

DRAFT Minutes of the Northern Locality Clinical Board held on: 09th October 2013

Held at The Park Hotel, Barnstaple from 10.00 – 11.30

Minute's number: NL091013.07

Board members present: Dr John Womersley (Chair), Dr Chris Bowman (Vice-Chair), Dr Duncan Bardner (GP), Dr Tim Chesworth (GP), Dr Stephen Miller (GP), Caroline Dawe (Managing director – northern locality), James Wright (Head of commissioning), Kevin Wheller (Locality chief finance officer), Mark Elster (Locality patient safety and quality manager), Carol McCormack-Hole (Lay member), Lorna Collingwood-Burke (Deputy Chief nursing officer), Keri Ross (Communications Manager), Carol Albury (Locality Medicines Optimisation Pharmacist - Northern locality)

Staff observing; Andrea Fairclough (Business Manager), Rohan Davidson (Service Delivery Co-ordinator), Laila Pennington (Associate), Allysia Wood (NHS England Management trainee), Jane Parker (HCAI support officer)

Apologies: Barbara Jones (Head of contracting), Richard Croker (Head of Medicines Optimisation, Northern and Eastern Localities), Tracey Polak (Consultant public health – Devon County Council), Dr Darunee Whiting (GP), Alex Aylward (Non-Executive member, CCG governing body), Hannah Nicholas (communications Manager).

Minutes: Ruth Carter (Business and governance manager)

Section 1 – meeting held in public

Opening business

1. Welcome, Housekeeping, Sign in, register of interests and apologies

Dr John Womersley chaired the meeting. The meeting commenced by welcoming board members, three members of the public in attendance and a number of staff from the locality team who came to observe. It was mentioned that no fire drills were planned for the morning. Board members were requested to sign in and also to declare any new interests or conflicts of interest with the agenda for this meeting. Apologies were noted as above.

Patient Story As an important reminder that the patient is at the centre of everything we do, the board meeting opens with a patient story. This month Carol Albury talked through a patient's story relating to medicines optimisation which highlighted some learning and outcomes. The slides for this will be circulated to the board members. The slides can be accessed here;



Patient Story 9th
October 2013.pptx

Action – RC to circulate the slides (completed).

3. Chair's update and previous minutes of the Board meeting held on 11th September 2013

Previous minutes - One note of accuracy was raised with the minutes of the last meeting; Page 4 under Medicines management should read currently unable to report on performance, this will be amended appropriately and signed as a true and accurate record of the meeting; these will then be uploaded to the locality website. Actions from this meeting were reviewed with the majority completed. Action page 3 for James Wright to talk with relevant commissioning lead regarding mixed sex accommodation recovery trajectory – it was fed back to the board that there is a data review of breaches and talks occurring with Northern Devon Healthcare Trust regarding this and re-formalising of guidance in conjunction with them. Information will be fed back to the Integrated Performance and Assurance Meeting (IPAM) to ensure there is clear understanding of the nature of breaches, when and why they occur. The previous minutes can be accessed here;



3 Final for signing -
Minutes September.p

Actions still to be closed from September's meeting include: the need to bring a 111 report, medicines management performance report and a leg club roll out paper to the December board.

Chairs update – the board agenda looks light of items this month. This is partly due to being at a phase in the commissioning cycle where fewer work programmes are at a stage where papers need to come to the board for decisions. The chair reassured members of the public that work was in progress and processes were occurring to enable papers which are in their finished product and fit for purpose to come to the board for approval or decisions to be made.

The Chair attended a South West Strategic event on Primary Care focusing on issues and solutions within the NHS. He reported that a key word was "Integration" - primary care cannot sit alone and there was reportedly enthusiasm from the attendees of this event to bring together all aspects of health and social care with integrated (joined-up) working. Delegates were asked to 'make this happen' in their local areas, this ties in with aims within the CCG.

111 was reported as working well with 7% of callers advised to attend A&E, 9% advised to call 999, 30% advised on self-care and 48% advised to go to primary care (including GPs, pharmacists and dentists). Progress of this service will be monitored with a report to come to the December board.

4. Locality Board Report

This briefing report comes to the board to provide information and assurance on key areas of work, it covers contracting, finance, key local and national targets for quality and performance for providers managed by the northern locality. The report highlights areas of concern, details the actions being undertaken to improve the situation and provide the board with assurance around the operation and delivery of healthcare within the locality.

The report was introduced by Caroline Dawe, Managing director, and then handed over to relevant leads to speak to the detail within the report which was presented for information and assurance purposes. The content of this report can accessed through the link below.



4 Northern Locality
Board report_Septem

Highlights, questions and actions in relation to these reports are reported below;

Assurance Reports; by exception any areas of concern are escalated to the board for additional assurance reports, this month these include the following;

- Paediatric bladder and bowel services; Recurrent funding agreed with Northern Devon Healthcare Trust, this is a positive development
- Stroke services
- A&E; bed review completed by provider, a copy has been requested.
- Ambulance handovers; Improved figures over the last three months, need to ensure sustainability.
- Mixed Sex Accommodation; work is underway to ensure that we understand reporting of dates and risks. Performance does appear to have improved, although we need to ensure that this is a stable improvement by continuing to monitor closely.
- Clostridium Difficile
- Contract Service Specifications; A meeting has been arranged with Northern Devon Healthcare Trust to sign these off. The report needs updating to reflect that there is now an action plan in place.

Patient Safety and Quality

Mark Elster spoke to the report which is available on the link above. Highlights and actions are given here. The Patient Advice and Liaison Service (PALS) handle complaints sent to the Clinical Commissioning Group regarding the commissioning of services, we receive fairly low numbers of these. Some do go to the provider's complaints teams and may be forwarded to us if appropriate. This month one safeguarding referral has been received which has been progressed through the statutory channels, North Devon is generally a low area for safeguarding concerns and we need to ensure that is a true representation and that nothing is being missed

Action – Mark Elster to ensure processes capture the appropriate level of safeguarding concerns.

Central Alert System (CAS), Table 3 page 17 The provider has reported a significant fall in performance for this month in closure of safety alerts within set timescales. Following discussions between the Patient Safety and Quality Leads for the provider and commissioner, it has been confirmed that these late closures were due to a delay in feedback from a third party, rather than a delay caused by the provider. It was further confirmed that where planned actions are in place, alerts should be actioned appropriately and any third party delays should be noted, but not impact on performance.

Equality and Diversity – The lead has been working on our website to ensure that it is clear and accessible to a wider range of groups for access to information relating to healthcare and services.

SIRIs - Serious incident reporting and investigations (SIRIs) since two GPs have been reviewing the open SIRIs there has been a marked improvement and Lorna Collingwood-Burke would like to formally thank Dr Tim Chesworth and Dr Stephen Miller for their time and positive contribution to this.

Leg club – Mark Elster, with the Leg Club Clinical Lead and the Chair of the Volunteer's Committee attended the Lindsey Leg Club Foundation Annual Conference in Worcester in September: where one of the volunteers for the leg club has been given a national award for their involvement. In addition to this, the Board Report, prepared by the Nursing Directorate and Locality Team has been so well received nationally that the foundation have asked that it be used as the basis for a proposal template that will be used nationally to support the

development of other leg clubs, an article on the success of the Leg Club is in preparation for the Journal Wounds UK and finally, Mark Elster has been asked to run a delegate workshop at a national conference next year on this subject.

Finance

Page 25 of the report, the financial forecast has not changed from previous reports. The budgets are managed by the locality as delegated by the CCG including the budgets for providers; Northern Devon Healthcare Trust, Devon Doctors and South Western Ambulance Service Trust (SWAST). The position reported to date (Month 4) for Northern Devon Healthcare Trust shows an overspend against plan of £1.1m. £600k of this relates to high cost drugs which we expect to be recharged to specialist commissioning. The other main areas for concern include day cases, outpatient follow-ups, diagnostics and performance against QIPP schemes. We continue to challenge the trust on the over performance through our contracting mechanisms, however our forecast recognises that we may not be able to fully bring the performance in line with contract by the end of the financial year.

QIPP and transformation

There is currently a mixed level of success with QIPP. The ocular hypertension scheme is currently being set up with contracts for each provider. This scheme will have a significant impact moving forward with improving the quality of referrals to Northern Devon Healthcare Trust ophthalmology department and a better patient experience.

GP referrals - there has been a small increase in the overall number of referrals but. GP referrals are still slightly below last year's figures.

PSA tracker - this scheme will allow patients diagnosed with prostate cancer to have blood tests done in primary care. This scheme is due to start in November / December. This is now behind schedule although will still have a significant impact once up and running.

The locality is keen to look at possible new QIPP schemes for the future.

Public Engagement

Keri Ross spoke to the public engagement section of the report. There have been high levels of engagement around Torrington with public meetings and drop in sessions held, also a comprehensive Frequently Asked Questions section added to the Northern Devon Healthcare Trusts Torrington Community Cares section of their website. Also the locality website has been a focus with the public checking the functionality and content. There has been some positive feedback on this and some actions which are being managed through the communications team. The locality now has the new lay member for patient and public engagement. Engagement events with town and parish councils are being planned around Care closer to home during November.

General Business

5. Flash reports – Diabetes

The report was provided for reading prior to the meeting. The practice nurse training is now taking place; Dr Chris Bowman is the clinical lead for this work. Although not all practices have joined up for this the nurses being trained will be able to provide a service for patients from all practices. There were no actions resulting from this report. Please find a link below to the report.



5 Diabetes Flash
Report September 20

6. Telehealth

This paper was discussed at the executive team meeting in September and was brought to the board alongside further information for a decision. Based on the evidence and research the board were asked to vote on the continuation of this service. The costs of the service are shown to be around £139,000 with savings on reduced admissions of £39,000, therefore costing £100,000 with benefits to the patient that could be provided through alternative solutions. The service will continue until December after which the telehealth units would need to be returned if the service did not continue. There was discussion regarding the support to be provided to the patients already within the pilot and it was agreed that it is necessary to continue to provide additional support to those patients although how this is to be done needs further work but could include having a personal care plan, emergency medication kept at home and use of pulse-oximeters which would be a one off cost and still provide reassurance. Training would also be required of both patients and staff and potential increase in workload for primary care would need to be considered.

Vote taken;

To stop funding the telehealth project in its current form but to look at alternatives for going forward - approved 6 votes to 0.

Action – Dr Stephen Miller to bring an option appraisal to the November executive team for these patients going forwards.

The papers were distributed prior to the meeting please find a link below.



6 Northern Devon



6 Additional

Telehealth evaluation information for telehe

7. Future Meeting Dates

A schedule of proposed meeting dates was circulated with some proposals for holding the board and executive meetings in 2014. It was proposed that meetings are held bi-monthly with an executive team meeting held monthly and additional dates for development or working session built in.

Vote taken - approved 6 votes to 0.

It was proposed that the board meetings are held at external venues to Crown Yealm House in various locations around North Devon to increase the Locality's ability to engage with the local population. It was suggested that this should be for a trial period of 6 months. There was discussion around accessibility, quality and costs of venues including the requirements for portable equipment including a hearing loop.

Action – Ruth Carter to speak to Equality and Diversity lead re hearing loops

Vote taken – to hold board meetings in different venues on a rota - approved 6 votes to 0

Public Questions

Written questions from the public

None submitted

Closing business

Date and time of next meeting;

14.00 – 16.00 11th December 2013

To be held at the Caddsdwn Business Support Centre

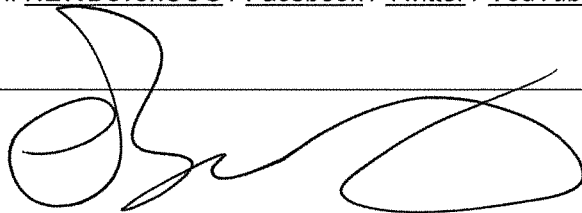
Tel: 01237 424244

Directions - <http://www.torridge.gov.uk/CHttpHandler.ashx?id=12496&p=0>

Section one of the meeting closed at 11.30

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Signed;



Date;

11 / 12 / 2013

Name; Dr Chris Bowman

Job Title; Vice Chair