome was confirmed:

- 1) Acute contract – this will be on a full PbR basis with maternity supplement paid at 50% in line with national guidance, where a local solution cannot be agreed. The contract value will be set at £93,257 million and parties will plan income and expenditure on this basis. Within this the emergency readmissions audit will be carried out in line with national guidance and the value of the income assumptions will be adjusted in line with the results of the audit.
- 2) Community contract – this will be on a block contract at a value of £92,376. Within this the emergency readmissions audit will be carried out in line with national guidance and the value of the block contract will be adjusted in line with the results of the audit.

This leaves the Trust with cost improvement programmes of around 2.7% to be delivered on the community contract whilst sustaining its current planned surplus. The Trust has a responsibility to ensure that the maximum amount of cost improvement programmes are delivered through efficiencies which do not impact on either quality of or access to services and the commissioner has a responsibility to support appropriate service changes to enable efficiencies to be delivered.

Further discussions have taken place with the Trust in May and June to determine what the cost improvement programmes are as well as ensuring these are quality impact assessed to minimise any risk to patient safety, quality and experience.

The acute part of the contract is subject to a quality, innovation and productivity and prevention programme of approximately £2m. These plans have now been signed off between the lead managers and the locality is awaiting confirmation from the Trust that these are endorsed by their executive and Board. The locality has identified that the key vehicles to delivery of the QIPP programme will be through clinical pathway groups and these groups have been set up with a reporting structure agreed including reporting to the Board.

3.0 Engagement

The Locality is still pursuing ways of working with a variety of stakeholders. Following a meeting in April with North Devon District Council and Torridge District Council a workshop is now being arranged to allow the locality an opportunity to meet with all council members to further develop relationships, agree ways of working with the communities as well as to start identifying common work areas. It is hoped that the workshop will take place in July.

The Locality has also been in contact with Devon County Council to pursue the longer term ways of working. The Locality has an aspiration to develop communities which is in common with the County Council. This would provide opportunities of engaging with communities in one coordinated way.

As part of the overall governance structure of the locality and the need for patient and public engagement running throughout all work streams of the locality, the Executive meeting of the locality has agreed that a lay member should be part of the Board structure as a non-voting member. A selection process will be developed and further updates on this will be reported at future Board meetings. In line with this development a work plan will be developed to develop patient participation groups across the entire locality. This would enable further discussions to then take place on requirements for a patient representative on the Board.

A team away day took place in May for all commissioning members, clinical and non-clinical and key support functions of the locality. The day was a success with relationships further developed, time for thoughts and actions to be gathered on what makes a high performing team as well as understanding of roles within a team using Belbin.

4.0 Urgent Care

There has been intense scrutiny of Emergency and Urgent care along with performance of Emergency Departments county wide. There is an urgent need to bring the pressure of the Emergency Department down to improve clinical and operational performance.

As a result the Locality has worked with the acute hospital to develop an action plan pulling together the key strands of work being undertaken to improve both A&E 4 hour targets and ambulance turnaround times. A teleconference call took place on the 24th May to allow all stakeholders an early opportunity to input into the action plan. Future discussions and actions will take place at the urgent care forum on 18th June.

The New NHS 111 service for the county of Devon has been put on hold until September 2013. This decision was made for a number of reasons including termination of other provider contracts for the NHS 111 service in other areas, neighbouring CCG performance on 111 which is provided by the same provider as Devon as well as increase in demand at emergency departments.